THE TRANSFORMATION OF A SOCIAL WORK PROGRAM: A Narrative of Liberation

This article provides a narrative account of the experience of three faculty members at a program that sought to transform a problem-oriented, deficit-focused social work curriculum into one based on key social work values, client strengths, and principles of empowerment. These three faculty describe the impact the process of transformation had on them, and they analyze a two and one-half year process of curriculum review and renewal. Several themes are included: a change in leadership, increased student involvement, a new emphasis on values, curriculum transformation, and some of the conflicts which arose. The authors conclude with some observations about the process and recommendations for others who might wish to transform a curriculum, and in so doing to liberate their spirits, and to rekindle or rediscover the origins of their professional commitments.

by Clay T. Graybeal, Vernon L. Moore and Marcia B. Cohen

Clay T. Graybeal, Ph.D. is Assistant Professor, Vernon L. Moore, Ed.D. is Associate Professor and Marcia B. Cohen, Ph.D., is Associate Professor, School of Social Work, University of New England.

November 1993 - Inspiration

"I knew that I couldn't do it. To me, that was a fact."

Clay: The student sat across from me in my office, describing her experience in the first few weeks of class.

"When you described the assignment, I panicked. It was so different from anything I'd ever experienced....I just knew I could not do it."

The course assignment was for students to review the learning objectives stated on the syllabus, to add a list of personal objectives, and then to create and describe a project which would demonstrate to themselves and others how they had achieved their objectives.

"For two weeks, I wondered what to do. I actually thought I might have to leave the school. This was too different. I wanted you to tell me what to do. But then, if you had given in to me...told me what to do...I never would have learned what I could do. You told me that you had complete confidence not only that I could do it, but that I would do it. I struggled, I waited, and then I began to get ideas. And the ideas that came to me never would have come if I wasn't encouraged and supported to engage in my own struggle, to be uncertain."

Introduction

We would like to dedicate this paper to that student who helped us to realize that it has all been worthwhile, and who inspired us to begin to chronicle our experience. What follows is a narrative of the experience of the three authors as they participated in the process of both planned and serendipitous curricular revision, renewal, and transformation. The events are described in chronological order, in an attempt to convey the hard work, excitement, collaboration, struggle, and confusion which infused the process, and personal, professional, and programmatic liberation that ensued.

The Context

The University of New England School of Social Work has offered a Master's program
since 1988. The initial curricular design provided a generalist foundation year and two advanced year concentrations: clinical social work practice and practice management. The ecological model, systems theory, and problem-oriented practice were general organizing frameworks for the foundation curriculum. In the advanced year, the clinical concentration had a primary emphasis on object relations and self-psychology, while practice management was a loose blend of supervision, staff development, and management theory.

During the next three years, many students complained of the narrow focus of the clinical track, and few students opted for the management concentration. The practice management sequence was never seen as very appealing, and both students and faculty expressed ongoing confusion as to its exact purpose. Neither of the concentrations prepared graduates for positions in the local job market which would require a combination of micro, mezzo, and macro skills. There was a perceived need, but no clear vision about what would fill the gap.

January 1992
Marcia: “I felt that a lot of things needed changing in our curriculum, but wasn’t sure what kind of support there would be. I got together with a colleague, and we submitted a proposal to the faculty, recommending the development of a new concentration, to be called "Integrated Practice." Starting with the work of Parsons et al., we decided to define Integrated Practice as a framework focusing on social problems as targets for intervention using differential micro, meso, and macro practice skills.

Central tenets of this model included the practitioner’s ability to intervene in systems across the continuum (individual, family, organization, community, society), integrated multiple levels of intervention, and focus on the strengths of clients and their naturally occurring resources.” (Weick, 1983; Parsons, Hernandez, & Jorgensen, 1988).

March 1992
The faculty voted to support the concept of the new concentration, though discussion was quite limited. At that time, the chair of the curriculum committee, who was the main architect of the clinical concentration, was conspicuously silent during the process. When it came time to develop the content of the new concentration, Clay, a self-described "recovering psychiatric social worker" with a background in inpatient and outpatient mental health, surprised himself and expressed an interest in working on developing it.

April 1992 - New Faculty
Vernon: “In April I interviewed for a job at the University of New England, and was particularly attracted to the description and development of the new concentration. At that time I inferred that much of this development had already occurred and that students and faculty were all ‘on board.’ I was offered the position, and accepted it.”

Clay: “I think we wanted and tried to be as open and honest with Vernon as possible. But at the same time there was a major conflict within the school. We were not all at the same place."
Far from it. There was a rift between the school director and the faculty which appeared irreparable. This conflict had a lengthy and complex history, and as such defied simple explanations or solutions. During this spring, students were engaged in intense advocacy, including confrontation, letter writing, and meetings with the Dean of the college. Things were coming to a head.  

"The denouement came at a large public forum, attended by all the faculty and approximately sixty students. What happened in that meeting was for me, critical to all that followed. It is a fact that I would not have continued to work at this University had that meeting not occurred."

"During the meeting the Director read a statement noting among other things that the elected student representatives did not represent the student body. At that point, a defining moment in my life, I stood and interrupted. I said I would no longer participate in a process that attacked students. When I sat down there was a deafening applause. One by one, other faculty stood, affirmed my statement, and added their own piece. Students hugged me as I left. I spent the day in a daze, not knowing if I had just ended my career, or been a part of important change. I felt so good I didn't care."

Later during the year the program director resigned and recruitment for a new director was initiated.

May 1992  
Curricular Reform  
Clay: "I was experiencing difficulty finding a book or books which would speak to the emerging philosophy and provide a framework. In a telephone call, Vernon recommended The Structural Model of Direct Practice in Social Work (Wood & Middleman, 1989). Their work was a revelation to me. My only prior experience of 'structural' was in structural family therapy. The structural model was elegant in its simplicity, and offered a framework within which to organize all social work activities. I was drawn to a key concept of the model which is the conscious choice to look for what is lacking in the environment prior to looking for deficits in the individual."

This emphasis provided a deliberate difference from the ecological model, and family systems theory, each of which seemed to minimize the consideration of power. Another key concept of the structural model was the delineation of a hierarchy of roles: conferee, broker, mediator, and advocate. The principle of least contest recommends that social work relationships start at the role of conferee, and not move on to more adversarial roles (from brokerage, to mediation, to advocacy) until exhausting the possibilities of previous roles. This approach facilitates the development of relationships with clients based on equality, mutuality, collaboration, and respect, and minimizes power and expert status (Wood & Middleman, 1989).

Summer 1992  
Director Search  
Marcia: "I had chaired the Faculty Search Committee that Spring so the Dean asked me to coordinate the Director Search as well. Early on we received an application from Stephen Rose, someone whose work I long admired and who had influenced by my own research and practice. At first I cautioned myself not to get my hopes up, it was just too good to be true! When we finally spoke, Steve was candid about his interest in the position, his desire to be a part of transforming the School, providing vision and leadership. Other search committee members, faculty, and students, responded much as I did to Steve's powerful intellect, radical approach to social work practice, and charismatic presence. We wanted someone strong who could help us move forward. At the same time, we wanted someone who believed in collaboration, mutuality, and shared decision-making. Steve had all those qualities and was interested in joining us. By August, he had been hired, with a starting date of January, 1993. In a summer meeting, he expressed enthusiasm for the new concentration and offered to send us materials that would aid in its development. My feeling of profound weariness from the previous year's combat with the former director and the exhausting faculty/director search finally lifted. Vernon, Steve, and a third new faculty
member had been hired. We were finally moving forward!"

Fall 1992

In the fall, the new Integrated Practice concentration began with nine students. Clay and Vernon took primary responsibility for developing and delivering this curriculum. The first course established a student-centered learning process. Early on, it was clear that a new energy and excitement pervaded the class. The process was highly collaborative, creative, and evolving.

In the first few weeks of the course, Steve, who was not yet on campus, forwarded a collection of articles focused on empowerment, mutuality, and collaboration, including Saleebey’s new work: The Strengths Perspective in Social Work Practice (1992). The pieces were coming together. The new emphasis on empowerment through strengths provided a philosophical base, the structural model a framework for planning interventions, and the solution-focused model a number of ways to operationalize these ideas with a non-pathologizing health focus. Clay was ecstatic. Vernon was not. Vernon: “I came to UNE under the assumption that the students generally were interested and enthusiastic about social work as an integrated multi-level activity. I was teaching the advanced year research course, Evaluation of Practice, (which included both integrated and clinical students), and my experience was far from affirming.”

“I taught two sections, and in both approximately 80% of the students were in the clinical concentration, and 20% in the integrated. A number of the students explicitly told me that they weren’t happy with and didn’t intend to practice from an integrated or strengths perspective. Before I had recovered from my initial shock, they proceeded to inform me that they weren’t particularly happy with my appointment because my approach to social work wasn’t clinical. Furthermore, they informed me, in class, that they felt betrayed, and they felt the clinical faculty was betrayed by my being hired. In the classroom, whenever I would discuss the need for social workers to engage in evaluation of practice, students would respond with comments such as, ‘You can’t evaluate clinical work,’ ‘I’m not concerned with evaluating the larger environment, other service providers, my agency, or my practice,’ ‘I’m going to be a therapist.’ ‘You can’t introduce evaluation into the therapeutic container,’ or ‘What you’re talking about isn’t social work.’ Although I was amazed by the students’ lack of interest in integrated practice or the strengths perspective, I was even more concerned that they didn’t want to engage in evaluation of practice. Furthermore, the fact that they perceived my hiring as a betrayal was very unsettling. I was hurt and offended by the tone and content of what students said to me. I felt uncertain about how to address the situation since I wasn’t sure about the level of support my colleagues would be able too or willing to give me. I reasoned that the students had a longer history with the School since I had only been there a few weeks. I spoke with the acting director and some faculty about the difficulties I was experiencing but did not share the impact of the difficulties. I had just left a community practice arena where I was required to engage in political battles everyday for four years and I did not want to start off my new position in a contest where I did not exactly what the sides were. I decided to alter my preferred teaching approach in the one section of Evaluation of Practice, enjoy the relationship I had with my other section of this course, and my Social Policy class, take time to learn the territory, and try to keep my sense of humor. As I often say in similar situations, I may be from Oklahoma, but I’m not stupid. I didn’t know what to do with this information. I was totally unprepared for this.”

Meanwhile, in Clay’s Integrated Social Work Practice class, the students were so enthusiastic about the structural model and the strengths perspective that they came together to recommend that this content should be provided to everyone in the foundation year. This recommendation was brought to the full faculty when curriculum review began in the early spring semester.

January 1993

Upon Steve’s arrival, a new mission statement was drafted which stressed the fundamental social work values of individual and collective self-
determination, human dignity, diversity, and social justice. It explicitly addressed oppression and its impact as primary targets of social work intervention. This mission statement was adopted through a unanimous vote of the faculty and student representatives, who now became participants and voting members at faculty meetings (thereafter to be called school meetings).

It became clear that the new mission statement had implications for curricular reform and renewal. Task groups were set up to review and revise the foundation year, which had been organized somewhat loosely around both normative developmental theory and ecosystemic practice principles. The foundation curriculum had been criticized in the initial accreditation document as lacking an overall coherent structure. In the advanced year, the Integrated concentration appeared to flow naturally from the mission statement, while the Clinical concentration did not. Due to the tremendous task that lay ahead, it was decided that we would revamp the foundation year for the fall of 1993, and work on the advanced year, especially the Clinical concentration, for the fall of 1994.

Some changes couldn’t wait. The discussion of values which drove the adoption of the new mission statement led to new conversations about many of our course offerings as well as school policies. For example, the faculty voted to eliminate Psychopathology as a course offering, and to replace it with a new course called Advanced Psychosocial Assessment. This course would provide content on psychopathology, but place it within a broader based social work perspective, including the strengths perspective, a biopsychosociospiritual framework, and a critical examination of the history and development of the DSM and its implications for social work practice (Graybeal, Rubinstein, & Rose, 1995).

February 1993

At a February school meeting, Clay, Vernon, and Marcia invited Integrated Practice students to the school meeting to share their recommendation that the structural model and the strengths perspective should be introduced in the first year for all students, and should provide the foundation for both advanced concentrations. Vernon and Clay also introduced a draft proposal for a new curricular structure for the advanced year, which would provide a range of options for students to select from, including courses which focused on practice with individuals, couples, families, groups, organizations, and communities.

Backlash

It was about this time that significant conflicts arose within the faculty, and a backlash from the community shocked everyone into the realization that such broad and fundamental changes would not come about smoothly. First, some faculty were very upset about the changes. The structural model, it was suggested, “blamed the environment” for individual problems.

Next, the strengths perspective was attacked for being a naive, simplistic, and incomplete model. In response, it was pointed out that Saleeby (1992) had stated that the strengths perspective was more accurately a philosophy, and could not be said to be operationalized adequately to constitute a model of practice.

Apparently, this was an inadequate response. Next, several internal school communications, intended only for faculty discussion, were distributed in the practice community, particularly among the members of the local clinical society and a “Committee on Psychoanalysis.” After that, we began to hear rumblings from some students and field instructors that the University of New England School of Social Work was “destroying clinical social work.” Students reported that they had been told (by unidentified sources) that without the old course in psychopathology, they would not qualify for the state licensing exam (which was inaccurate), and that they would not be able to get jobs. An internal memo drafted by Steve, entitled “Thoughts on Licensing,” that outlined some perceived shortcomings of the state licensing structure, was apparently distributed statewide to members of the clinical society, without permission of the author, and prior to faculty discussion, though no one would claim or accept responsibility
for taking this action. This resulted in a barrage of phone calls from irate clinical social workers to the University President and Board of Trustees.

Vernon: "We moved quickly from what I perceived as a collegial and collaborative process to a siege mentality. Our excitement about a values driven curriculum was transformed overnight into a fear about where the next attack would come from. Perhaps, in retrospect, been anticipated. We were challenging values deeply held by several students and practitioners within the school and community. We knew values did not change easily, if at all. We were surprised by the intensity of the conflict and the manner in which people engaged in the conflict. Though we often teach that change brings about disruption and unrest, we had proceeded, naively, full of enthusiasm, and unexpectant of any such negative reactions."

Spring 1993 - The Revised Foundation

Surprised but undaunted, our work continued. Separate task groups set about reviewing and revising the foundation Human Behavior and the Social Environment (HBSE), Social Policy, Practice, Research, and Field practice. The policy task group set about the task of expanding foundation policy from one course to two and infusing the course with critical structuralist theory and a political economy framework. Similarly, the HBSE group transformed the theoretical underpinnings of that sequence from normative developmental theory to oppression theory, self-in-relation theory, and a sustained focus on issues of race, ethnicity, class, gender, and sexual orientation. This prompted the architect of the original clinical concentration to state publicly that the foundation no longer supported "clinical" social work.

Clay: "I attempted to engage this faculty member in a discussion of what constituted 'clinical'. He replied that clinical was founded on normative developmental theory and required an emphasis on assessment, diagnosis, and treatment. I asked whether family therapy which views problems systemically was clinical. He assented. I asked whether feminist, solution-focused, or narrative models, some of which eschew diagnosis were clinical. He agreed that they were. How then, did his definition include them? He replied by repeating his original statement. The conversation progressed no further."

Other courses were reorganized and their fit with the new foundation strengthened. Normative developmental theory and normative family theory became the focus of critical evaluation rather than having a priori acceptance. Feminist ideas about human development, families, research, and practice were introduced. Central to all of these developments was a perspective that saw the students as sources of strength and contribution, of power and validity. Learning became a social constructivist and formative experience.

The primary locus of faculty debate and disagreement about the new foundation curriculum was in the Foundation Practice task group. The practice task group was split down the middle between two faculty members who ascribed to a traditional, problem-focused conceptualization of practice, and Marcia and Vernon who were committed to a strengths-based practice curriculum. After
several months of disagreement, dialogue, and debate, a new foundation curriculum was crafted and approved at a school meeting. The new practice curriculum incorporated Saleebey’s, et al Strengths Perspective, Wood and Middleman’s Structural Social Work Approach, and Shulman’s Interactional Model (1992). Shulman’s text provided continuity with the “old” foundation practice curriculum, which helped the two factions achieve a beginning compromise. Since the new edition included content on oppression and social work practice, this material was compatible with the rest of the foundation.

Fall 1993

To help kick off the new foundation curriculum, and highlight the emphasis on empowerment, strengths, and collaborative relationships, Dennis Saleebey was invited to speak to field instructors and incoming students on his work on the strengths perspective.

Students generally enjoyed hearing Saleebey and responded well to most of the foundation courses. Responses to the revised practice course, however, were mixed. Many students worried that they were not being adequately prepared for “clinical” practice, (the apparent definition of “clinical” being DSM-based psychodynamic psychotherapy aimed at treating pathology). Indeed, the practice foundation did not have as its objective preparing students for psychodynamic work focused on the individual as locus of the problem and focus of intervention. This intrigued some students while distressing others. One faculty member chose to teach much the same content taught prior to the revisions.

The knowledge that there was disagreement among faculty about the curriculum changes further fueled some students’ anxiety and conviction that they were being denied crucial content.

A Tale of Two Classrooms

Responses varied by class section as well as by individual.

Marcia: “I taught two sections of foundation practice that year. One class included many critics of the new curriculum, would-be clinicians who acknowledged the importance of looking at strengths but appeared more interested in delving into deficits. These were, for the most part, bright students with critical thinking skills and considerable experience in social work. Their criticism was generally serious, thoughtful, and challenging, but sometimes it was hard to hear or respond to. For example, one student stated: ‘If clients who sought help are so full of strengths, they would not need help. If we are merely to emphasize strengths and follow clients’ wishes, we don’t need to attain an MSW degree for that purpose.’ This kind of response suggested to me that I wasn’t being understood. I felt under attack at times. It was hard not to respond defensively or become over zealous in the face of these attacks. I was also disappointed that a number of those students who more fully embraced the strengths perspective in their written work chose to stay out of the fray of the classroom discussion.

My other section of foundation practice was quite different. Most of the students in this group were either new to the field and lacking preconceptions about what they were ‘supposed’ to be learning, or seasoned practitioners, already committed to empowerment-oriented work. These students were not uncritical, but they generally welcomed a practice approach characterized by mutuality and respect which sought to actively reduce oppression by building on client strengths.”

This class presented less of a challenge than the first. They were an exciting group to work with. Their openness to the content enriched my own presentation of it. I did not need to become defensive or overzealous with this class as I did with the other. Their understanding of the skills of strengths-based social work practice grew as the year progressed. Some encountered conflicting practice models in their internships and attempted to do some teaching in their agencies, while others found their classroom learning reinforced in the field.”

November 1993

Vernon: “About this time I went on some field visits, and experienced some interesting
interchanges with field instructors. Some were enthusiastic about the changes they had heard about, while others openly attacked me or the school.”

Clay: “Yes, I had the same experience. One field instructor, in the middle of a field visit, blurted out: ‘So I guess nobody believes in medical illness anymore at UNE!’”

Vernon: “I found it difficult at times to respond. I wanted to confront the challenges but knew I had to be ‘political’ in my responses. I felt we were in the middle of exciting, progressive change. Some of the attacks seemed disconnected from what we were actually talking about, as if someone was portraying the process differently, as if someone was actively fanning discontent in the community.”

Intrigued by these responses, the authors initiated a survey of students and field instructors to chronicle the various reactions to the curricular reform taking place (Graybeal, Moore, & Cohen, 1994). Specifically, respondents were asked what their initial and subsequent responses were to the adoption of the strengths perspective as a philosophical framework for the program.

Many student responses were both insightful and affirming: “I don’t see people in little boxes of pathology anymore.” and “I feel like we, as students and future practitioners, are making available a new, and healthier approach to social work practice.”

On the other hand, some expressed concerns about what the changes would mean for the future of the school, themselves, and the profession: “I feel the strengths perspective is a good concept but it doesn’t dig deeply enough into client issues. I am concerned about the direction and future reputation of the school.” and “If this means clinical is ‘out’ I think it’s a shame and doesn’t meet a lot of students talents and interests.”

We were curious about the perception that the strengths perspective was somehow inherently antithetical to clinical social work, yet we heard this theme over and over. Gradually it became clear there was a conflation by a vocal minority of students of clinical social work and psychodynamic psychotherapy.

From the field instructors, most comments were affirmative: “Social work has relied too heavily on the medical model of pathology, disease, and deficits,” while others echoed perceptions voiced by students: “If people just had strengths, they probably wouldn’t have much need for services.”

When the findings of our survey were presented at the Council on Social Work Education Annual Program Meeting in Atlanta, it was clear from audience response that many other academics were toiling in settings which were heavily dependent on deficit and pathology driven or narrow clinical models, and there was an outpouring of support and interest. We experienced tremendous validation for our efforts. Additional validation came as a part of our faculty search process. Our faculty search advertisement for a feminist practitioner familiar with self-in-relation theory brought forth a wealth of progressive, creative, and exciting candidates to contribute to our process.

Implications for the Advanced Curriculum

Through the late fall and into the winter, an Advanced Curriculum Committee struggled to determine how to construct the advanced year. Would we continue with two concentrations based on interventive methods, Integrated Social Work Practice and Clinical Social Work Practice, or would we organize by fields of practice (e.g. Health/Mental Health and Domestic Violence)?

After considerable debate, it was decided to continue with two concentrations, clinical and integrated. Each would be enhanced by field of practice electives.

By affirming our two concentrations, Integrated Social Work Practice, and Clinical Social Work Practice, it was understood that the Clinical Concentration would require extensive revision to meet the task of operationalizing the mission statement the way that the Integrated Concentration did, and finding practice models which fit the expressed value base. It was imperative that the Clinical Concentration would build on and extend foundation content and philosophy. Suggested practice models included solution-focused (Walter & Peller, 1992), family-centered social work (Hartman & Laird, 1983),
feminist therapy (Morell, C., 1987; Walters, Carter, Papp, & Silverstein, 1988), narrative models (White & Epston, 1990), and other collaborative innovations (Friedman, 1993). Each would be examined through a lens of social constructivism (Dean & Fleck-Henderson, 1992; Scott, 1989), critical thinking (Witkin & Gottschalk, 1988), and progressive social work values.

Psychodynamic theory would no longer be the standard against which other models were measured, or the standpoint for perception of professionalism. Rather, it would represent one "story" about the construction of reality, and would be examined critically, as would all models and methods. Students would experience being the subject of their learning, modelling a practice where clients are the subject of the social work relationship and the premise for collaborative partnership.

Conclusion-Present

Unfortunately, at the time we made this decision, the chief proponent of the psychodynamic perspective issued a position paper on what constituted clinical practice (essentially re-affirming the former curriculum in its entirety: normative developmental theory, assessment, diagnosis, treatment), and then absented himself from the curriculum committee. His unexplained absence meant the curricular debate had to proceed without his voice.

The newly constituted concentration was introduced in the Fall of 1994. We continue to learn a great deal about the nature of change, and the varieties of experience it engenders. We are continuing to write about our experience. Details of the transformation of the advanced curriculum will have to wait for a future installment.

We now come to the present. And this brings us back to the student who inspired us to write this narrative in the beginning. Here’s a transcript of the voice of this student who, prior to her participation in the new curriculum, knew that she was incapable of expressing herself effectively:

"My experience with this new theme has been profound. Readings, lectures, and speakers have left me inspired, excited, hopeful, and relieved. The relief comes from finding a perspective that is comprised of all that I have ever believed social work was — and so much more... The strengths perspective is a profoundly different way of looking at human troubles and I believe that this is either not understood or it is misunderstood among its critics.

They do not understand that pathology is not a given...strengths are the foundation from which work is done."

In the rediscovery of the "social" aspect of social work lies the awareness that knowledge is a social construction, and that knowing resides in the person in relation to history and context. We, social work educators, students, clients, and consumers, are all subjects in the process of generating both knowledge and knowing. Our experience, as chronicled here, has liberated our process of knowing. We feel that our experience of rediscovery is plausible for others if there is a commitment to the process of dialogue. This commitment requires that administrators be committed to providing structure and allowing time for the process and that faculty make themselves available and engage in the process. We are convinced that a process of collaborative dialogue that seeks to construct ideas previously unanticipated or not considered can lead to qualitative transformation within individuals and within the curriculum.

We would like to echo the voice of this student, and to say that we too are inspired, excited, hopeful, and relieved. Our relief comes from having rediscovered and reconstructed together the roots of our calling to the profession. Our inspiration comes from dialogue (Freire, 1970) and collaboration with students and faculty, as well as from the writings and communications of like-minded colleagues around the country. Our hopefulness emanates from the belief that the process we have co-created, one of empowerment and liberation, grounded in mutuality and commitment to our values, will persevere. Finally, embodying constructivist experience, our excitement focuses on the future, and where we will go next.
References:


