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Exploring the Credential for Strengths-Based Family Workers and Its Practical Application in the Field

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EXPLORING THE CREDENTIAL FOR STRENGTHS-BASED FAMILY

WORKERS AND ITS PRACTICAL APPLICATION IN THE FIELD

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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Indiana University of Pennsylvania

May 2019

Indiana University of Pennsylvania
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Title: Exploring the Credential for Strengths-Based Family Workers and its Practical
          Application in the Field

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For the past 25 years, the human services field has experienced a paradigm shift regarding its practice ideologies, moving away from the deficit models of practice towards more partnership and strengths-based empowerment-oriented practice perspectives. Temple University's Credential for Strengths-based Family Workers (SFW) is a nationally standardized professional training and credentialing program distinctively focused through a multi-faceted evaluation process on the enhancement and documentation of learned knowledge and skills used to empower human services professionals to assist an individual and/or family in their ability to set and reach their own goals. The objective of this research was to explore and better understand human services professionals' experiences of the SFW/FDC program and how their use of specific learned knowledge and skills translated into real world practice, including the barriers and obstacles encountered and strategies used to overcome these complications, when implementing strengths-based empowerment-oriented practice.

My research was conducted from the epistemological perspective that reality is socially constructed by individuals who make meaning of their experiences. Taking a qualitative purposive methodology, I engaged in in-depth interviews with twenty-three (23) human services professionals who had received instruction and had been credentialed by the Temple University's Credential for Strengths-based Family Worker

(SFW/FDC) program as they embarked on their strengths-based empowerment-oriented practice implementation journey. My analysis of program participants' emergent understandings resulted in the development of a practice perspective continuum which depicted the over-arching emerging themes of a strengths-based empowerment-oriented occupational ideology or Way of Life and the Toolbox perspective.

This research concluded that an authentic strengths-based empowerment-oriented practice ideology recognizes no barriers or obstacles to its practice. The knowledge generated from this inquiry affords new insights with which to inform policymakers, practitioners, and agencies involved in the human services arena as practice initiatives move towards more strengths-based empowerment-oriented frameworks.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

In *Pedagogy of Hope*, Paulo Freire (1994) wrote: "There is no change without the dream, as there is no dream without the hope" (p. 91).

A longstanding fascination with pathologies, problems, deficits, and aberrations – the bizarre and evil has continuously captivated society (Rapp, Saleeby, & Sullivan, 2005). In line with this broad cultural orientation, the helping and ministering professions have had a penchant for negative lexicons which transform every dependency, mannerism, pattern and predisposition of human behavior into an amalgam of marques, identities, and diagnoses (Kaminer, 1993; Peele, 1995; Peele & Brodsky, 1991; Reiff, 1991; Walker III, 1996). Over the years, human services practice has evolved from the use of a medical model that imitated a traditional doctor-patient relationship. This model was "treating" social problems to a therapeutic model that necessitates "contact with the marginal family, diagnosis of the problem, implementation of normalizing measures, ongoing contact with agencies, and continued oversight" (Patterson, 1994, p. 6). Both the medical and therapeutic models of human services practice are deficit models that define individuals and families seeking help as deficit themselves (Crane, 2000; Cornell Empowerment Project, 1989). This definition of deficit is often the result of agencies', human services professionals and social workers' culturally-based philosophies regarding individuals and families (Crane, 2010).

For the past 25 years, the human services field has been shifting its practice away from these deficit models and toward partnership and strengths-based directions (De Jong & Berg, 2001; Barbee, Christensen, Antle, Wandersman, & Cahn, 2011). Strengths-based

strategies stress the need for constructing cooperative interactions with clientele regarding what they want while emphasizing client strengths as the basis for their solutions (De Jong & Berg, 2001; Compton & Galaway, 1999; Hepworth, Rooney, & Larson, 1997; Miley, O'Melia, & DuBois, 1998; Saleebey, 2002). More practitioners are shifting to the strength's perspective and its use of the unique skills, strengths, and abilities of help seekers, who often surprise human service professionals by defying all odds, and who formulate answers when none seem feasible (Weick, Rapp, Sullivan, & Kisthardt, 1989; Saleebey, 1992, 2013; Graybeal, 2001). Strength-based, empowerment-oriented practice is analogous to helping individuals help themselves to become self-sufficient and a productive part of society.

The strengths perspective poses guiding principles that form a unique lens for viewing human behavior in a very individual manner (Saleebey, 1992, 1996; Weick, Sullivan, & Kisthardt, 1989). Graybeal (2001) notes the basic idea is that people will eventually do better when they experience positive direction regarding the recognition and use of assets and strengths already accessible within themselves and their situation. The challenge for human services professionals is the incorporation of the strength's perspective, everywhere including settings with minute understanding, recognition, or acquiescence of this practice perspective within existing treatment modalities (Graybeal, 2001). Changes in perspectives are required for both the practitioners and the agencies that are moving towards a strengths-based, empowerment-oriented practice (Hewitt, Crane, & Mooney, 2010). Therefore, "Pursuing a practice based on the ideas of resilience, rebound, possibility, and transformation is difficult, because oddly enough, it is not natural to the world of helping and service" (Saleebey, 1996, p. 297).

To illustrate how deficit-based versus strength-based approaches differ in practice, Table 1 presents segments from a journal article by Graybeal (2001)*[1]. This table provides examples of how a client assessment might be written up by human service professionals coming from a traditional deficit-based (biopsychosocial) versus a strength-based approach. A traditional biopsychosocial assessment format includes the following: a comprehensive account of the client's present and past functioning, difficulties and symptoms, historic mileposts, existing and previous treatment, and diagnostic impressions and treatment commendations (Graybeal, 2001). The first write-up (on the left) is traditional in content and language, while the second example (on the right) integrates the strengths perspective throughout the assessment process.

Table 1

Traditional Assessment Versus Strengths-Based Assessment

Example 1: A Traditional Assessment	Example 2: A Transformed, Strengths-based Assessment Using Traditional Format
Presenting Problem: Sally W. is a 28-year-old woman appearing older than her stated age. She identifies with feelings of depression stating, "It's just not worth it anymore." Generally, she has expressed sleeping difficulties, loss of weight, a poor appetite, weight loss, a decreased level of energy, and an overall loss of interest in life generally. She has persistent feelings of helplessness, worthlessness, hopelessness, and guilt. Sally previously had intermittent suicidal ideation but specifies to have no strategies currently to injure herself. Previously, she came to the clinic because she has been assisted by both medication and therapy. Last year, she left therapy due to a difference of opinion with her therapist. She presently is not taking any medication.	**Presenting Problem:** Sally W. is 28 years old. Her complaints include feeling depressed and she states, "It's just not worth it anymore." Sally shares that a short time ago a dear friend moved, and she has been feeling forlorn. Sally has expressed difficulty in sleeping, a poor appetite, weight loss, a decreased level of energy, and a of loss of interest in things generally. Sally previously had intermittent suicidal ideation but specifies no plans currently to harm herself. She re-counts positive experiences with medication and therapy in the past. Sally feels that her mood elevates when at work and when interacting with her friend. After solving her current dilemma, she envisions that she will be more energetic and will engage and plan more activities outside of work.
Problem History: Sally depicts her depression as continual, with the onset of increased lack of energy and interest. At the age of 21, she decided to have an abortion and attributes that experience as contributing to the onset of her depression. She treated with both psychotherapy and medication at that time. She has subsequently treated twice since then, with psychotherapy only the first time, and then with both	**Problem History:** Sally depicts her depression as gradual, with an increasing loss of energy and interest. At the age of 21, she decided to have an abortion and attributes that experience as contributing to the onset of her depression. Sally indicates that when she first started her current job, her situation improved but that this no longer seems to be true. Both medication and psychotherapy have been helpful in the past. Fast

[1] The data in Table 1 is from the journal article "Strengths-Based Social Work Assessment: Transforming the Dominant Paradigm" (by Dr. Clay Graybeal, 2001). *Families in Society: The Journal of Contemporary Human Services, 82*, 3 p. 239-240. Copyright 2001 Families International, Inc. Reprinted and adapted with permission.

therapy and medication the second time .

Personal History: The client states normal developmental milestones but indicates that she was generally a lonely child. She presents with no physical ailments. She denies any history of sexual or physical abuse, although she feels that her father was emotionally demanding and abusive. She tends to be fair isolated socially and has few friends.

Substance Abuse History: Sally relays that she has never used illegal drugs and does not smoke. She drinks approximately four to five cups of coffee per day and has recently increased her intake. When exploring this area, she reports that she has been having one to two alcoholic drinks at night to help her fall asleep. She denies any problems related to her drinking.

Family History: The client has a sister and indicates that her older sister was the star of the family. Her sister is 31, a successful artist and is married with two children. Her parents divorced when she was 18. She portrays her father as being rarely home due to his employment as a traveling salesman. She also describes him as emotionally distant. Her father died of a heart attack at age 57 two years ago. Her mother is 54 years old, lives nearby, and calls every day to check-upon her. She feels that her mother is too demanding and is hard to be around but generally means well. She indicates no family history of mental illness.

Employment and Education: Sally graduated high school and attended technical college. She received a degree in office management. Currently, she is employed full-time as a secretary for a small heating and air conditioning business for the past three (3) years. She finds the job difficult due to the stress and noise. She would like to pursue other employment but hasn't been able to get motivated to look for another position.

Summary and Treatment Recommendations: Sally W. is a 28-year-old woman who identifies as having depression. She states that she would "like to feel better". In the past, medication and psychotherapy have helped her. However, she is concerned that she is worse than before and often feels hopeless. She fears that she will never get better. She is employed and has contact with her family. Although, she is interested in changing

forward to the future, she would engage with her friends rather than therapists for help.

Personal History: Sally discloses loneliness as a child. She identifies as a strong person physically and previously enjoyed exercise. She reveals no indication of sexual or physical abuse although she feels that her father was emotionally demanding and abusive. She has no concern regarding her lack of long-standing relationships. Her one close friend moved away recently but calls her regularly on the phone. She portrays herself as a very creative person and has used this creativity in the past to counteract her loneliness by envisaging that she is taking part in great adventures. She is an ardent reader.

Substance Abuse History: Sally relays that she has never used illegal drugs and does not smoke. She drinks approximately four to five cups of coffee per day and has recently increased her intake. To increase her energy level, she is drinking four to five cups of coffee per day. Recently she has begun drinking more coffee than in the past. After exploring this area, she reports often having one to two alcoholic drinks at night to help her fall asleep. She suggests that her drinking counteracts her loneliness and increases her creativity. She finds drinking helpful but would like to find more interesting things to do.

Family History: Sally has a sister and indicates that her older sister was the star of the family. Her sister is 31, a successful artist and is married with two children. Her parents divorced when she was 18. Her father died of a heart attack two years ago at 57. As a traveling salesman, he often seemed distant but always made a point of being home for Sunday dinner. She loved Sundays with her father because he would bring her presents, and they would watch television together. Her mother, 54, lives nearby, and calls daily to check-upon her. She feels that her mother means well, but is generally too demanding, and hard to be around. Her favorite aunt, Janice lives nearby but she has lost contact with her. She would like to reconnect with Janice. She indicates no family history of mental illness.

Employment and Education: Sally graduated high school and attended technical college. She received a degree in office management. Currently, she is employed full-time as a secretary for a small heating and air conditioning business for the past three (3) years. She no longer finds her employment challenging and the job is stressful and noisy. She feels that her skills would warrant a better position, and that changing jobs would help her to feel much better.

Summary and Treatment Recommendations: Sally W. is a 28-year-old woman and complains of depression. She states that she would "like to feel better". In the past, medication and psychotherapy have helped her. Her depression lessens when she is active. She is employed and has some contact with her family. She would like to change jobs to better utilize her skills, to re-connect with her aunt Janice and to find a way to

jobs, her perspective may be influenced by her depression and she was encouraged not to make any major changes until her depression was treated.	meet some more people since her best friend moved away. She is a creative person, as well as an avid reader. She shares that she has few outlets to express herself and would be interested in finding out what activities would help to enhance her creativity. She would like to find help from friends instead of from therapy. Sally responds well to positive reinforcement, and a change in mood was noted during the assessment session, with more energy noted as she discussed making changes for herself, and by her considering other options and alternatives to traditional therapy.
Diagnosis: Major Depression, Recurrent	**Diagnosis**: Rule/Out: Adjustment disorder Major Depression, Recurrent
Treatment Recommendations: Individual psychotherapy weekly to overcome low self-esteem and depression. Assess for antidepressant medication.	**Treatment Recommendations:** Explore options during one to three sessions, to include social activities, employment planning, locating support groups, and/or psychotherapy. In 1 month, if no improvement is apparent request an evaluation for antidepressant medication.

As previously indicated, the first case scenario uses the relatively typical language one finds in a traditional mental health agency biopsychosocial assessment (Graybeal, 2001). Although the assessment is professional and efficient, it tends to lead to a collation of symptoms, diagnoses, and problems (Graybeal, 2001). The second case example exhibits a change in focus by the practitioner which leads to a guided conversation between the practitioner and consumer in the quest for possibilities, opportunities, considerations, resources, and resolutions (Graybeal, 2001). The practitioner notices an obvious change in the consumer's temperament and energy-level which is attributed to her experience with the strength-based incorporated approach to the biopsychosocial assessment in a different and more positive way (Graybeal, 2001). The use of the strengths approach obliges human services professionals to believe and understand that everyone has inner and outer resources, means, and proficiencies (Saleebey, 2000). While, on the surface, it might appear that shifting from a deficit to a strengths-based approach would be a simple modification for human services practitioners, in fact this

change requires a paradigm shift for the professionals, their agencies and the individuals and families which they serve (Rauktis et al., 2010).

This dissertation sought to deepen our understanding of how this shift to a strength-based, empowerment-oriented approach was experienced by practitioners who went through strengths-based training and are currently integrating this approach into their practice. Following this introduction, this chapter proceeds to an overview of the background and context that frames the study. This is followed by the problem statement, the statement of purpose, and research questions. Also included in this chapter is a discussion about the research approach, researcher's perspectives, and researcher's expectations. The chapter concludes with a discussion of the rationale and significance of this research study and definitions of key terminology.

Background and Context: Social Construction and Social Problems Work

The perspective of social construction is concerned with how we understand the world (Loseke, 2003). As viewed through the lens of social construction, what we identify as social problems are the result of successful labeling efforts by individuals, groups, and organizations who convince audience members that a worrisome circumstance exists and cannot be accepted (Loseke, 2003). The social constructionist approach to social problems has methodological and philosophical roots in phenomenology, particularly those associated with Alfred Schutz and Edmund Husserl, and in the social theory of Emile Durkheim (Loseke, 2003). Phenomenology provides insights into humans' incredible capacity to generate meaning from their lived experiences, while Durkheim's theory reminds us that this meaning-making does not transpire in a cultural vacuity.

For phenomenologists, "Human social life is characterized by meaning" (Loseke, 2003, p. 189). Individuals and groups make their individual rationality of the world around them through the by intellectual creation of meaning from their distinctive understandings as well as inter-subjective negotiation of those experiences with others (Crotty, 1998; Patton, 2002; Loseke, 2003; Diehl, 2013). Each person's and group's "way of making sense of the world is as valid and worthy of respect as any other" (Crotty, 1998, p. 58). Although humans need to create meaning, the social order provides us with resources for doing so (Loseke, 2003).

Like phenomenologists, Durkheim exhibited a curiosity in how the meaning that guides individuals is both socially shared and created (Loseke, 2003). Two central tenets of Durkheim's theory are:

1. humans create the constraining culture in which they live, and

2. in every culture there occurs socially shared ideas, values, and beliefs, what Durkheim called "collective representations". (Loseke, 2003, p. 190)

"Collective representations" can become schemes of interpretation or "frameworks" for making sense of our lives (Loseke, 2003). Occupational ideology characterizes an array of views typical of a distinctive group of workers, incorporating but not restricted to their methods of constructing meaning and philosophies within the group (Benson, 2008). Therefore, "collective representations" are cultural means or tools which individuals can use; yet, that does not mean that real-world actors mechanically use them to make sense of their experiences and selves (Loseke, 2003). This reintroduces the general phenomenological interest in how humans create meaning (Loseke, 2003).

As a result, Loseke developed a new theoretical concept called "social problems work" (Miller & Holstein, 1989, p. 5) and defined it as "any and all activity implicated in the recognition, identification, interpretation, and definition of conditions that are called social problems" (Loseke, 2003, p. 19). Conceptually, social problems work is a conduit to discover "the processes of creating both social problems categories and concrete instances that are assigned membership in those categories" (Loseke, 2003, p. 191). This framework permits us to scrutinize a full multiplicity of human activity (social problems work) involved in the construction of social problems (Loseke, 2003). Claims-makers, through their activities, construct the who, what, when and how of social problems work. This, according to the Durkheimian perspective, creates culture as one creates "collective representations" (Loseke, 2003, p 190). "Collective representations" in social problems work are social resources used to categorize the self, experiences, and others as reproductions of culture and defines as in the troubled person industry what circumstances and who will be recognized as social problems (Loseke, 2003). Social problems work is only "partly a process of 'imposing' cultural categories on objects, event, and persons" because the 'process is open-ended, and subject to change based on a variety of circumstances" (Miller & Holstein, 1989, p. 13).

Human Services and the Troubled Persons Industry

Modern human services professions trace their roots to Progressive Era reformers and their efforts to ameliorate the many social problems that developed during this time of rapid urbanization, industrialization, and immigration (Shields, 2017). As such, human services is an institutionalized response to such social problems as poverty, child abuse, and alcohol and drug abuse. Human services is a broad definition for a distinguishing

approach with the intention of supporting human needs through an interdisciplinary

knowledge base. Human services has an array of focuses which include prevention as

well as the reframing of problems for both individuals and society (the greater good)

while upholding an obligation to the improvement of the overall quality of life for

underserved populations (Human Services Guide, 2015). The common threads that define

the human services field are occupations that provide a *Service to Society*, predominantly

in times of crisis. Human services is an immense field that includes countless and diverse

kinds of occupations, including the following:

     Licensed Clinical Social Worker (LCSW)

     Eligibility Worker

     Child Welfare Permanency Case Worker

     Public Administrator

     Health Educator

     Public Policy Consultant

     School Social Worker

     Child Life Specialist

     Social Services Administrator

     Gerontology Social Worker

     Sociologist (Applied or Clinical)

     Substance Abuse Counselor

     Probation Officer

     Emergency Management Specialist

     Grief Counselor

Correctional Treatment Specialist

Psychologist

Occupational Therapist (OT). (Human Services Guide, 2015)

The "troubled persons industry" is a term for all groups and organizations intending to participate in activities which rehabilitate, help or punish people defined as casualties/victims and/or perpetrators of social problems (Loseke, 2003, p. 32). Each of the groups and organizations in the troubled persons industry has been able to secure compensations and garner legitimacy as a result of effectual social problems work (Loseke, 2003). Many types of claims-makers can and do offer solutions to social problems, including social movement organizations, politicians and elected officials, religious officials, scientists, and political pundits (Loseke, 2003). Through successful claims-making, society is convinced that some condition (poverty, prescription pain medication abuse) is intolerable and that something needs to be done (Loseke, 2003). Job diversity in human services is predominantly built on the basis of the consumer population which they serve. Social problems claims can create new collective identities of individuals needing assistance, which results in another form of providing assistance (Loseke, 2003). As a result, the groups and places in the troubled persons industry are the result of successful claims which typically focus on individual-level needs: rehabilitation, help, and punishment (Loseke, 2003).

Loseke (2003) contends that social problems frames contain three related but distinct frames: the diagnostic frame, which identifies and categorizes problems; the motivational frame, which explains why the broader public should care enough about the problem to want to do something about it; and the prognostic frame, which address

solutions to the problem, as well as projections about what might happen if the problem is left untreated (see Figure 1). Human service professionals are centrally figured in the prognostic frames of many social problems (Loseke, 2003). This dissertation project focuses on a new prognostic framework which is internally generated and promoted by human service professionals.

The constructionist lens and concepts presented by Loseke (2003) view human services professionals who advocate the strengths-based, empowerment-oriented approach frame or understanding that (among other things) identifying the source of the problem is seeing the matter of troubled people failing to recognize and/or effectively use resources they have available to them. Historically, human services professionals relied on deficit approaches which drew attention to consumers' weaknesses and shortcomings while ignoring possible strengths. Figure 1 exhibits pictorially, the components of a social problem frame (Loseke, 2003) and how frames allow us to see similarities among things, people, and conditions that are extremely diverse. Following the language (Saleeby, 2013) used by human services advocates of the strength-based, empowerment-oriented approach in this dissertation, the strength-based empowerment-oriented approach (Saleeby, 2013) will be referred to as a new paradigm rather than a new frame, except in situations where the frame concept is needed to make connections with Loseke's (2003) constructionist framework.
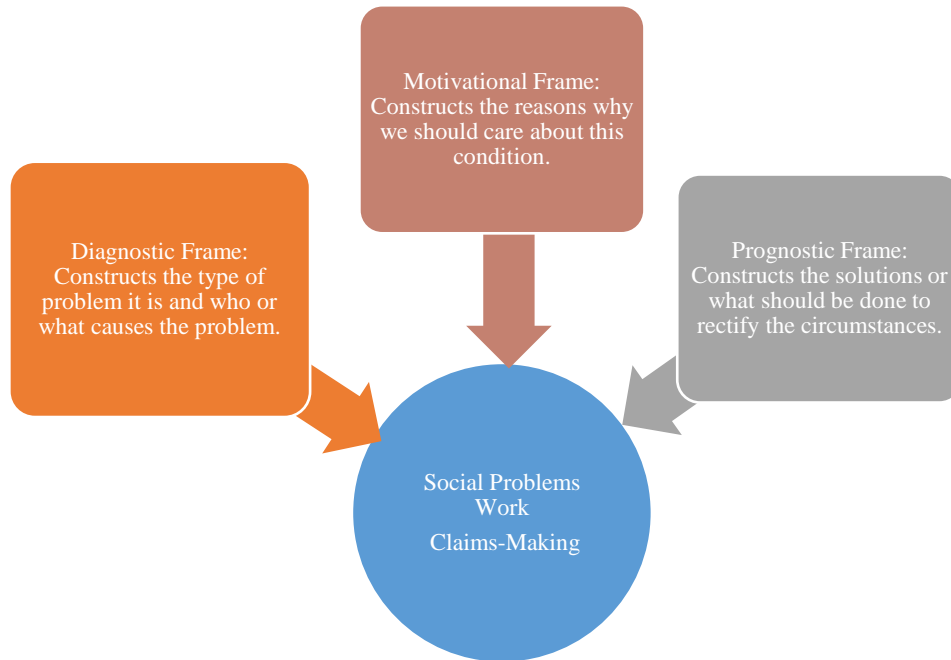
Figure 1. The components of a social problem frame.

Human Services: Education, Knowledge, and Skillset

Human service professionals have a strong desire to help others (U.S. Department of Labor, 2011). Workers who choose human services occupations frequently have comparable skills even though their education levels may differ (U.S. Department of Labor, 2011). The educational level required for specific job classifications within human services organizations varies with the type of work. Many human services professionals have some kind of postsecondary degree ranging from an associate's degree to a master's degree (U.S. Department of Labor, 2011). Degrees include psychology, sociology, human services, social work, and counseling, with most programs requiring fieldwork and or internships so that the student gets practical experience working with specific consumer populations.

Human services professionals help people navigate through chronic situations or crises for both the transitory and long term when people feel they need outside guidance

and support to move forward with their life and rediscover their self-sufficiency and personal power. Through the use of a strength-based approach, the human services professional aids their fellow human beings to attain their maximum potential, to achieve self-sufficiency and a higher quality of life (Human Services Guide, 2015). The emphasis on empowerment and strengths has gained significant importance over the last couple of decades (Darling, 2000), signifying a major paradigm shift away from the problem-based approaches of yesteryear's practice (Cowger, 1994).

Human services professionals who engage in strengths-based empowerment-oriented practice foster cooperative associations that recognize the know-how of individuals, families and communities in understanding what works reasonably when tackling the difficulties families may face (Boyes-Watson, 2005; Colby, 1997). The collaborative nature of the discourse between family and worker seeks to emphasize capacities, assets, and past achievements to complete the current objectives acknowledged by the family (Sousa, Ribeiro, & Rodrigues, 2006). Watson-Smith (2003) suggests that the intricacy of modern-day family support practice requires human services professionals to hold advanced levels of learned skills and knowledge, as well as evolving, unbiased attitudes than was previously thought. Community-based training programs have become increasingly popular venues to teach interagency workers about strengths-based practice (Crane, 1999).

Family Development Training and Credential Program (FDC): A Values-Based Practice Framework

The idea of the Family Development Training and Credential Program (FDC) program started through a cooperative effort among Cornell University's College of

Human Ecology, New York State's Department of State's Division of Community

Services that managed federal anti-poverty block grant funds for the community action

agencies, along with community-based practitioners, and fourteen other state agencies

convened by New York State's Council on Children and Families (Crane, 2000). The

Robert Wood Johnson Foundation initially funded the program through a three-year

declining grant with the expectancy to be self-supporting through program fees by 2001

(Crane, 1999). The underpinning of the program is that human services

professionals/workers who work transversely throughout systems can use comparable

ideologies and be operational in an extensive assortment of positions (Crane, 2000).

Since 1996, in the first ten (10) years of the training program's existence nearly

11,000 workers had completed the Cornell Family Development Credential (FDC), a

strengths-based worker training, in New York State (Cornell Empowering Families

Project, 2005; Hewitt, et al., 2010; Palmer-House, 2006). The Family Development

Training and Credential Program (FDC) was developed collaboratively through

extensive policy research between Cornell's University's Department of Human

Development, the New York State Department of State, the New York Council on

Children and Families which is comprised of state-level family serving agencies along

with its Community Action Agency network (Hewitt, 2010). Originally, Cornell

University hosted the Family Development Training and Credential Program during its

conception in 1996 (Hewitt, 2010). Moreover, 20 other states have established their own

independent statewide FDC programs since this time (Hewitt & Anderson, 2015; Hewitt

et al., 2010; Palmer-House, 2006).

The FDC Program teaches a strengths-based, empowerment framework for practice to both college graduates and paraprofessional through a community-based training and credentialing program with a focus on family workers (Crane, 1999). Businesses, large corporations, government, and both private and non-for-profit agencies have educated their frontline family workers using FDC program curriculum (Crane, 1999). FDC originated as a family worker development program consisting of both supported practice skills and classroom curriculum using a two-pronged process which taught human service professionals to empower themselves while also simultaneously learning applied skills, values, and knowledge allied with the fundamental philosophies of strengths-based empowerment-oriented practice on multiple levels (Hewitt, 2010). As a program, FDC situates the family worker as a change agent using the worker themselves to empower both the families which they serve as well as themselves (Hewitt, 2010). The FDC program defines empowerment as:

> an intellectual, dynamic, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over these resources. (Cornell Empowerment Project, 1989, p. 2)

The Family Development Training and Credential Program (FDC) literature uncovers the program's potential to foremost yield positive outcomes both for family workers and, for the families with whom they partner (Crane, 1999; Palmer-House, 2006; Hewitt et al., 2010).

The Pennsylvania Family Development Training and Credential Program

(FDC-PA)

Between 2005 and 2010, FDC programs were established in 20 additional states, after the founding of the FDC program at Cornell University in 1996. The Community Action Association of Pennsylvania [CAAP] and Temple University Harrisburg [TUH] were partners since the Family Development Training and Credentialing Program (FDC-PA) was introduced in Pennsylvania in January 2005 (Hewitt, 2010). Since January of 2005, Pennsylvania has been responsible for the graduation of more than 400 FDC credentialed family workers, and in 2010 alone more than 600 workers were working towards their credential (Hewitt, 2010).

In 2005, the Community Action Association of Pennsylvania (CAAP) served as the coordinating entity for the program in the state of Pennsylvania. The CAAP administrative role with PA FDC was to deliver technical and logistical sponsorship to local communities implementing FDC (Hewitt, 2010). The FDC model's grassroots approach to implementation were committed to the use of CAAP and local advisory groups at the county levels to determine how best to implement the local community FDC programs (Hewitt, 2010). Responsibilities were as follows:

1. selection, training and certifying course instructors;

2. training and certifying portfolios advisors;

3. reviewing and approving portfolios developed by workers;

4. developing and maintaining overall quality assurance measures for the program;

5. overseeing the examination process; and f). overall programmatic management. (Hewitt, 2010, p. 8)

From 2005 until 2009, Temple University was serving as CAAP's affiliate and providing the national coordination for the FDC program for other states wanting to implement this program within their own state. The Temple University Family Development Program experienced a transition in January of 2010 when they established the National Family Development Board which consisted of state coordinators of SFW programs who partnered with the university from across the country. Temple University Family Development Programs operated through partnerships throughout the country to offer opportunities for quality professional development for family workers and human services professional alike. From 2010 to 2013, Temple University Family Development Program and the National Board actively planned and developed new training curriculum for the professional development of Family Workers (RE: The Credential for Strengths-based Family Workers (SFW) (see Figure 2).
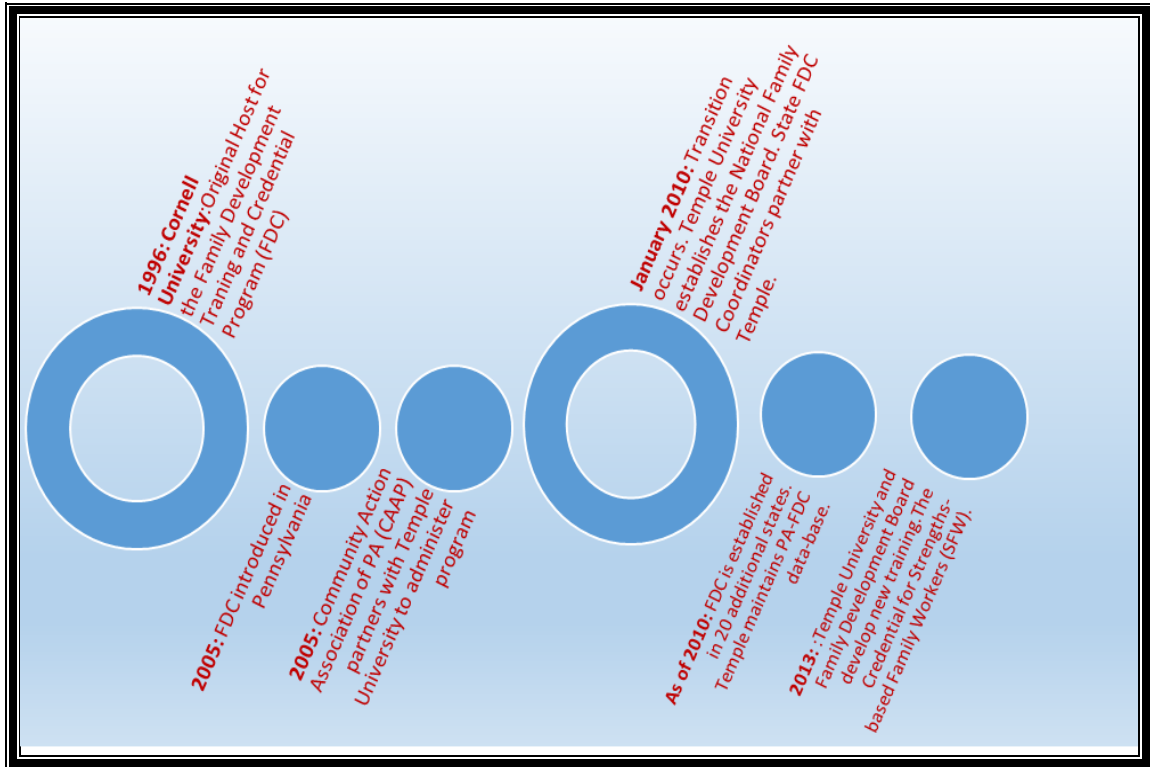
Figure 2. Timeline for the Family Development Training and Credential Program (FDC) in Pennsylvania.

Study Context: Credential for Strengths-Based Family Workers (SFW)

This dissertation focuses on the Credential for Strengths-based Family Workers (SFW) training program the most recent rendition of the FDC training program in the state of Pennsylvania. The Temple University Family Development Program unveiled the revised curriculum for the enhanced Credential for Strengths-based Family Workers (SFW) program on October 1, 2013. This professional training and credentialing program provides professional development opportunities to ensure the strengths-based competence of workers in help-giving agencies and systems (Piatt & Truchon, n.d.a.). Comprised of a competency-based curriculum, this professional training and credentialing program distinctively focuses on the enhancement and documentation of learned skills and knowledge through a multi-faceted evaluation process (Piatt & Truchon, n.d.a.). The

objective of the training program is to empower human services professionals to be better able to empower a family's ability to set and reach their own goals (Piatt & Truchon, n.d.a.).

It should be noted that for the remainder of this research study, SFW/FDC will be the identifying acronym which refers to both the Pennsylvania Family Development Training and Credentialing Program (FDC-PA), and the new Credential for Strengths-based Family Workers (SFW) program. Figure 3 provides a visual overview of the changes over time to family worker training and credentialing in Pennsylvania.

(FDC)-The Family Development Training and Credential Program
Developed at Cornell University

•1994-January 2010

•Moved to the University of Connecticut in 2012.

•(FDC-PA) The Family Development training and Credential Program
•Community Action Association of Pennsylvania [CAAP] and Temple University Harrisburg [TUH]

•January 2005-January 1, 2010

•2010-2013: New curriculum development

(SFW)-Credential for Strengths-based Family Workers
•Temple University

•New Curriculum Released:
•October 1, 2013

•Dissertation Designation:

•Credential for Strengths-Based Family Workers
•(SFW/FDC)

Figure 3. Overview of the changes to the Family Development Training and Credential Program (FDC).

Problem Statement

Program managers, educators, policymakers, frontline workers, and service recipients recognize the need for a positive modification in the norms/beliefs and practice perspectives of human service professionals and programs (Crane, 2010). A new paradigm has emerged in human services from a deficit-based expert, power-over practice perspective to a practice perspective which grounds itself within strengths-based and empowerment-oriented principles (Crane, 2010; Cochran, 1992; Poulin, 2005; Rapp, 1998). Table 2 illustrates this paradigm shift and the elements of both the traditional deficit-based practice perspective versus a strengths-based practice perspective.

Table 2

Paradigm Shift: Expert, Power-Over Versus Strengths-Based Empowerment-Oriented

Traditional Deficit-Based Practice Perspective	Strengths-Based Empowerment-oriented Practice Perspective
• The help giver evaluates and identifies what is wrong with the individual/family.	• The help giver works with the individual/family to identify their strengths.
• The help giver acts as an expert who advises as to what needs to be done.	• The help giver empowers the individual/family to identify the resources readily available to them. (including knowledge)
• Treatment is in the form of an intervention to address the problem.	
• Services provided are for short term needs (which can create dependency on formal help giving systems).	• The individual/family develops the knowledge, skills, and attitudes needed for health and success (long term).
• Focuses on the expertise of the professional help giver (power-over).	• The individual/family increases both informal and formal resource-based networks.
	• The individual/family's desires and concerns are the priority.

Darling (2000) pronounces this transformation as advancing from a status disparity archetypal, in which the practitioner's perspective is esteemed above all, to a

collaborative partnership model in which the perspective of the help seeker is valued

equally, thereby functioning as the foundation for service delivery. Human services

professionals' abilities to integrate this paradigm shift and navigate progressively

multifaceted social service systems can be guided by the learned knowledge they attain

and the approaches and practice skills they acquire to successfully help empower families

(Palmer-House, 2006). The mere act of empowerment is essential to the application of

the strength's perspective. According to Saleebey (2001), empowerment "indicates the

intent to, and the process of, assisting individuals, groups, families, and communities to

discover and expend the resources and tools within and around them" (p. 9). As a

facilitating process, empowerment aids individuals and or families to apply their

strengths to conquer their challenges. Strengths-based empowerment-oriented practice is

analogous to helping individuals to help themselves to become self-sufficient and a

productive part of society.

A qualitative study by Everett, Homstead, and Drisko (2007) explored the

experiences of empowerment-based practice from the perspectives of clients and frontline

workers in high-risk communities. Researchers focused on barriers to practice and how

these frontline workers overcame these challenges (Hewitt et al., 2015). This study found

that that empowerment-based practice appears to necessitate an exclusive and

multifaceted learned knowledge and skill set which many human services workers have

not yet acquired professionally (Hewitt et al., 2015). Everett et. al, (2007) argue that

frontline human services workers require supervision and training to engage in effective

empowerment-oriented practice. According to Shapiro, Burkey, Dorman, and Welker

(1996), found that social service workers required training programs which provide

overall increased feelings of self-efficacy as well as a sense of ongoing professional accomplishment which together create a sense of resolve and empowerment. Research conducted by Hewitt et al., (2015) found that FDC prepares human services professionals with a combination of concrete learned skills, knowledge and tactics in strengths-based empowerment-oriented practice approaches to begin to overcome the established barriers to effective practice.

To date, there has been no published empirical research regarding human service professionals who have been credentialed through the SFW/FDC program as to how their use of the specific learned knowledge and skills acquired through this strengths-based empowerment-oriented training have translated into real world practice. Current research regarding the credential for SFW/FDC training and credentialing program has been limited to end of program and one-year follow up surveys which ask workers what they feel they learned, as well as some interviews with families who have been supported by a credentialed worker (B. Mooney, personal communication, July 6, 2015). Additional research is needed to fill a noticeable gap in regard to the SFW/FDC program and its impact through changes in worker skills, values, and knowledge, as well as how this learning translates into practice (Hewitt et al., 2010; Hewitt et al. 2015). "Not enough is known about the ways in which particular perspectives influence practice and how effective this work is in bringing about desired change" (Trevithick, 2012, p. 307). Further exploration is needed to determine whether the challenges and barriers to empowerment practice differ by program type or setting (Everett et al., 2007). There is an indication that the area of practice has an influence on the strengths-based approach as it is understood and implemented (Floersch, 2002; Roche, 1999: Russo, 1999). Several

22

Policies, procedures, and practices at both the systems and organizational level epitomize as barriers and obstacles to human services professionals who have empowered themselves to attain the transformative goals of FDC (Hewitt et al., 2010). Spreitzer, Kizilos, & Nason (1997) believed that empowered individuals were more likely to question and challenge these barriers and obstacles by upwardly influencing and innovating change rather than thoughtlessly following. Additional research indicates and supports findings that FDC credentialed workers develop an understanding of collective identity with other professionals, a finely tuned sense of decisive consciousness, and the capacity for reflective practice both their own self-care practices as well as in their practice in the field (Hewitt, 2010; Hewitt et al, 2010; Hewitt et al., 2015).

My dissertation research proposed to fill these gaps by specifically exploring the occupational ideology of these credentialed human services professionals who employ strengths-based empowerment-oriented practice in the field. In addition, this research sought to understand the barriers and obstacles encountered when implementing strengths-based empowerment-oriented practice and strategies used to attempt to overcome these complications.

Statement of Purpose and Research Questions

The purpose of this study was to explore human services professionals' understandings of the Credential for Strengths-based Family Workers (SFW) program and how it relates to their practice perspective in the field. I explored in-depth the occupational ideology characteristic of SFW Credentialed human services professionals who practice from a strengths-based empowerment-oriented framework. This study focused on human services professionals' application of specific learned knowledge and

skills as they translate into real world practice. In addition, this research sought to recognize any difficulties and barriers encountered by these professionals when implementing strengths-based empowerment-oriented practice and the strategies they use to attempt to overcome these complications.

Research questions consist of the following inquiries:

1. Is there a discrepancy between the ideal of strengths-based empowerment-oriented practice and how it is implemented in the field?

2. What are the barriers and obstacles to practice encountered by the SFW credentialed human services professionals?

3. What strategies do these SFW credentialed human services professionals use to overcome these barriers and obstacles to practice?

The research objectives consist of discovering:

1. Understandings of the Credential for Strengths-based Family Workers program and how it relates to the SFW credentialed human services professionals practice perspective in the field.

2. Meanings which the SFW credentialed human services professionals construct regarding the ideal of the Credential for Strengths-based Family Workers program and actual implementation the field.

3. Understandings of the difficulties and barriers experienced by the SFW credentialed human services professionals in their practice.

4. Based on the SFW credentialed human services professionals' competences and experiences, the strategies they develop to overcome these difficulties and barriers to practice.

Research Approach

My research was conducted from the epistemological perspective that one's own truth or reality is constructed collectively by individuals who create meaning of their understandings, which is a defining attribute of the interpretative research paradigm. Taking a purposive approach, I limited my sample to between 20-30 human services professionals who had received instruction and had been credentialed by the Temple University's Credential for Strengths-based Family Worker (SFW/FDC) program, and who had at least two years of post (SFW/FDC) training graduate practice experience. Two-year post SFW/FDC training graduate practice experience allowed for a consistent time frame for which SFW/FDC graduates could incorporate SFW/FDC principles into their practice. In-depth interviews were used as the phenomenological approach to learn about the experiences of these human services professionals, their reflections on those experiences and the meanings they made of their strengths-based empowerment-oriented practice implementation journey (Rubin & Rubin, 2005). The use of in-depth interviewing commonly pursues deep-seated personal knowledge, including one's values and decisions, occupational ideology, an individual's self, cultural perspectives and understandings and lived experience (Gubrium & Holstein, 2001).

I used a structured three-stage discovery process consisting of abduction, deduction, and induction (Reichertz, 2010) to analyze qualitative data, using both inductive and deductive coding to identify and categorize patterns in the data. The emergent themes were then examined through the lens of the common foundational principles that support the practice and curriculum of the Credential for Strengths-based Family Workers (SFW). The deductive aspect of the data analysis followed the

25

orientational approach to qualitative inquiry, identifies an unequivocal ideological or

theoretical perspective that predetermines what concepts or variables are of the utmost

importance and data interpretation will proceed (Schatz & Flagler, 2004). In this case, the

occupational ideology advocated by strengths-based empowerment training was used to

interpret findings. The inductive elements ensued through insight and recognition of

patterns which occurred when reading through and working with the interview

transcriptions, which I then developed into emergent themes. Working abductively, I

examined these developing themes through the lens of the common foundational

principles that support the practice and curriculum of the Credential for Strengths-based

Family Workers (SFW) program to reveal similarities and differences. As the researcher,

this approach allowed me to discover the ideological perceptions and experiences from

the standpoint of study participants as (SFW/FDC) graduates, thus enabling me to have a

more holistic perspective of strengths-based empower oriented practice in the field.

Expectations

Based on my academic experiences, background as a human services practitioner

in the field, a licensed social worker, and literature review provided in Chapter Two,

along with the conceptual framework of social construction within which this research

study was conducted, I approached this study with five primary expectations:

1. The common foundational principles that supported the practice framework for
the Credential for Strengths-based Family Workers (SFW) program would
augment the overall occupational ideology of the human services professionals
who become (SFW/FDC) credentialed.

2. Due to the diversity in the human services field, I expected to discover that

(SFW/FDC) credentialed human services professionals would experience both similar yet differing occupational ideologies regarding their application of strengths-based empowerment-oriented practice in the field.

3. Due to the diversity in the human services field, I expected to discover that (SFW/FDC) credentialed human services professionals would experience both similar and differing barriers and obstacles to practice dependent upon their specific area of practice.

4. Due to the diversity in the human services field, I expected to discover that (SFW/FDC) credentialed human services professionals would develop similar yet differing strategies to overcome these obstructions to practice dependent upon their specific area of practice.

5. The (SFW/FDC) program would provide human services professionals with the common foundational principles needed to begin to overcome the long-standing barriers to effective strengths-based empowerment-oriented practice.

The Researcher

As the researcher, I brought to the inquiry process practical professional experience in the human services field, with both knowledge and understanding of the environmental context. I am a Pennsylvania masters-level licensed social worker (LMSW) and have a combination of over 14 years diverse human services work experience at both the state and county levels of government within Pennsylvania in the fields of child welfare, early intervention and healthcare. This greatly contributed to my ability to relate to the human services professionals who participated in this study. My previous positions within the Offices of Children, Youth, and Families at both the county

and state levels of government in Pennsylvania have included direct service work as a County Caseworker 2, policy work as a Human Services Program Specialist, and as an investigator of substantial child abuse allegations for children in adoptive and foster homes as a Human Services Program Representative 1. These experiences significantly accentuated and promoted my interviewing ability as well as my ability to interpret the in-depth interviews essential for this dissertation research study.

As a current practitioner in the field, my positions also have potential for bias as I hold an insider or emic perspective. My professional and personal standpoints also reflect a keen interest in the topic of strengths-based, empowerment-oriented frameworks of practice. I consider myself both a practitioner and an academic whose occupational ideology is positioned specifically within a strengths-based empowerment-oriented practice framework. Because I am an instrument in a qualitative inquiry (Patton, 2002), I recognize the potential for my own locus to impact data gathering, analysis, and interpretation. Because of the importance of this research to me, I actively reflected by way of discourse and journaling with professional colleagues and advisors throughout the research process on how my position affected my findings in this study.

Rationale and Significance

The influence a human services professional has on humanity is considerable and resonates throughout society, touching a variety of venues from education, elder care, healthcare, child welfare, public policy planning, child development and early learning to youth and criminal justice. According to the U.S Department of Labor, Bureau of Labor Statistics employment opportunities for human services professionals are anticipated to increase by 25% in the decade 2010 to 2020 (Human Services Guide, 2015). This

expected growth is quicker than the norm for all occupations the Bureau of Labor Statistics tracks. This escalation is due to on an increase in demand for social services and health care. The demographic shift of aging baby boomers will result in more demand for social services and geriatric services accessed by retirees (Human Services Guide, 2015).

Human services work is both gratifying and demanding (U.S. Department of Labor, 2011). According to the *Occupational Outlook Handbook,* working conditions, "while satisfying, can be emotionally draining. Understaffing and relatively low pay may add to the pressure. Turnover is reported to be especially high, especially among workers without academic preparation for this filed" (U.S. Department of Labor, 2005; Palmer-House, 2006). Human services professional execute a range of essential services that empower the individuals, families, communities and organizations they influence function more effectively and safely (Human Services Guide, 2015).

A study by Rapp, Saleebey, and Sullivan (2005) identified how far the strengths-based approaches have come in the past 20 years through promising research results in a wide range of fields of practice application and in diverse methods from case management to social policy (Chapin, 1995; Rapp, Pettus & Goscha, 2004). "Not enough is known about the ways in which particular perspectives influence practice and how effective this work is in bringing about desired change" (Trevithick, 2012, p. 307). The rationale for this dissertation study emanates from my desire to contribute to the field of human services by helping to move forward the use of more strengths-based empowerment-oriented practices. The diversity across the human services professionals' disciplines inherent to human services work could benefit greatly from becoming more informed regarding the Credential for Strengths-based Family Workers (SFW) program.

An exploratory study by Gutierrez, GlenMayre, et al. (1995) uncovers findings that include the need for training and education to adequately support workers' use of empowerment-oriented practice principles.

My dissertation research is a valuable asset in that its findings can assist in the development of policy and best practices in the field of human services with a specific focus on strengths-based empowerment-oriented practice. Many states acknowledge the need to respond to society's challenges through increased partnerships and communication between service providers while also pursuing family engagement and involvement in planning and decision-making processes (Lietz et al., 2010). This dissertation research serves to inform policymakers, practitioners, and agencies involved in the human services arena as it moves practice initiatives towards more strengths-based empowerment-oriented frameworks.

Definitions of Key Terminology Used in This Study

Credential for Strengths-based Family Workers (SFW/FDC): The Credential for Strengths-based Family Workers (SFW) program has replaced the Family Development Training and Credential Program (FDC-PA) in Pennsylvania. Temple University's Strengths-based Family Worker professional training and credentialing program provides professional development opportunities to ensure the strengths-based competence of workers in help-giving systems and agencies (Piatt & Truchon, n.d.a.). Comprised of a competency-based curriculum, this professional training and credentialing program distinctively focuses on the enhancement and documentation of learned skills and knowledge through a multi-faceted evaluation process (Piatt & Truchon, n.d.a.). The objective of the training program is to empower human services professionals to be better

able to empower a family's ability to set and reach their own goals (Piatt & Truchon, n.d.a.).

Empowerment: "Empowerment is an intentional, dynamic, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources" (Cornell Empowerment Project, 1989, p. 2). It is evident through Freire work that empowerment can possibly occur at three conjectures: the personal (Zimmerman, 1995), the community or organizational (Peterson et al., 2005), and the sociopolitical (Moreau, 1990).

Family Development Training and Credentialing Program (FDC): The FDC Program teaches a strengths-based, empowerment framework for practice to both college graduates and paraprofessional through a community-based training and credentialing program with a focus on family workers (Crane, 1999). Businesses, large corporations, government, and both private and non-for-profit agencies have educated their frontline family workers using FDC program curriculum (Crane, 1999).

Human Services: Human Services is a service delivered to people to assist them in the stabilization of their life including finding self-sufficiency through counseling, guidance, treatment and the provision of basic needs. (Human Services Guide, 2015).

Human Services Professional: The human service professional is a nonspecific term for individuals who hold paraprofessional and professional jobs in a variety of settings and act as agents to empower and assist families, individuals, groups, and communities to ease, avert, or better handle change, crisis, and stress, thus enabling them

to function more successfully in all areas of their lives (National Organization for Human Services, n.d.).

Occupational Ideology: Occupational ideology characterizes an array of views typical of a distinctive group of workers, incorporating but not restricted to their methods of constructing meaning and philosophies within the group (Benson, 2008).

Perspective: A perspective connotates a fractional but significant way of thought regarding the observation and organization of phenomena and in what way this relates to society (Trevithick, 2012). A "view of the world" (Payne, 1997, p. 290), but often an incomplete view.

Practice Perspective: A practice perspective is one's philosophy about practice. As a conceptual lens, one views of societal functioning adds value to and enables the individual to offer worthwhile wide-ranging guidance regarding a practice situation. A perspective serves to emphasis or augment a precise element of practice (Rengasamy, 2010).

Social Problems Work: "Any and all activity implicated in the recognition, identification, interpretation, and definition of conditions that are called 'social problems'" (Miller & Holstein, 1989, p. 13).

Strengths-Based Practice Perspective: A strengths-based practice perspective is situated within social work as a practice framework which identifies people's self-determination and strengths. Saleebey (2002) proposes that the strengths perspective asks social workers "to be guided first and foremost by a profound awareness of and respect for client's positive attributes and abilities, talents, resources, and aspirations" (p. 6). The strengths perspective locates the individual and or family as the expert who can adeptly

identify their own strengths and how they will turn these strengths into strategies for their own success. This perspective ascertains what is right with people and empower them with the use of addition of outside sources to facilitate change (Rengasamy, 2010).

Troubled Persons Industry: This is a term for all organizations and groups designed to do something to help or rehabilitate or punish individuals in social problems work (Loseke, 2003).

CHAPTER 2

LITERATURE REVIEW

The purpose of this study was to explore and better understand human services professionals' experiences of the SFW/FDC training program in Pennsylvania and how it relates to their practice perspective in the field. This study focused on human services professionals' use of specific learned knowledge and skills as they translate through theory into real world practice. In addition, this research sought to identify barriers and obstacles encountered by these professionals when implementing strengths-based empowerment-oriented practice and the strategies used to attempt to overcome these complications.

This chapter provides a literature review that supports the social constructionist framework of this study. This chapter begins with a historical overview of social welfare policy, the evolution of social work, and the field of human services and the culture of poverty in the United States. I then provide an overview of mean-making, symbolic interactionism, social construction, empowerment theory and strengths-based practice as the theoretical foundations in relation to the Credential for Strengths-based Family Workers (SFW/FDC) training program. I also examine the concept of Occupational Ideologies, the relevance of Family Support Legislation, Partnership-based Practice with Families, Family Support Training, and Adult Learning Strategies. Finally, I provide an overview of the Family Development Training and Credential Program (FDC), and the Credential for Strengths-based Family Workers (SFW/FDC) training program. This chapter concludes with a review of previous research related to the SFW/FDC training program.

Historical Background and Context Introduction

Throughout the history of the United States, disadvantaged individuals coping with socially-defined problems such as discrimination, poverty, and disease have been dependent upon not only community support but also familial and personal resolve as well as the policies of federal, state, and local governments, including both nonpublic and public agencies (Jansson, 2005). Social welfare policy helps to control the provision of benefits such as sustenance, accommodations, income, healthcare, work, and relationships which aid in meeting an individual's basic needs (Krager & Stoesz, 2010). Social welfare policy is enacted to ameliorate in response to social problems (Krager & Stoesz, 2010). According to David Gil (1981), "Choices in social welfare policy are heavily influenced by the dominant beliefs, values, ideologies, customs, and traditions of the cultural and political elites recruited mainly from among the more powerful and privileged strata." (p. 32). Ambivalence towards the victims of social problems has existed since the colonial times (Jansson, 2005). The following policy eras will demonstrate the course, essence, and strength of American social welfare policy as it relates to social problems work in relation to this dissertation research (Jansson, 2005).

The Agrarian Frontier: Colonial America to the Civil War

The purpose of this section is to inform readers about the general context of the first half of the 18th century as it pertains to what subsequent generations would call social problems.

The Situation in the Colonies

Colonial Americans might have been poor, but they were not indigent like their European counterparts due mainly to the undeveloped resources of the new frontier

which provided them with ample opportunities (Krager & Stoesz, 2010). This was a frontier with an abundance of land and other resources for the taking. A Protestant ethic drove the creation of a work-oriented society in the Americas and this religious foundation condemns the poor (Krager & Stoesz, 2010). Protestantism and the Protestant work ethic were the dominant religious force; indigency was looked down upon as a moral failing. There were lower levels of indigency than in the Old Country where during the Medieval period, assistance was provided by the Catholic Church, and the provision of assistance provided in the colonies varied. The provision of assistance occurred at town meetings on a case-by-case basis (Krager & Stoesz, 2010). The town council decided the outcomes, which often resulted in various courses of action including sending the poor to private almshouses, auctioning them off to neighboring farmers, placement in private homes at the public's expense and the indentured servitude of children (Krager & Stoesz, 2010). Towards the end of the colonial period, the responsibility for the poor began to shift from the town to region (Krager & Stoesz, 2010).

The American Revolution brought not only independence but also a constitution to the colonies. The creation of the United States of America had significant implications on the development of social policies in this new nation (Jansson, 2005). Between the time that the United States Constitution was adopted in 1788 and the Civil War in 1861, there were many Americans devoting countless energy to the problems of illiteracy, orphans and street children, crime, mental illness, poverty, and alcoholism; policies were also being developed regarding the diverse populations African Americans, Native Americans, and Spanish speaking peoples (Jansson, 2005); America had a remarkably different political climate by the 1800s (Jansson, 2005).

The Civil War (1861-1865)

In many respects, the Civil War was a war between an industrializing north and an agrarian south. The Civil War proliferated the continued need for assistance with existing churches and private organizations meeting these needs through this philanthropic impulse (Krager & Stoesz, 2010). The Civil War also brought new relief needs and efforts which resulted in a social welfare institution called the Freedmen's Bureau (Krager & Stoesz, 2010). The Freedman's Bureau implemented a range of public amenities to aid African Americans in their transition to freedom and sets a fundamental precedent for the federal government's involvement in a variety of human services (Krager & Stoesz, 2010, Janssson, 2005).

The Industrial Era: Expansion and Contraction of the Welfare State

Industrialization was already underway in the northeastern part of the United States at the start of the Civil War, but after the war the U.S. entered a period of frenzied industrial development. During what was called the Gilded Age, America transformed itself swiftly from an agricultural to an industrial society (Jansson, 2005). This sudden industrialization saw the rapid increase in population (largely through immigration), urbanization, and their associated social problems (Jansson, 2005). The undistinguishably interconnection of social welfare and religion in nineteenth century America demonstrates that almost all forms of relief are coming from the church (Krager & Stoesz, 2010). Settlement Houses and Charity Organization Societies (CSOs) started assuming the responsibility for dispensing relief to the urban poor (Krager & Stoesz, 2010).

Progressive Era: Settlement Houses and Charity Organization Societies (CSOs)

Major social problems endured during the late 19th early 20th centuries. The Progressive Era was comprised of a collection of social movements prevalent from the late 1800s until World War 1, including the woman's suffrage movement, the conservation movement, and urban public health movements. Advocates during the Progressive Era tackled prostitution, prohibition, immigration, child labor, unemployment insurance, and unsafe working conditions (Jansson, 2005). Movements embraced a multitude of reforms: civil service, city beautification, antimonopoly, and government and social reorganizations (Jansson, 2005). Politicking around urban poverty was characterized by and infused with a strong sense of paternalism that the state had a responsibility to protect the interests of the vulnerable in society (Krager & Stoesz, 2010). During this time, there was also an influx of new streams of immigrants from Ireland, Eastern and Southern Europe, which included many Catholics and Jews. The anti-Catholic and anti-Jewish sentiments of the local WASPS was very strong at this point and affected what happened regarding social welfare. Social reform proved difficult in a society blinded to social problems because of beliefs strongly rooted in individualism and competitiveness or what is considered the American ideal (Jansson, 2005).

Social Activism During the Progressive Era

Social activism addressed the social problems during the Progressive Era. Socially conscious and educated men and women who sought out social justice befriended the emergent social welfare leader and private philanthropist Jane Addams (Krager & Stoesz, 2010). The world recognizes Jane Addams as a pioneer in the field of social work and she saw social work as the conduit for social reform (Krager & Stoesz,

2010; Jansson, 2005). Addams is the founder of the Hull House project in Chicago, which aided needy immigrants and is one of the first social settlements in North America (Jansson, 2005). The principal objectives of Hull House were to instruct middle class Americans about the lifestyle of the metropolitan poor as well as to provide social services to alleviate their plight (Jansson, 2005). The Hull House did more than just provide community services to the poor; it also became a training ground for several well-known and esteemed social workers as well as John Dewey, who in his time was America's most influential educator, philosopher, and social reform advocate (Krager & Stoesz, 2010; Jansson, 2005). The Hull House became a hub for the social reformers of the nation and the world and convened frequent colloquia on social problems (Jansson, 2005). Hull House established a noteworthy institution and includes women who went on to champion long-lasting and significant contributions to the New Deal (Krager & Stoesz, 2010).

Development of Social Work and Social Services

During this time, we see the rise of what would become the profession of social work. Early social work consisted of spiritual guidance that teaches the poor the value of a moral and self-disciplined life (Krager & Stoesz, 2010). These religious social workers or friendly visitors were often punitive and dispense material aid only after an investigation of the family's situation (Krager & Stoesz, 2010). These investigations often resulted in the family selling off all their possessions or the denial of relief due to intemperance (Krager & Stoesz, 2010). Early social workers consisted of both agency representatives and committees of volunteers (Krager & Stoesz, 2010). Both the Charity Organization Societies (CSOs) and settlement houses provided archetypes of social

welfare service delivery for the voluntary sector organizations that emerge in the Progressive Era (Krager & Stoesz, 2010).

Regulatory reforms of the era accompanied the efforts to justify the social services system and create a social work profession (Jansson, 2005). The response to reformers' view of the atrocious provision of social services by political appointees and amateurs resulted in the formation of the Chicago School of Civics and Philanthropy in 1903 and in 1904 the New York School of Philanthropy and the Boston School for Social Workers (Jannson, 2005). By 1919, the formation of the Association of Training Schools for Professional Social Work takes place (Jansson, 2005). Early social workers were primarily associated with private agencies and viewed public institutions as a last resort for criminals, the mentally ill, and for individuals in extreme destitution (Jansson, 2005). There was an increasing departure from the moralistic ideology of nineteenth century social service staff who use value-laden nomenclatures as deserving or undeserving (Jansson, 2005). Many social workers soon began to develop an interactive give and take with clients and to provide services based upon an analysis of personal, familial, and neighborhood factors which contributed to the clients' difficulties (Jansson, 2005).

Modern American Welfare State: The New Deal

The idea of socialism which celebrates major government responsibilities and the reallocation of resources, does not fit well within American ideals (Jansson, 2005). The Great Depression was the catalyst which pushed America to implement significant federal social programs out of necessity (Jansson, 2005). President Franklin Delano Roosevelt and his wife, Eleanor, were friendly with many social workers of that time including Frances Perkins and Harry Hopkins. Social workers and other individuals who

had experience in the settlement houses moved to the vanguard to offer the moral leadership previously provided by religious institutions (Krager & Stoesz, 2010). Eleanor herself was an extraordinary woman who was engrossed in an assortment of social reforms in the 1920s (Jansson, 2005). In addition, President Roosevelt's own affliction with polio helped him to identify with those who have suffered hardship and his compassion becomes apparent within many of the New Deal reforms (Jansson, 2005). Social work became a part of the comprehensive alliance that Roosevelt shaped into the New Deal (Jansson, 2005).

The years of 1933 and 1934 best categorize the emergence of the modern American welfare state (Jansson, 2005). President Roosevelt's program for assistance, reclamation and reorganization, better known as the New Deal, is comprised of an extensive expansion of the responsibility of the federal government in the country's economic affairs (Jansson, 2005). During this period, the awareness and nature of social responsibility expands to include not only destitute individuals but also the unemployed, the transient, teenagers, homeowners, farmers, and inhabitants of large river basins (Jansson, 2005). Government initiatives include public works projects, which consist of fiscal interventions and efforts to stabilize wages and prices (Jansson, 2005). Massive amounts of money provided assistance endeavors in the form of clothing, sustenance, and accommodations (Krager & Stoesz, 2010). President Roosevelt was successful in enacting the policies of the New Deal because of the unparalleled suffering caused by the Great Depression that fashion a political climate in which social reform was readily accepted (Jansson, 2005).

Second New Deal

The second New Deal from 1934 to 1936 exemplifies a period of reforms, which

help further delineate which ongoing welfare functions the federal government will

assume permanent responsibility for and where organized labor fits into the equation

(Jansson, 2005). By 1935, middle-class Americans began to resent the federal relief and

work programs and strongly believed that an individual is personally responsibility for

their own welfare (Jansson, 2005). Roosevelt was also experiencing increasing pressure

from social workers and reformers alike to enact national health insurance,

unemployment insurance, and old-age pensions (Jansson, 2005).

The Social Security Act and Aid to Dependent Children (ADC) Program

The Social Security Act of 1935 established the basic framework for America's

modern social welfare state (Krager & Stoesz, 2010). The act was designed using a

corporate business concept and was self-funded by current employees who contribute to a

trust fund and only those who have contributed can later withdraw benefits (Krager &

Stoesz, 2010). At that time, this act consisted of three relief programs, two social

insurance programs and some other smaller programs (Jansson, 2005). The Social

Security Act was the crown jewel of the New Deal and provided permanent economic

and social security to Americans guaranteed by the federal government (Krager & Stoesz,

2010). As part of the Social Security Act, the Aid to Dependent Children (ADC) program

design was to afford support to children by allotting aid to their mothers (Krager &

Stoesz, 2010). This need for government to subsidize and supply an array of social

services forever ends nongovernmental agencies' control on social welfare (Jansson,

2005). The social work profession began to recognize the necessity for government to subsidize and provide an array of social services (Jansson, 2005).

Changes in the Social Work Profession

The evolution of social work practice is a consequence of the New Deal efforts. The mission of social work has changed from relief-giving to family casework and its focus has waned from relief-giving efforts to a multitude of societal problems including school problems, family disruption, child pathology, medical problems and outpatient services for the mentally ill (Jansson, 2005). The new public agencies created during the New Deal were training grounds for social casework practices, which seek to screen, refer, and deliver temporary assistance to impoverished individuals (Jansson, 2005). The initial emphasis of social casework was the diagnosis and the intervention as caseworkers evaluated the environmental context to determine the problems and solutions for their clientele (Jansson, 2005). Concurrently, a new field of social work, psychiatric social work, developed with a concentration that followed the work of Sigmund Freud (Jansson, 2005). The field of psychiatric social work focused on the family relationship and intrapsychic matters (Jansson, 2005). Certain New Deal agencies and hospitals created a need for this field of psychiatric social work. There was a growing concern that psychiatric social work will eliminate the person-in the-environment approach to practice with underprivileged populaces (Jansson, 2005). The employment of individuals in social work positions in New Deal agencies increased from 40,000 in 1930 to 70,000 in 1940 (Jansson, 2005). This increase in social services resulted in filling many of these positions with untrained personnel (Jansson, 2005). A Rank-and-File Movement ensued to meet the needs of nonprofessional public employees of the New Deal programs and

resulted in the development of unions and civil service protections (Jansson, 2005).

During this time, the social work profession questioned how to define the discipline and

its boundaries and whether or not to include these untrained public personnel within the

profession's membership (Jansson, 2005). The profession attempted to differentiate itself

from the factions of untrained staff who were working in nongovernment and government

agencies (Jansson, 2005).

Dismantling of the New Deal Programing

The dismantling of many of New Deal reforms occurred during World War II

with only the programs within the Social Security Act continuing (Jansson, 2005). After

the war, Americans enjoyed a post war affluence and social reforms seemed unnecessary

and unimportant (Jansson, 2005). Between 1945 and 1952, the enactment of social

reforms were few; from 1945 to 1960, American social welfare policy was on the

conservative side (Jansson, 2005). However, the 1950s did see the expansion of Social

Security as a family program by providing benefits to disabled individuals and dependent

children, widows, wives, and survivors of men who were the initial beneficiaries

(Jansson, 2005). The Aid to Dependent Children (ADC) program also experienced the

addition of eligibly of an adult caregiver and government paid in-part medical services

(Krager & Stoesz, 2010).

America experienced an odd combination of poverty and prosperity in the 1960s

(Jansson, 2005). The safety net of Social Security, Aid to Families of Dependent Children

(ADFC), and unemployment were inadequate, with blatant rights violations of those

individuals seeking assistance (Jansson, 2005). There was a parochial obsession with

public policies to transform people in poverty by affording services and training them

rather than reallocating resources and jobs (Jansson, 2005). The civil rights movement under the leadership of Martin Luther King, Jr. and public opinion resolutely helped to push President John F. Kennedy and the nation towards social reform (Jansson, 2005).

Aid to Families with Dependent Children (ADFC) Program and the Community Mental Health Centers (CMHC) Act

Two pivotal and influential social welfare reforms enacted by President Kennedy include the further expansion of the Aid to Dependent Children (ADC) program and the creation of the Community Mental Health Centers (CMHC) Act of 1963 (Krager & Stoesz, 2010; Jansson, 2005). The continuing purpose of the ADC program is to strengthen and help maintain family life through the provision of financial assistance and care to needy children in their homes or in a responsible caregiver's home (Krager & Stoesz, 2010). The 1961 expansion of the program allows a component for families to receive assistance in the face of a father's unemployment or incapacity (Krager & Stoesz, 2010). The name of the ADC program changes to the Aid to Families with Dependent Children (ADFC) in 1962 to reflect its inclusiveness of the family unit (Krager & Stoesz, 2010). The shifting focus of ADFC in 1962 is that of rehabilitation with new policies mandating treatment and casework services (Krager & Stoesz, 2010). Likewise, President Kennedy is sympathetic of programs that pledge to improve mental health care because of his family's personal experiences with mental retardation (Krager & Stoesz, 2010). The Community Mental Health Centers (CMHC) Act of 1963 provides federal funding to construct mental health centers for the provision of comprehensive preventive and outpatient services for individuals, including those who recently been released from mental institutions (Jansson, 2005).

Kennedy Assassination: November 22, 1963

President Kennedy left a policy agenda for his successor, which includes the following social legislation: The Food Stamp Program, tax reforms, Medicare, the War on Poverty, civil rights legislation, and federal aid to public schools (Jansson, 2005). These social initiatives come to fruition in a revised rendition (Jansson, 2005).

Johnson Administration (1964-65): The War on Poverty and the Great Society

The Johnson Administration's legislative achievements rival those of President Franklin Roosevelt (Jansson, 2005). President Johnson launched a set of domestic programming know as the Great Society from 1964–1965. The primary goal was the elimination of poverty and racial injustice. President Johnson's promotion of American social welfare is possible through an expanded partnership between the federal government and private and public institutions (Jansson, 2005). This allocation of federal resources includes medical services for children and pregnant women, the enforcement of civil rights for African Americans, migrant labor health care, preschool programs, nutritional programs, public schools, healthcare subsidizes for the poor, medical insurance for the elderly, community development programs, legal aid for the poor, and job training for impoverished teenagers (Jansson, 2005). The War on Poverty or Economic Opportunity Act of 1964 consisted of a collection of youth employment services, job training, and medical services (Jansson, 2005). The Office of Economic Opportunity directs the War on Poverty programs which consisted of the Community Action Program , Head Start, Volunteers in Service to America (VISTA), the Job Corps, and Legal Services. In 1965, the amending of the Community Mental Health Centers (CMHC) Act includes funding for the staffing of mental health centers (Krager & Stoesz,

2010). The act authorized grants to local and state agencies as well as private organizations to aid in the creation of new training programs for workers in the fields of both human services and mental health (DiGiovanni, 2009).

The Changing Face of Social Work

The social work profession is no longer in the forefront of policymaking in the War on Poverty and the Great Society, as it was during the New Deal (Krager & Stoesz, 2010). The profession begins a movement in the 1960s towards a more general curriculum of social work, giving the profession a range of subject matter rather than the narrowly defined casework training or psychiatric programs of study (Jansson, 2005). The War on Poverty advocates for the use of more macro types of practice which includes recommending that administration and community organizations combine group and casework as viable interventions (Jansson, 2005). A master's degree in social work becomes the standard for practice in the field. In both public and nongovernmental social agencies, social work continues to dominate as a profession (Jansson, 2005).

The Development of Human Services Professionals

During this time, there is also an increasing need for social services workers who will deliver a range of social services in diverse areas of practice. To supply this increasing need for social services workers calls for a new type of helping professional (DiGiovanni, 2009). This new type of helping professional requires a novel skill set and the enhancement of programs that teach these workers how to deliver services in community-based settings (DiGiovanni, 2009). Initially referred to as paraprofessionals, these human service workers use a grass roots approach to advocate for both themselves and for the creation of the social services they deem necessary for the populations served

(Quinsigamond Community College, n.d.). The originators of human services education

and training programs formulate an answer to this workforce shortage by developing an

entirely different type of worker, the generalist, rather than train another group of

specialized professionals (Quinsigamond Community College, n.d.). The generalist

receives training in a wide array of helping interventions, works in diverse service

settings, and integrates and coordinates the effort of specialized professionals

(Quinsigamond Community College, n.d.). Their colloquial perspective to helping will

eventually become a competency-based human services/mental health training program

(Quinsigamond Community College, n.d.).

The Era of Contradiction: (1968-1980)

The Presidencies of Richard Nixon (1969-1974), Gerald Ford (1974-1977), and

Jimmy Carter (1977-1980) exhibit minimal discernable interest in social spending

(Jansson, 2005). Despite President Nixon's experiences with poverty as a child, he

despises social services and social workers (Jansson, 2005). Expansions include: revenue

sharing, the consolidation of social services in Title XX to the Social Security Act,

assorted health legislation, the Supplementary Security Income (SSI) program, the

indexing of the Social Security program, major modifications in the Food Stamp

Program, the creation of the Occupational Safety and Health Administration (OSHA),

school desegregation policies in the South, a family planning program added to the Public

Health Act and affirmative action policies (Jansson, 2005).

Title XX of the Social Security Act

Title XX of the Social Security Act in 1974 was created to fund programs that

enhance an individual's ability to be self-supporting and access community-based care,

self or family care and institutional care (Jansson, 2005). The enactment of Title XX is the first time the federal government formally dedicated itself to fund a multiplicity of social services to current or potential welfare recipients (Jansson, 2005). In the first three years of President Nixon's first term in office, social reform thrives (Jansson, 2005).

The Child Abuse and Prevention Act of 1973

Nixon's second term legislation includes the Rehabilitation Act of 1973, the Child Abuse and Prevention Act of 1973, the Comprehensive Employment and Training Act (CETA), and the Community Development Block Grant (Jansson, 2005). President Nixon continually denounced social service programs which employ psychiatrists, psychologists, social workers, child development specialists, and community activists (Jansson, 2005). He feels that these programs indulge the underprivileged and are unsuccessful (Jansson, 2005). The Nixon Administration sought extensive reductions in federal funding of community mental health centers, neighborhood health centers, and community action programs (Jansson, 2005). By 1972, many white ethnic, middle class and blue-collar individuals become pensive about issues like government spending, crime and inflation (Jansson, 2005). President Nixon takes advantage of this situation and disavows new social legislation (Jansson, 2005). President Nixon resigns from office in August of 1974 succeeded by Vice President Gerald Ford (Jansson, 2005).

Gerald Ford (1974-1977)

President Gerald Ford is a political conservative who repeatedly for years criticized in the Congress the social programs of the Great Society (Jansson, 2005). His term represents an ongoing impasse between liberals and conservatives over social spending (Jansson, 2005). To counter the recession of 1975, President Ford finally

realizes that increases in social spending are necessary and passes The Education for All Handicapped Children Act (Jansson, 2005). This act ensures that children with mental and physical disabilities mainstream into regular classrooms, thus allowing these children to escape institutionalization (Jansson, 2005).

Jimmy Carter (1977-1980)

The post-Watergate political climate of 1976 sees the election of Jimmy Carter (Jansson, 2005). He inherits from the Ford Administration's enormous deficit and high rates of inflation (Jansson, 2005). A relative unknown outside of the South, President Carter's ideology ridicules the unwarranted centralization of authority in the nation and its red tape, along with the federal bureaucracy, which proliferates its existence (Jansson, 2005). President Carter, unlike Roosevelt, Truman, and Johnson, is not very concerned with domestic legislation (Jansson, 2005). Because President Carter favors reductions in federal spending, he holds disdain for proposals which require major funding to social programs (Jansson, 2005). The economic and political environment of the nation, along with his conservatism and political style, lends to the enactment of very little social legislation during his tenure as president (Jansson, 2005).

The Adoption Assistance and Child Welfare Act of 1980

The conservatism of the Carter Administration restrains his support for numerous activities to aid children (Jansson, 2005). While the Aid to Families with Dependent Children (ADFC) program design was to finance the cost of court approved foster care placements, the federal government leaves the funding for adoption planning to the local private and public agencies (Jansson, 2005). During this time, many children are languishing in foster care placements (Jansson, 2005). President Carter does manage to

obtain passage of the Adoption Assistance and Child Welfare Act of 1980, which offers

federal aid for families who adopt children (Jansson, 2005). This act also requires states

to keep track of children in foster care so that their adoption is expeditious, or they return

to their homes of origin in a timely manner (Jansson, 2005).

This legislation introduces the ideals of permanency planning and family

preservation services into the field of child welfare (Krager & Stoesz, 2010). A plan for

permanency is established for the child, either adoption or return to home; if the child

returns home, the family unit receives assistance through community support services

(family preservation services) (Krager & Stoesz, 2010). Early research on family

preservation services indicates cost savings that far exceeds the cost of continued foster

care placement if adoption is not an option (Krager & Stoesz, 2010). Additionally, this

legislation expands federal assistance for foster care as well as funding to hire more child

welfare staff (Jansson, 2005). To meet staffing shortages in the 1970s and

1980s,numersous public agencies, such as child welfare, declassify certain position

qualifications, ceasing to specify a social work degree as a prerequisite for employment

(Jansson, 2005).

Social Work and the Professionalism of the Human Services Field

The social work profession is amazingly resilient during the decade which follows

the Great Society despite conservative assaults on social workers and the social programs

which employ them (Jansson, 2005). Schools of graduate and undergraduate social work

programs continue to flourish (Jansson, 2005). Concurrently, the expansion of college-

based programs in which addressed both mental health and human services are

contributory to the growth and professionalism of the human services field (DiGiovanni,

2009). As a new social welfare program, the human services curriculum acquires an interdisciplinary knowledge base and views human problems through Bronfenbrenner's socioecological whole-person perspective which involves viewing human strengths and difficulties as intermeshed within society, community, and the family unit (Quinsigamond Community College, n.d.).

In 1964, Bronfenbrenner's congressional testimony and subsequent research help to establish the federal Head Start program. The introduction of Bronfenbrenner's ecological paradigm in the 1970s is a response to the delimited range of research being conducted by the developmental psychologists of the time. According to Bronfenbrenner (1994), human development occurs through processes of increasingly multifaceted communal interactions between a dynamic human organism and the symbols, objects, and persons within its proximate environment. This colloquial perspective to helping will eventually become a competency based human services training program (Quinsigamond Community College, n.d.). Bronfenbrenner's (2005) ecological paradigm, Family Matters is also the theoretical foundation for what would become in 1996 Cornell University's Family Development Training and Credential (FDC) program. The enhancement of the FDC program curriculum becomes the theoretical basis for Temple University's Credential for Strengths-based Family Workers (SFW) program in 2013, which is the focus of this dissertation research.

The Era of Reagan and Bush: (1981-1993)

In the 1980 election, Ronald Reagan easily defeats Jimmy Carter and so begins a new era of conservative politics (Janssson, 2005). President Ronald Reagan experiences poverty and turmoil as a child because his father was an alcoholic (Jansson, 2005).

52

Apparently, his childhood experiences predicate his dislike for welfare recipients and poor people (Jansson, 2005). President Reagan believes that all Americans can achieve upward mobility through persistence, risk taking, and hard work (Jansson, 2005). He feels that all individuals can overcome hard times with the assistance of family, friends and private charity (Jansson, 2005). President Reagan's accentuation on self-sufficiency hinders him from understanding the plight of the working poor and therefore, his support of social welfare programs (Jansson, 2005). The political agenda for the Reagan Administration is to increase America's defenses, lower taxes, and decrease social spending (Jansson, 2005).

During President Reagan's first eight months of his first term in office he manages to secure reductions in the federal governments' policy roles, tax cuts, major budget cuts, the elimination of many regulations, and massive increases in military spending (Jansson, 2005). The conservative strategy of the Reagan Administration claims three triumphs in mid-summer to fall of 1981: increases in defense spending become final in the fall, tax cuts are legislated in August, and the Omnibus Budget Reconciliation Act (OBRA) achieves budget cuts in July (Jansson, 2005). OBRA conducts massive cuts in social programs by eliminating 57 social programs by folding them into seven block grants: maternal and child health services, drug abuse, alcohol, and mental health services, community development services, social services, primary health services, preventative health services, and community services (Jansson, 2005). OBRA uses roundabout tactics to decrease expenditures (Jansson, 2005). The extensive cuts to social programs have grave catastrophic consequences for many Americans (Jansson, 2005).

Erosion of the Aid to Families with Dependent Children (ADFC) Program

During the 1970s and 1980s, the highly controversial Aid to Families with

Dependent Children (ADFC) program starts to erode to the point where it can no longer

sustain the destitute families enrolled in the program (Jansson, 2005). Because President

Reagan believes that social programs are for the truly needy, he reduces eligibility for

food stamps, unemployment insurance and state AFDC programs, including the work-

incentive payments (Jansson, 2005). This action provides current welfare recipients with

a disincentive to work (Jansson, 2005). America experiences a deep recession from 1981

through 1983, which further complicates the situation with the greatest impact effecting

women, teenagers, and people of color (Jansson, 2005). President Reagan's first term

policy successes conclude with significant changes to Medicare and the Social Security

program, additional disbursement reductions to social programs, and the creation of his

own job training legislation, the Job Training Partnership Act (JTPA) (Jansson, 2005).

Americans in general appear to respect President Reagan as a person and reputable leader

and favor his military protections but they prefer that he cease his continued attack on

social welfare programs (Jansson, 2005).

The Family Support Act (FSA) of 1988

To counter Ronald Reagan's continuing cuts to social programs; the Family

Support Act (FSA) of 1988 is authorized to offer monies to states for childcare and

training programs to help AFDC beneficiaries to join the workforce (Jansson, 2005). The

Family Support Act (FSA) is a noteworthy piece of social welfare legislation (Krager &

Stoesz, 2010). The program attempts to change the Aid to Families with Dependent

Children (ADFC) program from an income maintenance program to an obligatory

training and work program (Krager & Stoesz, 2010). The hope is that the women on the AFDC dole will become better equipped to enter the job market (Jansson, 2005). A bill called the Job Opportunities and Basic Skills (JOBS) program accomplishes this task by requiring women welfare recipients with young children below the age of three to participate in a training or work program (Krager & Stoesz, 2010). Detractors question whether the program is generous enough to make any difference in regard to an already broken and severely underfunded American welfare state (Jansson, 2005).

President George W. Bush, elected as Reagan's successor in 1988, continues the legacy of the Reagan Administration as evidenced by his aversion to tax increases and his substantial military spending (Jansson, 2005). He conveys demeaning objectives concerning antidrug, education, and welfare programs and commits little attention or resources to attain these objectives (Jansson, 2005). President Bush enacts few social welfare reform initiatives from 1989 through 1992 due to his preoccupation with international affairs, budget deficits, and the conservative stance of his administration (Jansson, 2005).

Family Resource and Support Program Act

In 1992 Congress does appropriates $4.91 million for the Family Resource and Support Program (Crane, 2000). Program funding is designed to assist states and their current social services agencies in the establishment, growth, and implementation of networks of local family support and resource programs (Crane, 2000). Community-based programs are referred to as family resource programs, parent education and support programs as well as family support programs (Langford, 2009). The diversification of programs associated with family support begins to include both center-based and home-

based services (Langford, 2009). Numerous states use their Children's Trust Funds, initially established to prevent child abuse and neglect, to provide funding, training, technical assistance, and other supports to local programs (Langford, 2009). Seattle, WA was the initial city to implement citywide family resource centers, followed by Rochester, NY and Pittsburgh, PA (Langford, 2009). Even today, family support continues to be an ongoing, thought-provoking theme in social services with recurrently evolving strategic efforts to integrate service delivery systems for children and families at the national and state levels (Langford, 2009).

Because of the Family Resource and Support Program act, the Administration of Children and Families provided federal grant money to fund the establishment of the Family Resource Coalition (Langford, 2009). By the end of the 1980s through biannual meetings subsidized by the Family Resource Coalition, the rudimentary family support principles are agreed upon and espoused by programs and practitioners alike across the United States (Langford, 2009).

Social Work

By the mid-1980s, over 200,000 people in the work force have either graduate or undergraduate social work degrees (Jansson, 2005). Substantial numbers of social workers are employed in mental health, health, and child and family sectors with forty (40%) in not-for-profits, forty-five (45%) in public agencies (at local, county or state levels), with the balance in for-profit agencies (Jansson, 2005). Most staff positions are direct service, but many hold administrative appointments, as well as policymaking and community-organizing positions (Jansson, 2005). Social work theorists maintain a strong ecological perspective that requires the examination of human functioning through a

broad environmental and political context (Jansson, 2005). An emphasis on diversity ensures that service delivery is relevant to a range of oppressed populations (Jansson, 2005). The National Association of Social Workers (NASW) throughout the 1980s asserted their positionality against the conservatism of the Reagan and Bush administrations (Jansson, 2005). Their conferences, newsletters, and policy positions address an array of social service reforms including national health insurance (Jansson, 2005). The NASW actively collaborates with advocacy groups, such as the Children's Defense Fund (Jansson, 2005).

The presidencies of both Ronald Reagan and George Bush establish the first notable era of conservatism since the 1950s and institute the largest redistribution of rights and resources upward in the nation's history (Jansson, 2005). During the period from 1980 through 1992, the economic plight of America's destitute worsens and compounds by reductions in social security services and benefits, increases in Social Security taxes, and the deterioration of the living wage (Jansson, 2005). A multitude of serious social problems remain unresolved during this time as the American welfare state continues to lag remarkably behind other industrialized nations (Jansson, 2005).

The Clinton Administration: (1993-2001)

Bill Clinton's 1992 presidential campaign highlights a moderately liberal agenda, which focuses on increases in expenditures for social program as well as welfare and health reform (Jansson, 2005). The Clinton Administration inherits shortfalls generated from the Reagan and Bush years (Jansson, 2005). He promises to end welfare as we were currently experiencing it championing a two-year limit on AFDC subsidies (Krager & Stoesz, 2010; Jansson, 2005). This welfare to- work- reform plan is slated for his first

57

term (Krager & Stoesz, 2010; Jansson, 2005). The development of a welfare reform plan

is sidelined from the president's agenda in 1993 (Jansson, 2005). President Clinton seeks

comparatively liberal policies during his first two years in office, including health reform,

social investments and several smaller measures (Jansson, 2005).

The Family Preservation and Support Services (FPSSP) Program

During the early 1990s, a number of public and large not-for profit agencies

actively recruit trained and licensed social workers for employment in child protective

services (Jansson, 2005). Subsequently, social workers are often blamed for failing to

adequately detect child abuse and neglect and are typically carrying caseloads exceeding

fifty (50) cases (Jansson, 2005). The well-respected organization, The Child Welfare

League of America, recommends at the time no more than 15 cases per child welfare

caseworker (Jansson, 2005). Children's advocates are hoping to see changes in major

legislation due to First Lady Hillary Clinton's former position as a board member of the

Children's Defense Fund (Jansson, 2005). In 1993, the Family Preservation and Support

Services (FPSSP) Program is established as part of the Omnibus Budget Reconciliation

Act (Public Law 103-66) and provides states over a five-year period with nearly $1

billion to establish family preservation services and preventative support (Ahsan, 1996).

The establishment of the FPSSP program gives family support the boost it needs to

bourgeon (Langford, 2009). The program is a means by which states can institute a range

of cohesive, culturally pertinent, matched and family concentrated services (Crane,

2000).

Generally, family support services are characterized as community-based services

intended to augment the stability and strength of families during various activities such as

home visits, parent and support groups, childcare, and drop-in family centers (Ahsan, 1996). At-risk families who are in crisis or experience incidents involving child abuse or neglect are offered family preservation services (Ahsan, 1996). Family preservation services include intensive home assistance, counseling, and respite care provided by parent aids to help prevent placement in foster care or to assist both the family and child upon their return home (Ahsan, 1996). Around 1994, the federal government partners with the Family Resource Coalition to support legislation with the intent of assisting state networks of family resource programs through child abuse prevention funding to ensure that family support programs and systems are incorporated into every state and territory's child abuse and prevention efforts (Langford, 2009).

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)

Clinton's second term is devoid of any large social policy accomplishments due to the polarized deadlock between the president, Congress, and both the Republican and Democratic parties (Jansson, 2005). In 1996, President Clinton does fulfill his campaign promise and signs the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) into law (Krager & Stoesz, 2010). PRWORA replaces the following programs: the Emergency Assistance Program, JOBS, and ADFC with the Temporary Aid for Needy Families block grant (TANF), ending federal entitlement to public assistance (Krager & Stoesz, 2010). This legislation allows states to transfer 30% of their TANF block grant funds to the Title XX Social Services Block Grant and Child Care and Development Block Grant (Jansson, 2005). This further restricts funding for both social services and the child welfare service delivery systems. Of equal importance is Section 104 of the PRWORA, which contains the Charitable Choice Provision allowing states to

59

contract with faith-based organizations (Krager & Stoesz, 2010). This legislation increases the roles of faith-based and private sector organizations in social services program implementation (Glicken, 2011).

The Adoption and Safe Families Act of 1997

President Clinton also signs the Adoption and Safe Families Act of 1997 (ASFA) into law in 1997. The purpose of ASFA is to reinforce the response of the child welfare system to the well-being, safety and stability (U.S. Department of Health and Human Services. Administration for Children, Youth and Families: Children's Bureau, 1998). ASFA goes one-step further than the previous Adoption Assistance and Child Welfare Act of 1980, which emphasized the rights of and reunification with one's natural family (Jansson, 2005). This act focuses on emphasizing whatever disposition will protect the child's well-being and including adoption instead of reunification when clear patterns of abuse and neglect exist within the natural family (Jansson, 2005). The passage of ASFA also includes a three-year extension of the Family Preservation and Support Services Act, which is representative of the continuing need for integrated social services (Crane, 2000).

From a social policy standpoint, Clinton's presidency is significantly self-justifying with a smattering of minor and moderate new initiatives (Jansson, 2005). Throughout his presidency, Clinton's political strategies render him as someone without any serious convictions nor core values (Jansson, 2005). As a president, Clinton fails to communicate a progressive vision, therefore, the United States in the 1990s, is clearly a divided nation (Jansson, 2005).

Bush Administration: (2001-2009)

President George Walker Bush, Jr.'s overall political agenda includes downsizing the federal government, rebuilding the military, the transfer of many programs from the federal government to the states, and restoration of religious and traditional values to the United States (Jansson, 2005). As a convert to Christian Fundamentalism, he believes that God intends him to restore traditional values (Jansson, 2005). Following the ideals of President Reagan, he wants to see the return of 19th century American values and social welfare policies where church-related organizations and churches themselves assist the destitute (Jansson, 2005). President Bush's conservative beliefs include the use of church-related charities, voluntary organizations and rugged individualism to prevent or resolve most of the social problems (Jansson, 2005). He reasons that volunteers should be the primary providers of welfare assistance to the destitute using spiritual guidance as the primary intervention not social work professionals (Jansson, 2005).

Faith-based Social Services

President Bush advocates a proposition to fund social services offered by religious organizations and churches, designated as faith-based social services programs (Jansson, 2005). Local, state, and the federal governments provided funding for social services sponsored by religious organizations as long as the church and social services were independent of one another (Jansson, 2005). Bush proposes to provide funding to religious organizations even if they do not form social services agencies distinctive from themselves (Jansson, 2005). Many traditional nonsectarian agencies who are proponents of faith-based social services insist that governmental programs are too impersonal and bureaucratic (Krager & Stoesz, 2010). Bush creates the White House Office of Faith-

based and Community Initiatives in 2001 and supports legislation to allow federal

funding of these programs (Jansson, 2005). The threat of lawsuits ensues regarding the

constitutionality of faith-based programs and the legislation lingers in Congress (Jansson,

2005). According to the Government Accountability Office in 2005, religious

organizations received more than $2.1 billion in federal grant monies for social services

(Dwyer, 2010).

Keeping Children and Families Safe (KCFS) Act and Promoting Safe and Stable Families Program

In 2003, Congress passes the Keeping Children and Families Safe (KCFS) Act,

public Law 108-36, as a reauthorization of CAPTA (Krager & Stoesz, 2010), which

amends Title I and replaces Title II of the Community-Based Family Resource and

Support Program with Community-Based Grants for the Prevention of Child Abuse and

Neglect (Child Welfare Information Gateway, 2011). Also, in 2003, the Promoting Safe

and Stable Families program becomes a renamed expansion of the Family Preservation

and Support Services (FPSSP) Program funding, which is now a mandated function of

child welfare. This program continually promotes both adoptions and reunification when

feasible (Krager & Stoesz, 2010; Jansson, 2005). Funding provided under the Promoting

Safe and Stable Families (PSSF) program requires states to use the monies for explicit

types of child and family services (Stoltzfus, 2012). The primary goals are the

improvement of services and care to children and their families, the deterrence of the

superfluous estrangement of children from their families, and the guaranteed permanency

of children through reunification with their birth parents, by another permanent living

arrangement, or by adoption (U.S. Department of Health and Human Services, 2012).

Funding supports social services, which address time-limited family reunification, adoption promotion and support, family preservation, and family support (U.S. Department of Health and Human Services. 2012). These funds are a diminutive but essential part of each states' social services delivery systems design to assist children and families in staying together as a family unit. Family support services are an upfront expenditure disbursed to strengthen families and meet the children's developmental needs even when no child abuse and neglect are evident (Stoltzfus, 2012).

Family Support America

As the nation shifts its attention towards national security and terrorism efforts, family support struggles to continue building the necessary infrastructure for its development as a distinct field of practice (Lansford, 2009). Funding restrictions for evolution, research and the sustained expansion of focus on prevention and family support practice ideas forces the nation center, Family Support America, to close its doors in 2006 (Langford, 2009). Family support leadership devolves downward to the prosperous state level networks of programs and initiatives, which persist to advance and use family support practices and ideas (Langford, 2009).

Overall, President Bush has one agenda during his presidency, which is homeland safety and security (Glicken, 2011). The internal welfare of the nation receives inadequate attention including issues such as job security, adequate housing, health and other social indicators of well-being (Glicken, 2011). President Bush leaves a very poor social welfare legacy (Glicken, 2011).

Obama Administration: (2009-2017)

The presidencies of Reagan, both Bushes, and Clinton exhibit a conservatism which has ultimately left private establishments to assume most of the social welfare burden (Krager & Stoesz, 2010). The election of Barack Obama breaks not only racial barriers but also the forceful conservatism of George W. Bush and heartens liberals' anticipation for the long-awaited expansion of government social programs (Krager & Stoesz, 2010). While President Obama supported Clinton's dissolution of the Aid to Families with Dependent Children (AFDC) program, he reasons that welfare reform anti-poverty policy must include the expansion of law enforcement, education and community-based health, as well as an increased Earned Income Tax Credit for low-income working families (Krager & Stoesz, 2010).

President Obama also continued the support of Bush's initiative, which allots taxpayer dollars to religious organizations and local churches to help expand social services in their local communities (Dwyer, 2010). Obama enacted an executive order to safeguard between the unfitting imbroglio between church and state (Dwyer, 2010). The executive order strengthens the legal and constitutional footing of the policy by prohibiting the faith-based organizations that receive federal funding from directly using that money on religious activities or religious discrimination when social services are provided (Dwyer, 2010). The order also states that one cannot discriminate based on religion when providing said social services (Dwyer, 2010). Individuals seeking assistance who are averse to the religious nature of the organization must be given an option of alternative service providers (Dwyer, 2010). This order reverses the policies of

the Bush administration that allow churches to co-mingle their religious activities with the government funded social services programs.

The Community-Based Child Abuse Prevention Program (CBCAP) of the Child

Abuse Prevention and Treatment Act (CAPTA)

Today, the continued legislative funding for family support comes from the Community-Based Child Abuse Prevention Program (CBCAP) of the Child Abuse Prevention and Treatment Act (CAPTA). Community-based Child Abuse Prevention (CBCAP) programs were established by Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996 and the most recently reauthorized CAPTA Reauthorization Act of 2010 (P.L. 111-320). (U.S. Department of Health and Human Services, 2012). The purpose of the CBCAP program is to support community-based initiatives to prevent child abuse and neglect and further increase a system of dedicated community-based, prevention specific family support programs that organize assests among a range of existing private and public organizations (U.S. Department of Health and Human Services. 2012).

Conclusion

American social welfare has always traditionally had voluntary citizen groups using inventiveness to resolve local problems (Krager & Stoesz, 2010). Over the last 30 years, the increase in for-profit human service organizations has made social welfare big business (Krager & Stoesz, 2010). The prevailing hallmark of American social welfare is now a mixed welfare economy consisting of coexisting governmental, voluntary and corporate social services sectors (Krager & Stoesz, 2010).

Theoretical Influences and Relevant Research

The strengths-based empowerment-oriented practice perspective examined in this dissertation takes place against the historical background outlined in the preceding section. This history draws attention to some of the barriers social workers are likely to encounter in their efforts to implement strengths-based empowerment-oriented practices, including underfunding, long-standing efforts to devise policy which sorts the deserving from the undeserving, and a professional worldview which casts social workers as the experts and the individuals and families which they serve in the role of weakness and passivity. Given these barriers, why do some social workers gravitate toward strengths-based empowerment-oriented practice perspectives? How have they sought to incorporate these practice perspectives into their own interactions with individuals and families, and what have been their experiences with these attempts?

Answering these types of questions requires we move beyond the descriptive world of history into the explanatory world of theory. The first step of implementing strengths-based empowerment-oriented practice is to shift the interpretive frame social workers use to *make sense* of both themselves and the individuals and families which they serve. For this reason, two of the theoretical perspectives which inform this research project both address the centrality of meaning making in human social life. These two theoretical perspectives are social constructionism and symbolic interactionism.

To date, there is no published empirical research regarding human service professionals credentialed through the Credential for Strengths-based Family Workers (SFW/FDC) training program use the specific learned knowledge and skills acquired. These skills and knowledge, through strengths-based empowerment-oriented training,

have translated into real world practice. This dissertation responds to this need by specifically exploring the occupational ideology of these credentialed human services professionals who employed strengths-based empowerment-oriented practice in the field. In addition, this research has sought to understand the barriers and obstacles encountered when implementing strengths-based empowerment-oriented practice, and strategies used to attempt to overcome any complications.

This chapter continues with a summary of meaning-making, the theoretical keystones of social constructivism and symbolic interactionism, empowerment theory, and strengths-based practice.

Meaning-Making

Making meaning, and its function in human life, is significant (Frankl, 1963). The proclivity to both create and understand meaning in regard to personal experiences makes us distinctly human (Krauss, 2005). Meanings are linguistic nomenclatures that define an individual's view of reality. Social analysts also refer to meanings as norms, understandings, typifications, culture, stereotypes, beliefs, worldviews, definitions of the situation, perspective or ideology (Lofland & Lofland, 1996). Meanings are usually the impetus for and are fundamental to our actions, thoughts, application of and interpretations of knowledge (Krauss, 2005). Meaning making has implications for and goes hand-in-hand with learning. Learning can both test and inform our existing knowledge, which results in insights which can also provide confirmation of our existing views or create new meaning (Krauss, 2005). Accordingly, meanings vary regarding situation and breadth. An individual's bias forms one's foundation for meaning initiation and evolvement (Krauss, 2005).

Social Construction

The fundamental goals of constructionist research are to scrutinize how particular

concerns are identified as problems and how to distinguish what cooperative strategies

need to be created to address these issues (Jacobs & Manzi, 2000). Human service

professionals are centrally figured in the prognostic frames of many social problems.

Many types of claims-makers can and do offer solutions to social problems, including

social movement organizations, politicians and elected officials, religious officials,

scientists, and political pundits. Using the constructionist lens and concepts presented by

Loseke (2003), human services professionals who advocate the strengths-based

empowerment-oriented approach structure an understanding that (among other things)

identifies the source of the problem as a combination of troubled people failing to

recognize and/or effectively use resources they have available to them.

Historically, human services professionals have relied on deficit approaches

which drew attention to individuals' and families' weaknesses and shortcomings while

ignoring possible strengths. The social constructivist worldview used in this research

study relied profoundly on the participants' views of the situation being studied. For

example, during the Progressive Era, early social work consisted of spiritual guidance

that taught the poor the value of a moral and self-disciplined life; these religious workers

were often penal (Krager & Stoesz, 2010). Social services staff had a moralistic ideology

which used the value-laden nomenclatures of deserving or undeserving (Jansson, 2005).

Over the years, human services practice has evolved from the use of these deficit-based

medical and therapeutic models of practice which define individuals and families seeking

help as deficit themselves (Crane, 2000; Cornell Empowerment Project, 1989; Patterson,

1994). For the past 25 years, the human services field has been shifting its practice away

from these deficit models and toward partnership and strengths-based directions (De Jong

& Berg, 2001; see also Barbee, Christensen, Antle, Wandersman, & Cahn, 2011).

Strengths-based strategies stress the need for constructing cooperative interactions with

clientele regarding what they want while emphasizing client strengths as the basis for

their solutions (De Jong & Berg, 2001; Compton & Galaway, 1999; Hepworth, Rooney,

& Larson, 1997; Miley, O'Melia, & DuBois, 2001; Saleebey, 2002). These two broad

interpretive frames that exist in the world – and as social constructionists would have it,

have been externalized and objectified.

 Social constructivism affirms that individuals create meanings mentally of their

exclusively unique experiences to make their own sense of the world (Crotty, 1998;

Patton, 2002). People devise distinct meanings of their experiences (Creswell, 2009).

Phillips (2000) asserts that bodies of knowledge or disciplines are human constructs

determined by ethics, status maintenance, application of power, faith and beliefs, politics,

ideologies, and monetary self-interest. Every individual's "way of making sense of the

world is as valid and worthy of respect as any other" (Crotty, 1998, p. 58). Social

exchanges drive the construction of common reality altogether through both everyday

sense and facts (Berger & Luckmann, 1966). Individuals use three elements of social

construction to nurture their real life: objectivation, internalization and externalization

(Berger & Luckmann, 1966). Figure 4 depicts the three elements of social construction as

identified by Berger and Luckmann (1966).

69
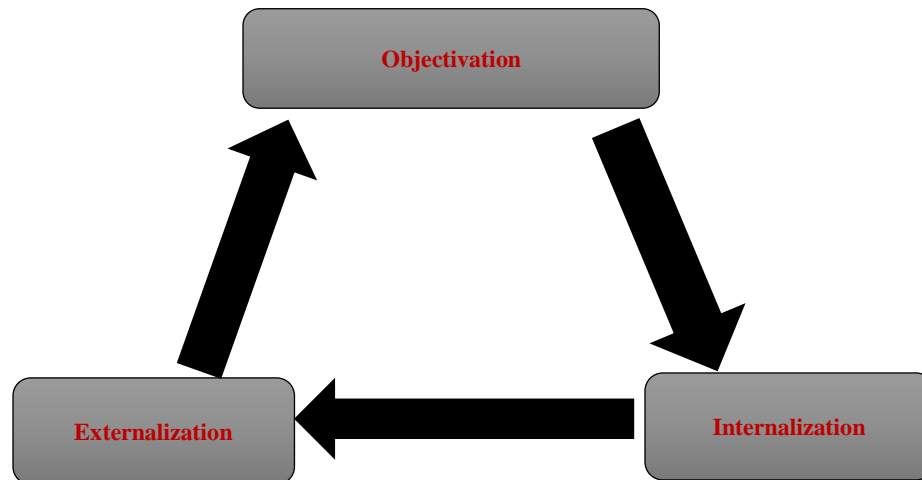
Figure 4. The three elements of social construction.

The three elements in Figure 4 are moments in the process of reproducing a socially constructed world. In the real world, there is no real starting point in relation to this process. Externalization is often presented first, but I have chosen to begin my explanation with objectivation because this was the most useful analytic starting point for this research project.

Objectivation

Objectivation is defined as the means through which the conveyed consequences of human action achieve the nature of objectivity (Berger & Luckman, 1966). Both occupational ideologies and policies are examples of objectivation. The impartiality of the conveyed and established world is a humanly created objectivity (Berger & Luckmann, 1966).(page)

Occupational Ideologies

Occupational ideology characterizes an array of views typical of a distinctive group of workers, incorporating but not restricted to their methods of constructing meaning and philosophies within the group (Benson, 2008). Johnson (2008) defines

ideology as comprehensible beliefs surrounding the economic, social, cultural and political concerns commonly held by a inclusive group of individuals within a society. A comparable delineation of ideology by Giddens (1997) defines ideology as systematically shared ideas which benefit the dominant in society. Collective ideologies of care or values, particularly in human services venues have considerable impact on the ways problems are understood, including which types of service delivery to employ (Burke & Clapp, 1997). Ideologies of care aren't static in the human services arena (Burke & Clapp, 1997). Human services organizations customarily rely on practice ideologies to direct service delivery (D'Aunno, Sutton, & Price, 1991; Hasenfeld, 1986). Ideologies of care are particular compendia of beliefs regarding consumer difficulties and strategies and best practices for averting or easing such complications (Burke & Clapp, 1997). Staff in human services organizations will fluctuate in the strength and nature of their commitment to particular ideologies of care due to the numerous and rival ideologies, which co-occur within the human services sector (Hasenfeld, 1992) Ideologies characteristically encompass cogent myths (Meyer & Rown, 1977) or moral schemes (Hasenfeld, 1992) entrenched in the peripheral or institutional milieu in which the human services organization functions (Burke & Clapp, 1997).

The fragmentation of the institutional environment of human services forces its professionals to choose between competing ethical systems, acclimation of emergent developing schemes (Hasenfeld, 1992) or cultivation of tactics for cooperative various value structures (D'Aunno et al., 1991). Variants in belief systems are ascribed partially to the education and training of staff in service divisions, which also includes their membership in professional associations (Meyer & Rowan, 1977). To complicate the

71

situation further, ideologies of care are not equally first-class thus; disparity may be further reflective of differences due to a particular prominence on one ideology or its alternative (Burke & Clapp, 1997).

Culture of Poverty and the Deficit Model

The culture of poverty theory asserts that circumstances of ubiquitous poverty precede the progression of a culture identified by persistent feelings of powerlessness, reliance, and marginality that perpetuate impoverished conditions or cycles of poverty across generations (Lewis, 1959; Duvoux, 2010; Harding et al., 2010). This theory offers an explanation as to why poverty exists despite anti-poverty programs.

Culture, Poverty, and Politics

The relationship between the social ideas of culture and poverty and public policies can be found during two time periods in United States history. First, the Great Society (1964-1968), a crucial moment during which President Johnson declared an unconditional war on poverty and deployed a group of specialists with specialized knowledge regarding poverty (Harding et al., 2010; Huret, 2008). The second time period was the neo-liberal period (1981-1996), when the repercussion against the Great Society programs ensued (Harding et al., 2010; Huret, 2008). During both periods, legislation framed the causes of poverty as well as the motivations and capabilities of the poor which resulted in reactionary answers (Harding et al., 2010; Huret, 2008). Figure 5 shows an overview of these time periods in United States history.

Great Society

(1964-1968)
"War on Poverty"

Major initiatives

The Economic Opportunity Act of 1964 which created: Community Action Program Job Corps and Volunteers in Service to America (VISTA), centerpiece of the "war on poverty" – August 20, 1964

Food Stamp Act of 1964 – August 31, 1964

Elementary and Secondary Education Act – April 11, 1965

Social Security Act 1965 (Created Medicare and Medicaid) – July 19, 1965

President:
Lyndon B. Johnson

Off-Limits

(1968-1981)

"The culture of poverty," became off-limits during the 1970s because of its prejudiced and conservative reclamation.

Anyone who related poverty to cultural causes was suspected of blaming the victim and of instinctively deriding any social policy

President Nixon attempts to reduce welfare rolls by complicating the verification process-1973

Presidents:
Richard Nixon

Gerald Ford

Jimmy Carter

"Neo-Liberal" Period

(1981-1996)

"Welfare" itself became the issue not poverty

OmniBus Budget Reconciliation Act (OBRA) 1981

Dramatic cuts were made to the food stamp and welfare program. Cuts totaled $20 billion-1981.

$27 million in cuts were made to the food stamp program-1996

Presidents

Ronald Reagan

George W. Bush

Figure 5. United States History of culture and poverty and public policies.

During the 1960s, the crumbling community was thought accountable for the prevalent poverty, but the internal problems come across as being attributed to the poor's limited opportunities and inability to become integrated into the mainstream (Harding et al., 2010; Huret, 2008). The destitute were viewed as desperate and defenseless victims of discrimination and economic transformation who were incapable of developing values convergent with the rest of society and for whom society was responsible for (Harding et al., 2010; Huret, 2008). During the 1960s and 1970s, the culture of poverty concurred with the deterioration of American ghettos due to the increase in illicit births and increase in single motherhood whose main provision was the Aid to Families with Dependent

Children (Duvoux, 2010; Harding et al., 2010). In major US cities, conservatives attributed poverty to the inefficiency of the African American family proliferating a culture of welfare reliance (Duvoux, 2010; Harding et al., 2010). Aid to Families with Dependent Children (AFDC) reform and the transfiguration into TANF (Temporary Assistance for Needy Families), labelled the indigent as underserving and dependent dupes of a society's handouts whose openhandedness evidently forced them into welfare dependency (Harding et al., 2010; Huret, 2008). This reform was thought of as an act of compassion towards poor people because of its strict temporal enforcement of restrictions on assistance benefits.

The culture of poverty is an idea that became off-limits during the 1970s because of its prejudiced and conservative reclamation. As a result, when society related poverty to social origins, the idea of blaming the victim became suspect and instinctively deriding any social policy (Duvoux, 2010; Harding et al, 2010). Despite attention to cultural factors, structural factors were deemed more important due to the distinctive belief in the individuals' responsibility of the poor (Wilson & Aponte, 1985; Wilson, 2009).

During the neo-liberal period, poverty became personal and individuals themselves were held responsible for their situations because they lacked the principle with which to reasonable decisions (Harding et al., 2010; Huret, 2008). The traditional evaluation of the causes of poverty as welfare dependency adopted a stringently personal definiton during the 1980s and 1990s, and welfare and not poverty was then the focus as the illness of poverty was thought to be remedied (Harding et al., 2010; Wilson & Aponte, 1985). Poverty was seeming a deficiency of conventional values with the destitute being defined as levelheaded performers who had become acclimated to the

obstinate provocation of welfare, which encouraged them to have children out of wedlock to evade work (Harding et al., 2010; Wilson & Aponte, 1985).

During the Reagan era, the culturalist explanation of poverty along with conventional pretentiousness reaffirmed American moral values (Duvoux, 2010; Harding et al, 2010). The culture of poverty transformed into the culture of welfare due to the criticism and stigma which the culture of poverty incited. Social participation and cultural identity have been linked to the poor's resistance to the ignominy of poverty and the capacity for resilience (Lamont & Small, 2008). To better describe the notion of culture, Lamont and Small (2008) drew a distinction between, values, frameworks, narratives, symbolic boundaries and social boundaries, and culture capital and institutions.

Values

The destitute do not essentially have dissimilar views or standards than the rest of society. Fundamentally, they lack inventories of strategies and action which would allow them to put these values into practice (Harding et al., 2010; Lamont & Small, 2008). Lamont and Small (2008) found that good morals in an erroneous circumstance may be counter-productive.

Frameworks

Following the interactionist belief, a framework demonstrates the outcomes of diverse observations of differing understandings and experiences of the same events by groups or individuals (Harding et al., 2010; Lamont & Small, 2008). How people operate is dependent upon on in what way they distinguish themselves and their world environments. The idea of frameworks implies that culture may make an action likely but at no time compulsory.

Narratives

Individuals act functionally within socially constructed frameworks based on the narratives they have elaborated regarding their own experience which individualizes the determination of behavior by cultural factors (Harding et al., 2010; Lamont, 2009). For example, the frameworks of elucidation of a region impact the involvement of its inhabitants (Harding et al., 2010; Lamont & Small, 2008).

Symbolic Boundaries and Social Boundaries

Lamont and Fournier (1992) verbalize the concept of symbolic boundaries as lived experience or the way individuals give meaning to their situation. Symbolic boundaries are tools used by groups and individuals to wrestle over and move toward agreed upon definitions of reality (Harding et al., 2010; Lamont & Molnar, 2002). Social boundaries are "objectified forms of social differences manifested in unequal access to resources (material and nonmaterial) and social opportunities" (Harding et al., 2010; Lamont & Molnar, 2002, p. 168). The difference between the two types of boundaries is that social boundaries are established, and symbolic boundaries exemplify the cataloguing frustrations by which mainstream groups attempt to uphold their privileges ascribed to their position within society (Harding et al., 2010; Lichterman & Eliasoph, 2003).

Culture Capital and Institutions

An individuals' cultural capital is related to their habitus (personified tendencies and temperament) and social position within society and is built as a social-relation structure (Harding et al., 2010; King, 2005). Institutionalized cultural capital encompasses an established and prescribed recognition of an individuals' cultural capital,

which is typically their professional qualifications or academic credentials (Bourdieu, 1986; Harding et al., 2010). The societal position of institutionalized cultural-capital becomes imperative in the employment marketplace, when cultural capital is converted into monetary gain, which serves as a empirical answer where the vendor describes their cultural capital to the buyer (Bourdieu, 1986; Harding et al., 2010).

Essentially, American society perceived dependency of any kind as negative which translated into meaning that no explanation legitimizes social disadvantage (Fraser & Gordon, 1994).

Empowerment

Empowerment theory originates from within the educational theory of Paulo Freire, who as a Brazilian educator dedicated himself throughout his life and teachings to assisting the oppressed and marginalized societies to attain freedom (Demmitt & Oldenski, 1999). Freire (1970) developed the notion of popular education during the 1960s, influencing Latin America's development through literacy projects in the 1970s which accentuated the oppressed students' wants and needs (Freire, 1970). Freire's pedagogy as empowering "the oppressed by entering into the experience of oppression and assisting the oppressed in transforming oppressors through reflection and action" (p. 234) was defined by Demmitt and Oldenski (1999). Freire's theory altered the techniques used by educators who worked with the destitute and marginalized. Today, the two foremost origins of impact philosophically regarding empowerment seem to be both the Freire and the feminist movement (Luttrell, Quiroz, Scrutton & Bird, 2009). In the 1980s, empowerment was perceived as a radical social transformation which allowed excluded societal groups to state and their rights jointly (Luttrell et al., 2009).

Emphasis on the role which perception of power plays regarding empowerment discussions has been noted by numerous theorists (Perkins & Zimmerman, 1995; Zimmerman, 1995; Zimmerman & Warschausky, 1998). The delineation contributed by Gutierrez (1995), "the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations" (p. 229)., is often utilized as the source for discourse. It is evident through Freire work that empowerment can possibly occur at three conjectures: the personal (Zimmerman, 1995), the community or organizational (Peterson et al., 2005), and the sociopolitical (Moreau, 1990). Personal empowerment occurs as an individual becomes empowered to effect positive change through community action (Sue & Sue, 2003). This empowered community action lends to collective empowerment advocate for their political and or social change (Carr, 2003).

An exacting definiton of empowerment remains abstruse (Perkins & Zimmerman, 1995; Peterson, Hamme, & Speer, 2002; Zimmerman, 1995; Zimmerman & Warschausky, 1998) even though most scholars similarly label the term empowerment (McWhirter, 1991). Extensive discourse concerning empowerment originated locally and was grounded primarily on the fundamental components of agency as well as the significance of self-esteem with distinctive emphasis also being given to the concept of self-respect. "There is a core to the empowerment process which consists of increases in self-confidence and self-esteem, a sense of agency and of self in a wider context, and a sense of dignidad (being worthy of having a right to respect from others)" (Rowlands, 1997, p. 30).

According to Cowger and Snivley (2002), the ultimate end goal of social work practice is to advance more constructive interactions and connections between individuals and their surroundings. Cowger and Snively (2002) regard empowerment as fundamental to social work practice and perceive consumer strengths as providing the motivation for empowerment to occur. Empowerment-oriented human services professionals recognize that long-term consequences for families and individuals are successfully attained through the recognition of strengths by consumers, with a focused spotlight on both previous and current successes (Hewitt, 2010). The identification of these strengths inadvertently becomes enmeshed within that relationship as ultimately the tools that effect the associated change and ultimately the tools to facilitate change (Cearley, 2004). Miley et al., (2004, P. 91) describe the association in this manner: "strengths-oriented social work practice incorporates empowerment as both a concept and a process.". Empowerment has been viewed by scholars as both a process and an outcome (Zimmerman, 1995; Gutierrez, DeLois & GlenMaye, 1995; Carr, 2003). Through meaning-making (ideology), empowerment is the socially constructed process aspect of the strength's perspective. Empowerment can be a practice as well as a theory. A key difference regarding the idea of personal empowerment was a concept which was coined by Freire as praxis or action-guided theory (Freire, 1970). According to Lee (2007), personal empowerment is conceptualized in the real world as praxis, an action toward the emancipation of beleaguered communities not as a hypothetical concept.

The Strengths-Based Practice Perspective

Empowerment is vital in regard to the application of the strength's perspective. According to Saleebey (2001) empowerment "indicates the intent to, and the process of,

assisting individuals, groups, families, and communities to discover and expend the resources and tools within and around them" (p. 9). The action of empowerment effectively assists individuals in the assessment and use of their strengths to conquer their personal difficulties. To practice from a strengths perspective or orientation means that "everything you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their intended goals, realize their dreams, and shed the irons of their own inhibitions and misgivings, and society's domination" (Saleebey, 2002, p. 1). The efforts of the strengths approach are the same efforts of used by empowerment-guiding individuals, families, and communities who realize and employ their capacities; comprehend the obstacles and shortages they may encounter; identify the possibilities available to them; express their desires and ambitions; and associate these same efforts with their internal and external assets to increase the quality of their lives overall (Cowger, 1997; Rapp, 1998; Saleebey, 1997).

The strengths perspective grounds itself philosophically on the supposition that there are numerous interpretations of reality and each of them is a social construct (Schatz & Flagler, 2004). Goldstein (1997) references the strengths perspective as "an organized construct that embraces a set of assumptions and attributes about health and potential" (p. 30). Saleebey (2002) proposes that the strengths perspective asks social workers "to be guided first and foremost by a profound awareness of and respect for client's positive attributes and abilities, talents, resources, and aspirations" (p. 6). The strengths perspective identifies the power of language in providing a framework for both thinking and practice; its jargon is that of strengths rather than pathology (Schatz &

Flagler, 2004). Fundamental terms such as collaboration, inspiration, empowerment, relationship, association, resilience, discourse, and completeness and restorative and unacceptance of disbelief depict strong views of human capacities (Benard, 1997; Cowger, 1997: Goldstein, 1997: Kisthard, 1997; Saleebey, 1997). Saleebey (1997, 2002) and Kisthard (1997) have identified a broad set of principles of strengths-based practice that are central to how practitioners direct their work. Saleebey (2013) cautioned that "the principles are guiding assumptions…. they are tentative, still maturing, and subject to revision and modulation" (p. 59). These principles are summarized as:

1. The initial focus of the helping process is on strengths, interests, desires, hopes, dreams, aspirations, knowledge, and capabilities of each person, not on their diagnoses, deficits, symptoms, and weaknesses as defined by another;

2. The helping relationship becomes one of collaboration, mutuality, and partnership—power with another, not power over another;

3. All human beings have the inherent capacity to learn, grow, and transform. The human spirit is incredibly resilient. People have the right to try, to succeed, and to experience the learning which accompanies falling short of the goal;

4. All human beings have the inherent capacity to learn, grow, and transform. People have the right to try, the right to succeed, and the right to fail;

5. Helping activities in naturally occurring settings in the community are encouraged in a strengths-based, person centered approach;

6. The entire community is viewed as an oasis of potential resources to enlist on behalf of service participants. Naturally occurring resources are considered as

a possibility first, before segregated or formally constituted "mental health" or

"social services". (p. 59-65)

Although a somewhat contemporary development theoretically, strengths-based

practice has gained approval for direct and indirect social work practice concurrently

(Rapp, 1997). Numerous practitioners regard the strengths perspective as suitable and

advantageous while interacting with individuals whose presenting problems span mental

health (Kisthardt, 1997), poverty, old age (Fast & Chapin, 1997), substance abuse (Rapp,

1997), HIV infection (women) (Gillman & Newman, 1996), social policy (Chapin, 1995),

sexual abuse (women) (Regehr, 1996), and others (Benard, 1997; Bricker-Jenkins, 1997;

Sullivan, 1997). While the strengths perspective grounds itself in certain basic guiding

theoretic principles, there is an indication that the area of practice influences perception

and application of the strengths-based approach. (Floersch, 2002; Roche, 1999: Russo,

1999). Roche (1999) finds that although much is written about the conceptualization of

the strength's perspective for social work practice, there is a necessity to develop research

studies that contemplate the efficacy of strengths-based practice in its application to

diverse groups.

The Relevance of Family Support Legislation

Family Support is an ongoing and reoccurring theme in social services whose

origins are easily traced throughout the eras of social welfare policies in America. The

family support movement, founded on its credence in family engagement and prevention,

was instrumental in propelling the research and curriculum at Cornell University to

develop the Family Development Training and Credential (FDC) program to facilitate a

paradigm shift in family services to a strengths-based partnership approach (Crane, 2000,

Hewitt, 2010). Family support has a service origin in America's extensive tradition of voluntary informal assistance (Weissbourd, 1994). Toqueville studied democracy in early America and discovered an unprecedented principle of voluntary backing and concern that families provide for each other (Crane, 2000). Families depend on nexuses of friends and relatives and on religious institutions for support (Crane, 2000). Family support identifies and values casual manners of assistance, the kind that extended family such as grandparents, cousins, friends provide as well as neighbors, fraternal and civic organizations, youth groups, and faith communities impart (Crane, 2000). Family Support encompasses beliefs which are focused around individuals, families, and communities helping one another to share their resources and understanding, as they value one another's family form and cultural expectations (Crane, 2000).

Family support practice has its beginning roots in several diverse types of programs including parent education, social work practice, settlement houses, the self-help movement, and advocacy and neighborhood action (Langford, 2009). The family support philosophy is akin to the philosophy of the Settlement House Movement, which includes an emphasis on community and preemptive interventions, a strengths-based practice orientation, the acknowledged importance and provision of communal support, and the continued acquiescence of encouragement provide through advocated service delivery (Weissbourd & Kagan, 1994).

Family Support Programs heavily used philosophies from Head Start Program and the War on Poverty (Foley et al., 2006). Head Start Programs actively engage parents in the initiation, creation, application, and delivery of assistance (Foley et al., 2006). Head Start is different from traditional social service programs in that it emphasizes

collaboration among lay persons, professionals, and paraprofessionals throughout the delivery and progression of services (Manado & Meehan, 2000). Family support is a crucial component in the reformation of government agencies and institutions by guiding them toward greater family participation in the services provided as well as the integration of family support practices into this work (Langford, 2009). There is growing acknowledgement that the creation of programs and policies are more successful directed through the engagement and participation of those served (Crane, 2000). A fundamental principle of family support is the credence that families and people can produce their own strategies for success dependent upon on their experiential understanding of their own strengths and needs (Crane, 2000). Essentially, the human services professionals' practice focus consists of family strengths not deficits or what is wrong. A form of helplessness develops when human services professionals dictate to a family what their problems consist of and how they should remedy the situation rather than being encouraged to construct their own solutions (Darling, 2000). This sense of acquired helplessness becomes an endless cycle of failure for these families, which often leads to frustration for both the family members and human services professionals alike (Crane, 2000). The partnership model of helping consists of family members working in conjunction with human services professionals in crafting a plan of action by using the professionals' knowledge of community resources as well as the family's self-awareness (Crane, 2000).

The introduction of federal funding and requisites for state planning and execution endeavors around family support necessitated a uniform explanation of both family support services and the practice s that supplements it (Langford, 2009). This extremely challenging yet unifying and ever-important process took place over several

84

years resulting in nine principles of family support practice published as the *Guidelines*

for Family Support Practice (Family Resource Coalition, 1996; Langford, 2009; Forest,

2010) According to Forest (2010), the Principles of Family Support Practice are as

follows:

1. Staff and families work together in relationships based on equality and respect.

2. Staff enhance families' capacity to support the growth and development of all

family members–adults, youth, and children.

3. Families are resources to their own members, to other families, to programs,

and to communities.

4. Programs affirm and strengthen families' cultural, racial, and linguistic

identities and enhance their ability to function in a multicultural society.

5. Programs are embedded in their communities and contribute to the community-

building process.

6. Programs advocate with families for services and systems that are fair,

responsive, and accountable to the families served.

7. Practitioners work with families to mobilize formal and informal resources to

support family development.

8. Programs are flexible and continually responsive to emerging family and

community issues.

9. Principles of family support are modeled in all program activities, including

planning, governance, and administration. (p. 56)

The advancement of family support sees front-runners from average institutions

adding ideas of inclusive services built on empowering families, a non-deficit, preclusion

approach to working with all families, and a strong association to the cultures and communities of the families they serve (Langford, 2009). A paradigm shift emerged in human services from an expert, power-over practice perspective model to a practice perspective which grounds itself within strengths-based and empowerment-oriented principles (Crane, 2010; Cochran, 1992; Poulin, 2005; Rapp, 1998). The transition to a partnership model is at the fore-front of this major paradigm shift in human services practice away from what Rosalind Darling (2000) designates as a *status inequality model* that favors the practitioners' perspectives over the clients' perspectives.

Internalization

Internalization occurs as a person identifies and interprets an objectivated occurrence in the externalized societal world as possessing or conveying sense and meaning (Berger & Luckmann, 1966). This personalized sense and meaning consequently then becomes entrenched into this person's subjective realization (Berger & Luckmann, 1966; Johnson, 2008).

Family Support Training

It is necessary for family support training to transpire at both pre-service and in-service echelons, crosswise the fields of human services, public health social work, education, medicine, urban planning, economic expansion, business, and public management (Crane, 2000). Beyond higher education, there is also a need for the training of frontline workers. Credentialing programs fill this niche for frontline workers and provide acknowledgement of skills, increased salaries, and subsidies for programs (Crane, 2000). There is clearly a need for the incorporation of family support principles and practices into training curriculum and textbooks (Crane, 2000). The accessibility of

training and credentialing greatly benefits grassroots programs without training budgets (Crane, 2000).

An interagency collaborative model aids communities through education regarding family development and the novel application to assistance that pursues to form a comprehensive system of provision for a strengths-based, empowerment-oriented delivery structure (Palmer-House & Forest, 2003). Meyers, Glaser, and MacDonald (1998) found that a change in policy and practice towards one of partnership with families requires simultaneous change and support for both the frontline worker and the organization where they work. Hewitt (2010) found that the community-based, interagency structure and design of the Family Development Training and Credential (FDC) program purposefully emulates the ideas of partnership and collaboration between multiple family-serving agencies. Wallerstein (1992) proposed that characteristics for organizational empowerment are comprised of resilient societal webs and the organizational capacities in a community to problem solve and collaborate are demonstrated through satisfaction and community connectedness; perceptions of support; and changes in the systems efficacy and application. As a community-based, interagency program, The Family Development Training and Credential (FDC) program design supports the attainment of empowerment outcomes at both the individual (micro), and community and the organization (mezzo) levels of practice (Hewitt, 2010).

Adult Learning Strategies

The constructivist view of learning has rudimentary expectations and philosophies which can be summarized as follows (Boethel & Dimock 2000): learning is a dynamic process; learning positions itself within the framework in which it is happening; learning

is an adaptive act; all knowledge is individual and distinctive; knowledge is not inherent, acquired, or introspectively learned, it involves active construction by the learner; knowledge is socially constructed; social interaction has a part in learning; fundamentally learning is a method of creating sense of the world; previous understanding and experience actively shape learning; and to successfully learn necessitates. open-ended, meaningful, and stimulating problems for the learner to resolve. There are four types of learning that can occur through the Credential for Strengths-based Family Workers (SFW/FDC) training program to help human services professionals apply their skills and knowledge to become effective practitioners (Palmer-House & Forest, 2003):

Instrumental or **how to** learning: During instrumental learning, skills develop into competencies through this first level of learning. Instructional techniques include; simulations and role play, case studies, brainstorming, guided visualization, self-assessment, small group and paired activities, personal visioning, worksheets, portfolio development, lectures, and large group activities and discussions.

Experiential or **try to** learning: During experiential learning, skills are practiced in a supportive and safe educational setting in two ways: class activities and portfolio development. Experiential learning can uncover incongruities between personal experience and new knowledge. When experience uncovers discrepancies between what is real versus ideal, the process of reflecting or stepping back to think about an understanding or interpretation provides a beneficial learning process.

Self-directed or **choose to** learning: During self-directed learning, learning occurs

through the process of portfolio development. Learning is reciprocal between the

portfolio advisor, learning coaches, instructors and participants. Encouragement,

support and self-direction combined develop unique mutually-enriching

relationships for the participants and promote both personal and professional

development.

Transformative or **to make meaning of** learning: During transformative

learning, a participant may experience feeling disoriented and confused because

their deep-seated beliefs and values no longer work, cycles of reflection and

questioning, and trying out new ways to cope. Transformative learning is a

springboard to view life experiences on a different level. For those who are

skeptical of strengths-based empowerment-oriented practice, through

transformative learning, the Credential for Strengths-based Family Workers

(SFW/FDC) training program can serve as a sounding board for their frustrations

and helps them to start to envision and enact better ways to create more equitable

systems. (p. 39)

Practice and theory are together a portion of a wide-ranging cycle of learning.

According to Thompson (2000), this cycle starts with tangible experience, which is then

reflected upon and associated with previous experience and learning, before being tested

yet again in practice. This typifies a process in which practice and theory amalgamate

(Thompson, 2000); empowerment may be both a practice and theory.

89

Family Development Training and Credential Program (FDC) Training Program

The Family Development Training and Credential Program (FDC) is a multi-faceted, interagency training experience intended to infuse strengths-based, empowerment-oriented ideologies into the practices of human service professionals across public, private and nonprofit service administrations (Hewitt, 2010). As a nonhierarchical, bottom-up process, FDC strives to change how human services professionals and their agencies interrelate with both individuals and families by using a multi-faceted, community-based credentialing course for frontline workers from diverse disciplines including but not limited to child welfare, Head Start, drug and alcohol, and community outreach (Hewitt, 2010).

Historically, two major social services movements influence the creation of the Family Development Training and Credential Program (FDC). In the mid-1980s, the Community Action agencies begin to use a form of practice called *family development*, a holistic outcome-oriented approach to working with low-income communities and families established by the University of Iowa (Hewitt, 2010). Evelyn Harris, nationally recognized Community Action leader becomes committed to making competency-based training for frontline workforces a precedence to ensure consistency in the application of strengths-based family practice (Hewitt, 2010). Simultaneously, the *family support movement,* based on its credence in family engagement and prevention is gaining momentum and is in the national spotlight as well (Hewitt, 2010). The perfect storm ensues between Evelyn Harris, *family development practice, the family support movement,* and the New York State Council on Children and Families who solicit the research and curriculum proficiency at Cornell University to facilitate the provision of

90

family services to a strengths-based partnership approach (Crane, 2000, Hewitt, 2010). Cornell University entered into an agreement to develop the FDC program (Crane, 2000).

Bronfenbrenner's research was influential to the development of the federal Head Start Program. In his study, Bronfenbrenner and his colleagues explored the intersections between families and the communities resulting in the social ecological model that reinforced family support's focus on the mobilization of social supports and informal helping networks (Crane, 2000). Acumens from Bronfenbrenner's research were central to the creation of the FDC program and its curriculum, which was built around the following 11 core principles (Forest, 2003)

1. All people and all families have strengths.

2. All families need and deserve support. How much and what kind of support varies throughout life.

3. Most successful families are not dependent on long-term public support. They maintain a healthy interdependence with extended family, friends, other people, spiritual organizations, cultural and community groups, schools and agencies, and the natural environment.

4. Diversity (race, ethnicity, gender, class, family form, religion, physical and mental ability, age, sexual orientation) is an important reality in our society and is valuable. Family workers need to understand oppression in order to learn to work skillfully with families from all cultures.

5. The deficit approach, which requires families to show what is wrong in order to receive services, is counterproductive to helping families move toward self-reliance.

6. Changing from the deficit model to the family development approach requires a whole new way of thinking, not simply more new programs. Individual workers cannot make this shift without corresponding policy changes at agency, state, and federal levels.

7. Families need coordinated services in which all the agencies they work with use a similar approach. Collaboration at the local, state, and federal levels is crucial to effective family development.

8. Families and family development workers are equally important partners in this process with each contributing important knowledge. Workers learn as much as the families from the process.

9. Families must choose their own goals and methods of achieving them. Family development workers" roles include helping families set reachable goals for their own self-reliance, providing access to services needed to reach these goals, and offering encouragement.

10. Services are provided so families can reach their goals and are not themselves a measure of success. New methods of evaluating agency effectiveness are needed to measure family and community outcomes, not just the number of services provided.

11. For families to move out of dependency, helping systems must shift from a power over to a shared power paradigm. Human service workers have power (which they may not recognize) because they decide who gets valued resources. Workers can use that power to work with families rather than use power over them. (p. 37)

According to Crane (2000) the goals of the FDC program provide a basis for determining the efficiency of the curriculum and its implementation across states, organizations and multiple venues. Crane (2000) identifies the three primary goals of the FDC program as:

1. Families will develop their own capacity to solve problems and achieve long-lasting self-reliance and interdependence with their communities.

2. Frontline workers will develop skills and competencies needed to work effectively with families.

3. Agencies and communities will transform the way they work with families, focusing on strengths, families setting their own goals, and fostering collaboration. (p. 88)

The objectives of the FDC program are markedly allied with Bronfenbrenner's ecological systems theory. The interrelationships between the family and the family worker, the families, workers and service agencies, and those entities and the community (Crane, 2000) clearly demonstrate the systemic nature of multifaceted collaborations that occur within the Family Development Credential Program (FDC). The FDC program situates the human services professional as the change agent as well as the implementer for generating change to achieve the transformative outcomes of the program (Hewitt, 2010). The capacity for families, groups, communities or individuals to gain power inherently requires change efforts by all involved including the human services worker, the consumer, the agency, the system itself as well as advocating on behalf of the consumer (Hewitt, 2010).

The FDC program's duality of focus tackles the professional development of workers by first empowering them through self-care, decisive consciousness, reflective practice, and shared ideology, and then also empowering their practice, which includes: functioning from an empowerment-oriented, strengths-based perspective with both families and individuals; generating changes in organizational practices and policies to ensure that they are more supportive of strengths-based empowerment-based practice; and shaping participatory change at the mezzo/macro level helping system (Hewitt, 2010).

Training Curriculum

The onset of the development of the training curriculum for the FDC program was highly participatory in nature (Forest, 2003). Focus groups took place throughout New York state in various communities to provide a chance for agency supervisors, workers, and clientele to interject their thoughts regarding what attitudes, skills, and knowledge are necessary to effectively practice family development in addition to how offer the training program (Hewitt, 2010). Feedback from the focus groups and reviews of prevailing New York State and national family support training programs contributed to the main competencies that are incorporated into the *Empowerment Skills for Family Workers: Worker Handbook* (Forest, 2010), *Empowerment Skills for Family Workers: Instructors Manual* (Palmer-House & Forest, 2003) and the *Empowerment Skills for Family Workers: Portfolio Advisor Manual* (Howe & Dean, 2003). The grassroots approach to the curriculum development gleans recommendations, which are distilled into the Seven Steps to Family Development (Forest, 2010):

1. The family develops *a partnership* with a family development worker.

2. A family development worker *helps the family assess* its needs and strengths-an ongoing process.

3. *The family sets its own major goal* (finding employment or enrolling their child in preschool) and smaller goals working toward the major goal and identifies ideas for reaching them.

4. The family development worker *helps the family make a written plan* for pursuing goals with some tasks being the responsibility of the family members, and some of the workers. Accomplishments are celebrated, and the plan is continually updated.

5. The family *learns, and practices skills* needed to become self-reliant.

6. *The family uses services as stepping stones* to reach their goals.

7. The family's sense of responsibility is restored. *The family (and each individual within the family) is strengthened by the family development process* so they are better able to handle future challenges. (p. 38).

A weeklong training-the-trainer institute at Cornell University prepared community-based instructors to lead the first FDC classes in 1996 (Crane, 2000; Hewitt, 2010; Palmer-House, 2006).

Credentialing Process

FDC classes include a wide variety of both professional and nonprofessional individuals from local communities including social workers, home visitors, early intervention staff, case managers, crisis intervention staff, family resource center staff, community health staff, and home-school liaison staff (Forest, 2010, Hewitt, 2010). The

three major components of the FDC training curriculum are: in-person classes, an individual portfolio, and an examination (Forest, 2010, Hewitt, 2010). Individuals participate in a cohort fashion by engaging in eighty (80) hours of highly interactive classroom learning completed over several months and led by local community-based FDC instructors (Forest, 2010; Hewitt, 2010). The ten chapters/modules of the curriculum, as revised in Forest (2010) are:

1. Family development: A sustainable route to healthy self-reliance.

2. Communicating with skill and heart.

3. Taking good care of yourself.

4. Diversity.

5. Strengths-based assessment.

6. Helping families set and reach goals.

7. Helping families access specialized services.

8. Home visiting.

9. Facilitation skills: Family conferences, support groups and community meetings

10. Collaboration. (p. 27, 69, 93, 125, 171, 197, 217, 263, 283, 339)

Through the FDC program curriculum, the term *family* is substituted for the term *client*; nevertheless, FDC-credentialed trained workers use their learned skills and knowledges with individuals, couples, families, and children of all ages (Crane, 2000; Hewitt, 2010; Palmer-House, 2006).

The second component of the credentialing process involves the provision of a portfolio which is supported through 10 hours of portfolio oversight (Forest, 2010;

Hewitt, 2010). The portfolio advisement serves two purposes: one for the enrolled program participants and one for the program itself. The program participants must first demonstrate their learnings through documentation of:

1. their comprehension of family development skills;

2. their aptitude to exercise those skills;

3. their capacity to actively engage in reflective practice, and

4. the ability to learn from their reflections. (Forest, 2010; Hewitt, 2010)

The purpose of the portfolio documentation for the FDC Program is to document:

1. the development of program participants;

2. the facilitation and transformation of learning from classroom to practice within in the workplace;

3. the identification of barriers for application of FDC within the workplace, and

4. provisions for application of FDC within their workplace. (Forest, 2010; Hewitt, 2010)

By design, portfolio documentation includes written assignments that encourage critical reflection on both the program participant's current ideologies about the helping process as well as their application of the learned skills, knowledge, tools and practices being taught in the classroom (Forest, 2010; Hewitt, 2010). In addition, learning extension activities challenge the program participant to contemplate what in organizational practices are essential to support a strengths-based empowerment-oriented approach to working with families, and to continually encourage them as well to undertake efforts at beginning these changes (Forest, 2010; Hewitt, 2010). Locally-based

Portfolio advisors provide mentorship to program participants as they attend to course work as well as undertake and engage in their portfolio development (Forest, 2010; Hewitt, 2010). As an integral role within the implementation team, portfolio advisors provide integrity to the FDC model as well as to the continued quality of the local FDC program (Forest, 2010; Hewitt, 2010). Ongoing discussion and reflection with portfolio advisors help program participants convey the learnings from the *Empowerment Skills for Family Workers Handbook* (Forest, 2010) and the collaborative learning that transpires in class sessions, into their practice in the field (Forest, 2010; Hewitt, 2010). Portfolio advisors assist program participants in the creation of a portfolio document that is turned in at the end of the FDC coursework (Forest, 2010; Hewitt, 2010). The portfolio advisor also assists in the selection of meaningful activities which will be included in the program participant's portfolio from those recommended in the Worker Handbook so that this experience will expand their understanding and application of the principles presented (Forest, 2010; Hewitt, 2010). A program participant's growth and learning is documented through interaction with and observations by their portfolio advisor who readily shares this information so that the program participant can reflect on this growth and learning process (Forest, 2010; Hewitt, 2010). Portfolio advisors occasionally attend and interact as well in the classroom setting in order to observe program participants (Forest, 2010; Hewitt, 2010). This activity provides additionally valued insights into workers' learned skills, knowledge and understandings gained throughout the FDC training course (Forest, 2010; Hewitt, 2010). Lastly, portfolio advisors assist program participants to recognize the organizational and community supports as well as barriers to implementing strengths-

based empowerment practice in both the agencies where they practice and communities (Forest, 2010; Hewitt, 2010).

Once the individual completes the program's coursework and their portfolio is tendered for review by the state FDC Coordinator, the credentialing process culminates with a standardized examination constructed upon the FDC curriculum (Crane, 2000; Hewitt, 2010; Palmer-House, 2006). Receipt of the FDC credential is dependent upon successfully passing the examination (Crane, 2000; Hewitt, 2010; Palmer-House, 2006).

Credential for Strengths-based Family Workers (SFW) Training Program

Temple University is the home for the National Strengths-based Family Worker (SFW) training program, which espouses strengths-based empowerment-oriented models and champions a nationwide presence by undertaking oversight to guarantee that the credentialing process and professional development are standardized. As a national steward of the strengths-based empowerment-oriented concept, Temple University continues to support the programs expansion within communities (Piatt & Truchon, n.d.a.). On October 1, 2013, the Temple University Family Development Program revealed the revised curriculum for the enhanced Credential for Strengths-based Family Workers (SFW) program. This dissertation focused on the enhanced Credential for Strengths-based Family Workers (SFW/FDC) training program. The natural progression of the refined professional training and credentialing program contains revised competency-based curriculum but still maintains its unique focus on the development and documentation of learned skills and knowledge through a multi-faceted evaluation process(Piatt & Truchon, n.d.a.). The purpose of the enhanced training program is to better empower human services professionals to be capable of helping to facilitate an

individual or family's capacity to identify and work towards reaching their own determined goals. While nationally standardized, the training is tailored to meet the needs of local communities ((Piatt & Truchon, n.d.a.).

Changes in Curriculum

The SFW credentialing process includes the following components:

1. Each program participant must complete a minimum of eighty-(80) hours of interactive classroom instruction,

2. Must demonstrate the six (6) core competencies which help to define the qualities of a strengths-based family worker,

3. Must complete a skills portfolio and participates in a minimum of ten (10) hours of individual sessions with a learning coach, and

4. Must pass the National SFW credentialing exam. (Piatt & Truchon, n.d.a.)

The core competencies for the Credential for Strengths-based Family Worker are now more refined. The refined SFW Core Competencies are as follows:

1. Demonstrates professionalism and commitment to ethical practice

a. Demonstrates knowledge of strengths-based family work

b. Engages in critical reflection to analyze situations and interactions.

c. Analyzes code of ethics for professional behavior and demonstrates use of these behaviors

d. Identifies key elements to evaluate service quality and professional practice

2. Recognizes strength in diversity and difference; demonstrate sensitivity in practice

a. Establishes a broad definition for culture

100

b. Recognize the differences in cultural elements that can impact on assumptions, beliefs and behaviors

c. Demonstrates cultural sensitivity and cross-cultural awareness

3. Understands and utilizes the power of clear, non-judgmental communication

a. Establishes mutually respectful relationships with help seekers, colleagues, and others.

b. Conducts culturally and professionally appropriate communications

4. Demonstrates self-care and lifelong learning

a. Establishes appropriate support systems

b. Establishes self-care routines

c. Utilizes resource for personal and professional growth

5. Applies strengths-based principles to practice with families

a. Assists in information gathering and assessment of conditions, needs and resources.

b. Mutually develops goals and plans with specific action steps

c. Identifies available services and resources

d. Supports families in accessing resources and implementing actions identified in the plan.

e. Identifies and documents results and progress toward results.

6. Applies strengths-based principles to agency and community systems

a. Identifies s both positive and negative effects of systems

b. Explains the dynamics of collaboration and partnerships

c. Collaborates, cooperates and intervenes at the appropriate levels in agency and community systems. (Piatt & Truchon, n.d.a.)

According to the Temple University's Credential for Strengths-based Family Workers (SFW) website, the refined SFW Guiding Principles are as follows:

1. Everyone has potential, strengths and abilities that can help them to reach their goals.

2. Individuals and families are different, and the differences must be acknowledged and respected. Support may be needed to help them function in our multicultural society.

3. Mutually respectful relationships are the foundation for positive change and achievement of results.

4. Individuals and families who are supported in setting their own goals and developing realistic plans are more successful in reaching their goals or making progress toward success.

5. Family workers become partners with family members (help seekers) in developing and implementing a plan to achieve results.

6. An individual's ability to care for him/her self is valued. Self-sufficiency is defined not as the ability to do everything and meet every need alone, but as having the ability to generate or to identify and access information and resources to meet needs.

7. Individual empowerment is valued. Empowerment is related both to access to information and resources and the ability to influence decision making related to needs and goals.

8. Workers and families (help seekers) jointly identify ways to determine if the plan has been successful and if results or progress toward results are achieved. Critical reflection, as practiced by workers and help seekers, is the key to understanding what has worked and what could be done differently.

9. Individuals and families are connected to others through informal and formal networks, which can provide support or impose barriers. These connections must be jointly analyzed and evaluated to determine if they are to be strengthened or abandoned.

10. Collaboration among agencies, organizations and individuals produce strong communities. Positive relationships among workers in various agencies in a community create supportive networks and achieve results. Collective action can also influence policies and procedures to maintain family supporting environments.

11. Family workers maintain good self-care and engage in lifelong learning. (Piatt & Truchon, n.d.b.)

The credentialing program curriculum involves an interactive classroom environment, practical application of skills activities in the field, portfolio documentation of these skill-building activities and online support from instructors. The program's curriculum is only available online for download and reference by enrolled program participants (Piatt & Truchon, n.d.b.). Accomplished community-based family development instructors teach program participants using a variety of evidence-based training methodologies while program participants use their newly learned knowledge in real world engagement scenarios with the families with whom they partner (Piatt &

Truchon, n.d.b.). The program participants' demonstration of specific competencies, practice behaviors, and learning objectives as learning coaches guides and document all the portfolio activities. The final examination evaluates achievement of the core competencies and learning objectives and Temple University issues the SFW Credential. This program provides the participant with the opportunity to earn CEUs, Act 48 hours, and seven college credits upon completion of the program (Piatt & Truchon, n.d.b.).

The enhanced SFW curriculum encompasses 14 modules of pertinent, up-to-date, and provocative topics that prove invaluable to strength-based family workers (Piatt & Truchon, n.d.b.). This curriculum enables program participants to interactively learn the skills of communication, problem solving, action planning, critical thinking, reflection, cultural humility and performance evaluation in relation to effective family engagement. According to the program's website the module name and description of topics are as follows:

Module 1: Overview/Orientation**:** Course Requirements, Competencies & Guiding Principles, Learning Styles, Critical Reflection

Module 2: Strengths-based Family Development and the Help Giving Cycle: Strengths-based Approach, Effective Help Giving Cycle

Module 3: Communication Skills for Strengths-based Family Workers: Empathy, Beginning a Helping Relationship, Non-verbal Communication

Module 4: A Broad Definition of Culture: What is Culture, Identify Your Own Culture, Organizational Culture

Module 5: Strengths-based Assessment and Measuring Progress: Powerful Questioning, Gathering Information, Scales and Other Assessments

Module 6: Developing Plans with Families: Family Goal Plan

Module 7: The Impact of Bias: Identify Your Own Bias and Those of Customers

Module 8: The Importance of Self Care: Stress Reduction, Support Systems

Module 9: Communication in Special Situations: Cross Cultural Relationships, Home Visiting, Hot Topics, Problem Solving

Module 10: Community Resources: Referrals and Follow-up, Special Services, Support Groups

Module 11: Inequity: Poverty, Disparity, Impact of Policies and Procedures, Culturally Competent Organizations

Module 12: Lifelong Learning: Ethics, Professional Behavior, Boundaries, Appropriate Sharing of Information

Module 13: Family Community & Agency Systems: Appropriate Level of Intervention, Advocacy

Module14: Supporting & Strengthening Families through Transitions and Endings: Observation of Behaviors, Celebrating, How to Disengage from Relationships. (Piatt & Truchon, n.d.b.)

Current Research SFW/FDC

Current research regarding the revised Credential for Strengths-based Family Workers (SFW/FDC) training and credentialing program has been limited to end of program and 1 year follow up surveys which ask workers what they feel they have learned as well as some interviews with families who have been supported by a credentialed worker (B. Mooney, personal communication, July 6, 2015).

Externalization

Humanity envisions a multitude of explanations as to why a situation happens. Individuals must pursue and actively learn about those aspects of the world which are of interest to them (Berger & Luckmann, 1966). As defined by Dillon (2014), externalization is "an aspect of the dynamic process by which individuals maintain social reality, whereby they act on and in regard to the already existing (human-created and externalized) objective reality (e.g., institutions, everyday practices in society)." (p. 428) Therefore, prior to the development of the strengths-based empowerment-oriented approach to practice the human-created objective reality of social work practice was some combination of the deficit model and the culture of poverty.

Symbolic Interactionism

The basis for understanding the theory of symbolic interactionism directly relates to in what way making meaning occurs. People's actions towards others, situations, and things are based upon the meanings that they personally constructed for those people, situations, and things, not on what meanings others have attributed to them (Blumer, 1969). Understanding the actions of an individual necessitates seeing the situation or object as that individual does (Blumer, 1969). Meanings, according to Blumer (1969), are fundamental due to their special qualities. Meanings are derived from interactions with others making them results of this interaction. An iterative, negotiated process is used throughout interactions with people and situations to recognize or adjust meanings. Interpretation is a two-step process. Initially an individual internally determines for themselves that something has a meaning for them. Next the individual, in response to their situation confirms, chooses, adjusts or discards the meanings. In this way, through

106

this formative process, meanings are used and reworked to lead and guide (Blumer, 1969).

Partnership-Based Practice with Families

The partnership model of practice is rooted in the Weberian sociological tradition of *Verstehen*, which centers on an understanding of actors' meanings (Darling, 2000). Darling (2000) cited Weber's suggestion that people who share similar values are better able to understand one another's meanings. For the past 35 years, the human services field has been shifting its practice to partnership and strengths-based directions (De Jong & Berg, 2001). By definition, partnership-based practice is a productive, operational relationship between the family and the human services professional that views the family as an integral contributor to their solution who can better align services with individual needs (Merkel-Holguin, 2004). Partnership practice models through consultation, information exchange, and involvement in decision-making clearly reflecting the integrities of partnership (Merkel-Holguin, 2004). The partnerships approach to human services practice is a process that begins with the opportunity structure of the clientele involved and ends with service evaluation (Darling, 2000). As a process, empowerment is the collaborative partnership between a human services professional and an individual or family, working together on a mutually designed plan that will push individuals nearer to their goals and dreams (Rapp, 1998). Collaboration is continually reappearing in the social service arena amongst government, human service, and community organizations as an improved way to identify the necessities of children and their families (Austin, 1997). A continually reoccurring theme seems to reappears and is highlighted by the fact that with insufficient resources, diverse methods are

required to solve the complications challenging service providers to effectually respond to the concerns experienced by our children and families (Kamerman, 1989; Scales and Brunk, 1990; Schorr, 1988; Steiner, 1981, Zimmerman, 1988).

The human services arena has been shifting its practice paradigms to more partnership and strengths-based strategies, stressing the need for constructing cooperative interactions with clients regarding what they want all the while emphasizing client strengths as the basis for solutions (De Jong & Berg, 2001; Compton & Galaway, 1999; Hepworth, Rooney, & Larson, 1997; Miley, O'Melia, & DuBois, 2001; Saleebey, 2002). Irrefutably, partnership augments the capacity of networks, consumers, and their families to participate constructively in building stronger communities (Merkel-Holguin, 2004).

Research on FDC

Further exploration is needed to determine whether the challenges and barriers to empowerment practice differ by program type or setting (Everett et al., 2007). There is also an indication that the area of practice has an influence on the strengths-based approach as it is understood and implemented (Floersch, 2002; Roche, 1999: Russo, 1999). Several FDC studies have indicated that both found that practices and policies at the systems and organizational echelons themselves indicate barriers to human services professionals attaining the transformative goals of FDC (Hewitt et al., 2010). Spreitzer (1997) found that empowered individuals are more likely to question and challenge these barriers and obstacles by upwardly influencing and innovating change rather than thoughtlessly following. Additional research indicates and supports findings that FDC credentialed workers also develop an understanding of shared ideology with other professionals in the field, a finely tuned sense of decisive consciousness, and the capacity

to reflectively act during both their own self-care practices as well as in their practice in the field (Hewitt, 2007; Hewitt, 2010; Hewitt et al, 2010; Hewitt et al., 2015).

To date, there has been no published empirical research regarding human service professionals who have been credentialed through the SFW/FDC program as to how their use of the specific learned knowledge and skills acquired through this strengths-based empowerment-oriented training have translated into real world practice. "Not enough is known about the ways in which particular perspectives influence practice and how effective this work is in bringing about desired change" (Trevithick, 2012, p. 307). My concept map (Figure 6) illustrates the concept of social problems work and how policy influences practice perspectives to effect change.
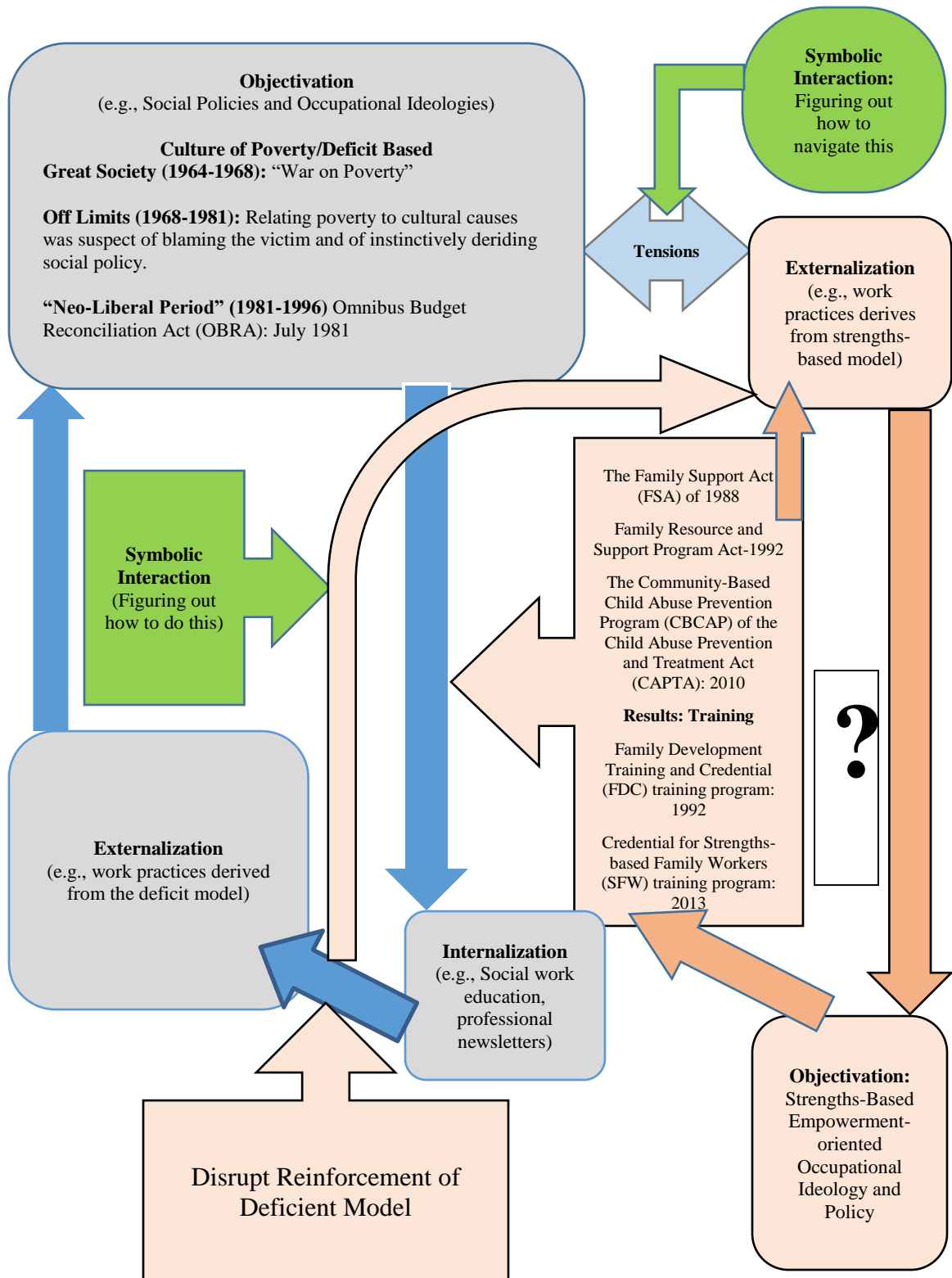
Figure 6. Social problems work concept map:
How policy influences practice perspectives to effect change.

Conceptually, social problems work is a conduit to discover "the processes of creating both social problems categories and concrete instances that are assigned membership in those categories" (Loseke, 2003, p. 191). Claims-makers, through their activities, construct the who, what, when and how of social problems work. "Collective representations" in social problems work are social resources used to categorize the self, experiences, and others as reproductions of culture and defines as in the troubled person industry what circumstances and whom will be recognized as social problems (Loseke, 2003, p. 190). The troubled persons industry is a term for all groups and organizations intended to participate in activities which rehabilitate, help or punish people defined as casualties/ victims and/or perpetrators of social problems (Loseke, 2003). Each of the groups and organizations in the troubled persons industry have been able to secure resources and garner legitimacy as a result of effectual social problems work (Loseke, 2003). Through successful claims-making society is convinced that some condition (poverty, prescription pain medication abuse) is intolerable and that something needs to be done (Loseke, 2003).

Human services professions trace their roots to Progressive Era reformers and their efforts to ameliorate the many social problems that developed during this time of rapid urbanization, industrialization, and immigration. Job diversity in human services is predominantly built on the basis of the consumer population which they serve and the defined social problem. As such, human services is an institutionalized response to such social problems as poverty, child abuse, and alcohol and drug abuse. Social problems claims can create new collective identities of individuals needing assistance which results in another form of providing assistance (Loseke, 2003). As a result, the groups and places

111

in the troubled persons industry are the result of successful claims which typically focus on individual-level needs (rehabilitation, help, and punishment) (Loseke, 2003).

The related notions of both a culture of poverty and a culture of dependency have had an enormous impact on U.S. public policy and became the foundations for antipoverty legislation since the early to mid-1960s and strongly influenced President Lyndon Johnson's War on Poverty. Historically, two major social services movements influence the creation of the Family Development Training and Credential Program (FDC). In the mid-1980s, the Community Action agencies begin to use a form of practice called family development, an all-inclusive outcome-oriented methodology for working with low-income communities and families developed by the University of Iowa (Hewitt, 2010). Simultaneously, the family support movement, based on its belief in family engagement and prevention gained momentum in the national spotlight (Hewitt, 2010).

Family Support is an ongoing and reoccurring theme in social services whose origins are easily traced throughout the eras of social welfare policies in America. Family support practice has its beginning roots in several diverse types of programs including parent education, social work practice, settlement houses, the self-help movement, and advocacy and neighborhood action (Langford, 2009). A fundamental principle of family support is the credence that families and people can produce their own strategies for success based on their experiential knowledge of their own strengths and needs (Crane, 2000). Evelyn Harris, nationally recognized Community Action leader became committed to making a competency-based training for frontline workforces to ensure consistency in the application of strengths-based family practice (Hewitt, 2010). The Family Development Training and Credential Program (FDC) was an interagency

training experience intended to infuse strengths-based, empowerment-oriented principles into the practice of human service professionals throughout public, private and nonprofit service administrations (Hewitt, 2010). Meyers, Glaser, and MacDonald (1998) found that a change in policy and practice towards one of partnership with families requires simultaneous change and support for both the frontline worker and the organization where they work. Figure 6 visually depicts my concept of this paradigm shift as it is underway, but it is not yet clear if it will be successful. The next chapter details the qualitative research design methodology used for this study.

CHAPTER 3

METHODOLOGY

The purpose of this study was to explore and better understand human services professionals' experiences of the SFW/FDC program and how it relates to their practice perspective in the field. This study focused on human services professionals' use of specific learned knowledge and skills as it translates through theory into real world practice. In addition, this research sought to identify barriers and obstacles encountered by these professionals when implementing strengths-based empowerment-oriented practice and the strategies used to attempt to overcome these complications.

Research questions consisted of the following inquiries: Is there a discrepancy between the ideal of strengths-based empowerment-oriented practice and how it is implemented in the field? What are the barriers and obstacles encountered by human services professionals who are applying strengths-based empowerment-oriented practice? What strategies are used to overcome these barriers and obstacles?

This chapter describes the study's research methodology and includes discussions around the following areas: Rationale for Qualitative In-depth Interview Research; Researcher Positionality/Expectations; Sampling Strategy and Sample Size; Data-Collection Methods; Methods for Data Analysis and Synthesis; Qualitative Research Software; Issues of Trustworthiness/Credibility; Data Quality Checks; Ethical Considerations; and Limitations of the Study.

Rationale for Qualitative In-Depth Interview Research

The use of a social constructivist worldview in this dissertation research relies profoundly on the participants' views of the situation being studied. Drawing on

phenomenology, qualitative in-depth interviews were conducted to learn about the experiences of human services professionals who are SFW/FDC program graduates, their reflections on these experiences, and the meanings they made of their strengths-based empowerment-oriented practice implementation journey (Rubin & Rubin, 2005). Phenomenological study is dependent upon rich descriptions regarding peoples' experiences and understandings (Patton, 2002), while qualitative research in general is an inquiry process of exploring a human or social problem in its natural milieu (Creswell, 2009). The use of a qualitative methodology enabled me as the researcher to gain an profound and more inclusive understanding of the ideological perceptions and experiences from the standpoint of study participants as SFW/FDC program graduates, thus enabling me to have a more holistic perspective of strengths-based empower oriented practice in the field (Patton, 2002; Gubrium & Holstein, 2001).

In this dissertation, the occupational ideology presented through strengths-based empowerment-oriented training (SFW/FDC) constitutes one reality, while the experiences graduates have as they integrate their strengths-based training into a range of distinct practice settings constitute additional realities. Because the (SFW/FDC) educational program, and the occupational ideology associated with it, are pre-existing; they provide a structured element to the research design (Maxwell, 2013). Miles and Huberman (1995) note that "prestructuring your methods reduces the amount of data that you have to deal with, simplifying the analytic work required" (p. 16). Patton (1990) recommends the use of an orientational qualitative approach when ideology is central to one's research. Orientational qualitative inquiry starts with a clear ideological or theoretical perspective that regulates what theories and variables are the foremost in

important and in what manner the findings will be construed (Schatz & Flagler, 2004). The common foundational principles supporting the practices of the Credential for Strengths-based Family Worker (SFW/FDC) program were the orientational basis (pre-structured element) for this research study. These foundational principles, and the occupational ideology associated with them, were used to develop the interview questions (see Appendix E) and also guided the initial data analysis. In addition, the open disposition of the interview questions allowed participants to report their own unique experiences as they integrated strengths-based empowerment-oriented principles into their own practices, and hence allowed for the exploration of the multiple realities that developed around strengths-based empowerment-oriented practices. It was anticipated that there would be some degree of divergence between the ideal of strengths-based empowerment practice learned in training, and the actual implementation of these principles in real-world settings. Because no research has been done on these divergences they cannot be predicted beforehand; as such, inductive coding was used to identify slippages, frustrations, obstacles, and similar lack of convergence between how the training led participants to believe strengths-based empowerment-oriented training *would* work in the real-world, and how participants found it sometimes *does* work.

Researcher Positionality/Expectations

The researcher is an instrument in a qualitative inquiry (Patton, 2002). A researcher's position can significantly alter the credibility of the research. Investigative credibility requires the researcher to communicate any professional and personal information that may have affected the data collection, analysis, and interpretation whether positively or negatively (Patton, 2002). The use of a social constructivist

paradigm requires the researcher to acknowledge that their background forms their own understandings, and to recognize how their understandings advances from their own experiences-including culturally, historically, and personally (Creswell, 2009).

As the researcher, I brought to the inquiry process practical professional experience in the human services field, with both knowledge and understanding of the environmental context. I am a Pennsylvania masters-level licensed social worker (LMSW) and have a combination of over 14 years of diverse human services work experience at both the state and county levels of government within Pennsylvania; this includes the fields of child welfare, early intervention and healthcare, which greatly contributed to my ability to relate to the human services professionals who participated in this study. Previous positions within the Offices of Children, Youth, and Families at both the county and state levels of government in Pennsylvania included direct service work as a County Caseworker 2, policy work as a Human Services Program Specialist, and an investigator of substantial child abuse allegations for children in adoptive and foster homes as a Human Services Program Representative 1. This combination of work experiences significantly accentuated and promoted my interviewing skill as well as my ability to interpret the in-depth interviews crucial for this dissertation research study.

As a current practitioner in the field, my positions also have potential for bias as I hold an insider or emic perspective. My professional and personal standpoints also reflect a keen interest in the topic of strengths-based, empowerment-oriented frameworks of practice. I consider myself a practitioner and an academic whose occupational ideology is positioned specifically within a strengths-based empowerment-oriented practice framework. Because I am an instrument in a qualitative inquiry (Patton, 2002), I

117

recognized the potential for my own locus to impact data collection, analysis, and interpretation. Because of the importance of this research to me, I actively reflected by a methodology of journaling and discourse with professional colleagues and advisors throughout the research process on how my positionality affected my findings in this study. As the researcher, I brought to the inquiry process practical experience as an interacting professional in the human services field, with both knowledge and understanding of the environmental context.

I chronicled my expectations of findings in this section prior to beginning my data collection to initiate the process of progressive subjectivity. Based on my literature review provided in Chapter 2, academic experiences, background as a human services practitioner in the field, and a licensed social worker along with the conceptual framework of social construction within which this research study was conducted, I approached this study with five primary expectations:

1. The common foundational principles that supported the practice framework for the Credential for Strengths-based Family Workers (SFW) program would augment the overall occupational ideology of the human services professionals who become (SFW/FDC) credentialed.

2. Due to the diversity in the human services field, I expected to discover that (SFW/FDC) credentialed human services professionals would experience both similar yet differing occupational ideologies regarding their application of strengths-based empowerment-oriented practice in the field.

3. Due to the diversity in the human services field, I expected to discover that (SFW/FDC) credentialed human services professionals would experience both

similar and differing barriers and obstacles to practice dependent upon their

specific area of practice.

4. Due to the diversity in the human services field, I expected to discover that

(SFW/FDC) credentialed human services professionals would develop similar yet

differing strategies to overcome these obstructions to practice dependent upon

their specific area of practice.

5. And finally, that the (SFW/FDC) program would provide human services

professionals with the common foundational principles needed to begin to

overcome the long-standing barriers to effective strengths-based empowerment-

oriented practice.

As I proceeded with my research, I continued to record my expectations. These and any

subsequent expectations of findings were compared to the actual findings.

Sampling Strategy and Sample Size

Taking a purposive approach to my sampling strategy, I limited my sample to

between 20 - 30 human services professionals who had received instruction and had been

credentialed by Temple University's Credential for Strengths-Based Family Workers

(SFW/FDC) training program. Purposive sampling allowed for an in-depth analysis of

cases that were "information rich" (Patton, 2002, p. 46). Patton (2002) explains that

purposive sampling also enables researchers to purposefully choose a sample that can

contribute directly to the understanding and answering of the specific research questions.

One type of purposeful sample is operational construct sampling, which connotes that

you sample for examination real world illustrations of the concepts in which you are

concerned (Patton, 2002). As explained above, this dissertation research used Patton's

(2002) orientational approach, so the operational construct I was sampling for was the occupational ideology of strengths-based empowerment-oriented practice.

The selection criterion for participants of this study were specific to (SFW/FDC) graduates in Pennsylvania who had at least two years of post-graduate program experience. The rationale for the two-year post-graduate program experience was to allow the PA (SFW/FDC) graduates to incorporate the SFW principles into their practice while also ensuring that all study participants went through the same program training. This timeframe also ensured that all people interviewed for this study completed their training after the October 1, 2013, launch of Temple University's revised curriculum for the enhanced Credential for Strengths-based Family Workers (SFW/FDC) program.

Temple University could not provide information on program trainees. A call for study participants was distributed to SFW graduates by SFW trainers. The SFW trainers were not Temple University employees; they were employed by various community help-giving provider agencies. Initial contact information for the trainers was made available through contact with Temple University's SFW program administrator, Myka Piatt. The Temple University permission emails for this study are provided in Appendices A and H. Initial contact with trainers was via telephone and email to query interest in my study. Interested trainers received a follow-up e-mail which included a letter with a short explanation of the study and an detailed account of the study's importance including a statement ensuring each participant that no identifying information would be used in any form of results reporting or in any discussion of data collection. The invitation to participate email is provided in Appendix B. The SFW trainers disseminated this information to program participants. Interested program participants were directed to

reach out to me via email and/or telephone to participate in this study. At that time, interviews were scheduled depending on the participants' preference of dates, time, and location. If, within two weeks of sending the initial email to the trainers, I received no signs of interest, I reached out to the interested trainers again by sending a follow-up email regarding participation in this study (see Appendix C).

I interviewed 23 human services professionals who had received instruction and had been credentialed by Temple University's Credential for Strengths-Based Family Workers (SFW/FDC) training program. Lincoln and Guba (1985) suggested sample election for qualitative research to the point of redundancy; when new participants produce no novel data. My sampling strategy remained flexible and emergent while working within the practical constraints of limited time and funding. My sampling strategy was driven by the goal of reviewing information rich cases to produce in-depth understanding and insights rather than generalizations (Patton, 2002). *Particularity* more accurately than *generalizability* (Caracelli & Green, 1997) is the trademark of qualitative research (Creswell, 2009).

Data-Collection Methods

My plan for data collection was one-on-one interviews with participants to discover insights and understandings which cannot be directly detected by observation (Patton, 2002; Diehl, 2013). Thoughts, feelings, intentions and meanings cannot be detected through observation, nor can historical behaviors or experiences (Patton, 2002). The objective of interviewing is to enter into another's perspective, to discover the various realities they inhabit (Patton, 2002; Diehl, 2013). Mertens (2005) describes the goal of an interview as the understanding of the interviewee's perspective though a

"human to human relationship" (p. 317). For this occasion, in-depth interviews were used to learn about the experiences of these human services professionals, their reflections on those experiences and the meanings they make of their strengths-based empowerment-oriented practice implementation journey (Rubin & Rubin, 2005). As the researcher, this approach allowed me to discover the ideological perceptions and experiences from the standpoint of study participants as (SFW/FDC) graduates, thus enabling me to have a more holistic perspective of strengths-based empower oriented practice in the field.

Upon receiving expressions of interest, I reached out via email to the interested individuals to start the scheduling of the interviews. Due to practical limitations on time and funding for this study, I interviewed 23 human services professionals who had received instruction and had been credentialed by Temple University's Credential for Strengths-Based Family Worker (SFW/FDC) training program. All participants were required to sign the Informed Consent Form prior to the interview. The informed consent for this study is located in Appendix D. It was estimated that each interview would take approximately 30 minutes to one hour. Scheduling constraints and the expense of travel along with some personal challenges prohibited me from conducting the interviews face-to-face, therefore I conducted my interviews either via Zoom or the telephone.

Patton (2002) found that an interview guide makes interviewing more inclusive and methodical by designating in advance the issues to be explored (p. 343). As previously explained, this dissertation's use of the common foundational principles that support the practices of the Credential for Strengths-based Family Worker (SFW/FDC) training program as the orientational basis for this study contributed nicely to the application of an interview guide. Semi-structured interviews, according to Mertens

(2005), are intended to outline main questions that cover important topics while allowing the interviewees flexibility to talk about other interrelated topics that they find important. Interview guides were used to ensure that the orientational basis for this study were woven throughout main topics and questions identified as important and were included for use in all interviews (Mertens, 2005). While conducting interviews, I added or modified questions as required to assist my study participants in providing prolific, enlightening and explicit responses that express the overall research question. The interview guide was offered to study participants beforehand to review prior to their in-depth interview. Demographic information was also solicited as part of qualitative in-depth interviews. A copy of the interview guide can be found in Appendix E.

This researcher used two methods to record the data collected from the in-depth interviews. The use of a tape recorder allowed for accuracy in representing what was said during the interview process. Including the actual words of the study participants and also the emotions, tones, hesitations and slight nuances undoubtedly influenced the interpretation of the data (Patton, 2002). The use of a tape recorder did not eliminate the need for taking notes. I also used a note-taking strategy during the interview process to document key words, major points, phrases that capture the interviewee's own language and emergent themes for further exploration, (Patton, 2002) "Note taking helps to pace the interview by providing the non-verbal cues about what is important, providing feedback to the interviewee about what kind of things are especially "noteworthy"-literally" (Patton, 2002, p. 383). As the research progresses, the interviewer should retain and continually assess his or her own jottings and notes (Emerson et al., 1995; Lofland & Loftland, 1995).

In qualitative research, an interviewer's own personal experiences are a portion of the data (Patton, 2002). After each interview, I logged my thoughts regarding the interview including particulars of the situation in field notes (Diehl, 2013). My notes included a depiction of what I noticed as well as my own frame of mind at that time, and my responses and contemplations concerning the interview (Patton, 2002). The detailed notes served as reference points to document reminders for me to develop follow-up questions for future research when the interview participants began to speak about areas which merited further exploration and study (Patton, 2002). The transcription of each interview took place within a few days of conducting the interview so that the experiences were still fresh in my mind.

Methods for Data Analysis and Synthesis

As the researcher, I began first with deductive analysis by examining the data through an orientational or ideological framework and then moved to an inductive phase as I searched for undiscovered patterns and emergent understandings (Patton, 2002). This dissertation research explored the occupational ideology of (SFW/FDC) credentialed human services professionals who employed strengths-based empowerment-oriented practice in the field. In addition, this research sought to understand the barriers and obstacles encountered when implementing strengths-based empowerment-oriented practice and strategies used to attempt to overcome these complications.

Coffey and Atkinson (1996) noted that a rudimentary principle of qualitative research is that analysis should be performed concurrently with data collection, thus allowing the researcher to progressively focus observations and interviews, and to decide how to test one's emerging conclusions (Maxwell, 2005). Glesne (1999) indicated that

"Data analysis involves organizing what you have seen, heard, and read so that you can make sense of what you have learned. Working with data, you describe, create explanations, pose hypotheses, develop theories, and link your story to other stories" (p.130). Merriam (1998) defines the progression of data analysis as being a multifaceted action of moving back and forth amongst data and concepts, between depiction and clarification, employing both inductive and deductive reasoning.

Abduction in qualitative analysis is a combination of deductive and inductive thinking with logical groundworks (Denzin, 1978; see also Reichertz, 2010). "The method of abduction combines the deductive and inductive models of proposition development and theory construction. It can be defined as working from consequences back to cause or antecedent" (Denzin, 1978, p. 109-110). I used both deductive and inductive coding to identify and categorize patterns in the data. I began first with deductive analysis by examining the data through an orientational or ideological framework and then moved to an inductive phase as I searched for undiscovered patterns and emergent understandings (Patton, 2002; Patton, 1990, p.86; Schatz & Flagler, 2004). My orientational framework and initial codes (Table 3) were driven by the refined Credential for Strengths-Based Family Worker (SFW/FDC) training program's guiding principles as stated in my literature review (see Chapter 2).

Table 3

Initial Orientational Codes for Data Analysis

CODE	PARAMETER
• **Hope**	**SFW Training: (Specific learned Knowledge and Skills)**
• **Well-being**	6. Think back about your experience in the Credential for Strengths-based Family Workers program and tell me about a moment when you felt that an activity or lecture was working particularly well-so well that it helped you learn and understand the content in a that was new, inspiring or exciting.
• **Resiliency**	
• **Professional Identity**	
	7. Please provide on or more examples and explain what it was that made the activity or lecture so effective.
	8. Did you share these insights with fellow workers who did not attend this program? a). If so, can you recall what was shared and how it was received?
	9. Again, reflecting on the Credential for Strengths-Based Family Workers program, please remember a topic that you thought was particularly applicable to your work. a.) What was the topic(s)? b.) How was it relevant to what you do? Please provide examples.
	10. As you go about performing your daily responsibilities as a social services provider, how often do you utilize insights or lessons learned from the Credential for Strengths-Based Family Workers program?
	11. What parts or aspects of the program do you find most useful in your work? Please provide examples.
	12. Have you used any lessons or insights from the Credential for Strengths-Based Family Workers program that you personally have found to be particularly effective, successful, or exciting? a.) What made these uses so effective or exciting? Please provide examples.

- **Burnout**

- **Disappointment**

- **Challenge**

- **Ethical Practice**

Barriers and Obstacles

13. Do you think the Credential for Strengths-Based Family Workers program did a good job of alerting you to the barriers and obstacles you would likely encounter when you tried to take lessons and insights from the program into the field? Please provide examples.

- **Collaboration**

- **Partnership**

- **Determination**

- **Engagement**

Strategies to Overcome

14. Has the Credential for Strengths-Based Family Workers program successfully contributed to your development of strategies to overcome these barriers and obstacles to practice? If yes, please provide examples.

15. Have you personally developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field? Please provide an example.

16. Has the agency or department you work in developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field? Please provide an example.

17. Please describe your understanding of how these strategies were developed?

18. Have there been instances where the strategies designed to overcome or counteract the obstacles or barriers to implementation of a strengths-based approach been tried and failed? If yes, please provide examples.

19. Why do you think these strategies failed?

The data reduction process began by using content analysis. According to Patton (2002), content analysis is used to refer to any qualitative data reduction and sense-making effort that takes a large volume of qualitative material and attempts to identify core consistencies and meanings. Sorted data must demonstrate both internal homogeneity and external heterogeneity. Patton (2002) identified data that fits into one

category as having internal homogeneity. External heterogeneity is the opposite and refers to the degree in which there is no overlap in data between categories (Patton, 2002). While reading through transcripts to conduct this initial coding into the pre-structured categories, I paid careful attention to material that did not fit into these pre-structured codes, as well as to patterns that I noticed in the data to determine emerging codes. According to Guba and Lincoln (1989), the quantity of categories used ought to be guided by the audience for whom the study is conducted, the occurrence of mention by the participants, and the exceptionality of the category. As such, it was impossible to predict beforehand exactly how many additional codes (analytic categories) would be added via inductive (emergent) coding.

Interpretation and creative synthesis were used to relate the deductive and inductive codes into a richer account of these human services professionals' reflections on their experiences and the meanings they make of their strengths-based empowerment-oriented practice implementation journey (Rubin & Rubin, 2005). Interpretation involved uncovering the sense-making participations used to give meaning to be the ideal and practical sides of strengths-based empowerment-oriented practice. To find meaning in the data, I used both the data (interview transcripts, generated themes and field notes) along with my own understandings and perspective to make logical connections within the data (Patton, 2002). My interpretation and perspective of the data was clearly delineated so as not to confuse it with the actual description of the presented data (Patton, 2002). Development of the creative synthesis began by examining emergent themes through the lens of the common foundation principles that support the practice of the Credential for Strengths-based Family Workers (SFW/FDC) training program to reveal similarities and

differences. Synthesis requires showing how categories fit together into larger patterns and offering plausible explanations for those patterns. I hand-analyzed my data for this study. Creswell (2005) noted that hand-analysis of qualitative data connotes that the researcher reads the data, hand marks it, and splits it into parts repeatedly. Customarily, analyzing text data encompasses the use of color–coding to separate different parts of the text or cutting and pasting identified text sentences onto cards.

Issues of Trustworthiness/Credibility

Harrison, MacGibbon, & Morton (2001) used the term *trustworthiness* to denote ways in which one works to meet the conditions of validity, credibility, and authenticity of one's research. According to Patton (2002), three distinct elements exist to assess the credibility of qualitative research. "Credibility is established in qualitative research through rigor of methods, credibility of the researcher, and the philosophical belief in the value of qualitative inquiry" (Patton, 2002; S. Boser, personal communication, November 10, 2010). In constructivist inquiry, credibility centers on producing a correspondence between the researcher's represented realities and the constructed realities of the participants (Guba & Lincoln, 1989; Diehl, 2013). Transparency and data quality were ensured through the use of member checks, progressive subjectivity; rich, thick description; confirmability and audit trails, each of which is described below.

Data Quality Checks

This research study used the following data quality checks: member checks; progressive subjectivity; rich, thick description; confirmability and audit trails.

Member Checks

Member checks were repeatedly conducted throughout each in-depth interview to ensure that as the researcher, I do not misinterpret or overlook any thought or major idea expressed by the interviewees. Member checks can be performed at various points in the interview by inquiring, "So what I am hearing you say is," or at the end as you summarize the key points, "Am I hearing you correctly?" (S. Boser, personal communication, November 10, 2010). Mertens (2005) describes member checks as a safeguard which requires the interviewer to summarize what respondents have said during their interviews to ensure that the main concerns expressed by the individuals are accurately understood. All participants were offered copies of their interview transcripts and encouraged to provide further information and feedback.

Progressive Subjectivity

Progressive subjectivity was used to uphold the quality of my findings. Guba and Lincoln (1989) confer that progressive subjectivity is a method which the researcher uses to scrutinizes their own emerging compositions. Guba and Lincoln (1989) contend that it is impossible to involve oneself in inquiry with an unadulterated mind because the researcher usually has reasoned motivation for their interest in a specific investigation topic. To afford oversight regarding my dispensation as the researcher, I clearly stated my positionality as the researcher in the section entitled Researcher Positionality and noted my expectations for findings in the section entitled Researcher Expectations. I continually documented the emerging structure for my findings as my study progressed. I equated my expectations for findings to my actual findings, and I actively reflected by way of journaling and discourse with professional colleagues and advisors throughout the

130

research process regarding my positionality and how it affects my findings in this study.

Rich, Thick Description

Thick description provides a rich foundation for qualitative analysis and commentary (Patton, 2002). The rich, comprehensive and tangible description of people and places –thick description (Geertz, 1973; Denzin, 2001) – opens up the world so one can easily understand the phenomenon being studied. Denzin (1989) notes thick description as presenting context, emotions, detail, significance and history while also making the actions, voices, meanings and feelings of my study participants apparent. Thick description fashions interpretation as conceivable (Patton, 2002). My findings provided a balance of clarification and explanation. Themes and the relational configurations of themes descriptively illuminated data elements. The concluding report included ample thick description to permit the reader to better comprehend the orientational foundation of my interpretation as well as to sufficiently elucidate to make sense of my depiction.

Confirmability and Audit Trails

Confirmability is an unbiased method of assessing the study's capability to produce findings that emerge from the data (Robson, 1993). Throughout the analysis, an audit trail was kept to continually document this researcher's rationale during the analytical processes. The purpose of an audit trail is to acknowledge the researcher's subjectivity by keeping a detailed account of the researcher's thought process during the analysis phase (Mertens, 2005). My audit trail depicted questions, thoughts, and ideas when they occurred. My use of an audit trail documented my reflexivity and reason. Reflexivity denotes the act of being reflective and clear about any pre-conceived ideas or

prejudices that I may have had (Patton, 2002). The ability to draw on personal reflections

during the analysis stage greatly add depth to this research as Patton (2002) explains:

"Introspection and reflection are important parts of field research" (p. 264). As the

researcher, I sought regular discourse with professional colleagues and advisors

throughout the research process. I also used a reflection journal to authenticate any

changes and its rationale to the study design (Palmer-House, 2006).

Ethical Considerations

I used the standards established by the Institutional Review Board (IRB) at

Indiana University of Pennsylvania to secure the privacy, safety, and ethical treatment of

the human subjects participating in this dissertation research. Also, as a social worker, the

NASW *Code of Ethics* served as a guide to my everyday professional conduct which

ensured the ethical stance of this dissertation research. Research participants were not

offered compensation to take part in this study. This study was intended to include full

disclosure regarding the purpose of the research, my position as a human services

program representative, and the guarantee of confidentiality. The informed consent was

included with the letter of invitation and was the principal means of communicating the

risks of this dissertation research. Informed consent includes explaining the purpose of

gathering research information, how information was employed, provided background on

the researcher, presented a general synopsis of the types of questions used in the

interview, and how answers were to be treated. I made it explicit that their participation

was voluntary and discussed any benefits or risks associated with participation (Patton,

2002). Agreement to participate was indicated on the participants' informed consent by

selecting the response, I have read the information above and would like to participate.

There were no known risks associated with this research study.

Interviews are a form of intervention which have an effect on the individuals who are participating (Patton, 2002). A disciplined focus on the purpose of the interview is critical to both gathering high quality data as well as establishing rapport with the interviewee (Patton, 2002). According to Monette, et al (2011) "privacy refers to the ability to control and under what conditions others will have access to your beliefs, values, or behavior" (p. 56). Recognizable information was altered to protect the identity of the participants while penning the results. Interview transcripts and auditory files were retained in a locked cabinet until the dissertation was completed. After graduation, all supporting documentation was shredded. A copy of the finalized findings from this research study was sent to the individuals who participated and had requested the results.

Limitations of the Study

Both Patton (2002) and Creswell (2009) cited limitations regarding qualitative in-depth interview research. According to Patton (2002), interview data limitations included self-serving responses, recall error, interviewee/interviewer reactivity, and the possibility of distorted response due to politics, anxiety, anger, personal biases, and the unassuming lack of awareness regarding an interviewee's emotional state at the time of the interview. Creswell (2009) acknowledged several limitations as follows: the researcher's very presence biasing the responses, the provision of unintended information filtered through the opinions of the interviewees, information that was collected in a controlled setting rather than in the natural field environment, and the mere fact that not all individuals are similarly perceptive nor articulate. Marshall and Rossman (1999) and Palmer-House (2006) affirmed that interviews are difficult to replicate, are reliant on the cooperation of

133

key individuals, and are extremely dependent on the researcher's ability to be honest, systematic and resourceful.

A further limitation of this dissertation research is that the qualitative in-depth interviews were only being conducted with the human services professionals who were interacting with the families (program participants). No qualitative in-depth interviews were conducted with the family members (program participants) due to time and funding constraints. The family members (program participants) may not endorse the same experiences regarding the practice ideologies of the Credential for Strengths-based Family Worker (SFW/FDC) training program as acknowledged by these human service professionals. Future research should engage the families (program participants) with qualitative in-depth interviews to add more depth to this particular research.

The limitations of my sampling strategy included the possible ethical issues related to the participants' selection process which was facilitated through the SFW/FDC trainers, as well as the geographic and demographic characteristics of the final sample.

Summary

The purpose of this study was to explore with a sample of human services professionals as to their understandings regarding differences they experience between the ideal of strengths-based empowerment-oriented practice and real-world application. In addition, this research sought to recognize as well any barriers and obstacles encountered by these professionals when implementing strengths-based empowerment oriented practice and the strategies used to attempt to overcome these complications. Taking a purposive approach, I restricted my population to between 20-30 human services professionals who had received instruction and had been credentialed by the

134

SFW/FDC training program (specifically, SFW graduates who had at least two years of post SFW/FDC graduate experience). After completing data collection, I combined structured and emergent coding to analyze the data. Finally, I examined emergent themes through the lens of the common foundation principles that support the practice of the Credential for Strengths-based Family Workers (SFW/FDC) program to reveal similarities and differences. This final level of analysis resulted in a further refinement of the categories. Throughout the analysis, I kept an audit trail to document this researcher's rationale during the analytical processes.

CHAPTER 4

ANALYSIS AND DESCRIPTION

The purpose of this study was to explore and better understand human services professionals' experiences of the Credential for Strengths-based Family Workers (SFW/FDC) program and in relation to their practice perspective in the field. This study focused on human services professionals' use of specific learned knowledge and skills as they translate through theory into real-world practice. In addition, this research sought to identify barriers and obstacles encountered by these professionals when implementing strengths-based empowerment-oriented practice and the strategies used to attempt to over these barriers and obstacles. This chapter presents descriptive findings from the 23 in-depth interviews I conducted for this dissertation, as outlined in Chapter 2. The descriptive findings are organized around the six major sections of the interview guide (see Appendix F): demographics, experience and practice perspective prior to SFW training, SFW training (use of specific learned knowledge and skills), barriers and obstacles to effective implementation of SFW training, strategies to overcome barriers and obstacles, and other.

Each section begins by listing the questions from the interview guide which were used to elicit responses on the topic from study participants. The section then identifies and summarizes the *most typical* responses or, if there were two or three equally prevalent types of responses, identifies and described these. The purpose of reporting descriptive findings in this manner is to make them accessible to practitioners in the field who might be interested in how participants perceive obstacles and barriers to

implementing SFW training on the job. Chapter 5 will move beyond description to report patterns of relationship identified through both inductive and deductive analyses.

Demographics

The demographics collected revealed the following findings. Interview participants included 19 women and four men. Participants ranged in age, with the youngest being a 27-year-old male (Chief Housing Officer) to a 64-year-old female (Nurse). Three individuals identified as being African American, one individual identified as Hispanic/Latino, one identified as Asian, and 18 identified as Caucasian. Seven identified as having a Master's degree, 12 identified as having a Bachelor's degree, two identified as having an Associate's degree, and two had high school diplomas but no higher education degrees. All of the participants held positions within human services agencies spanning local, state, and federal government, non-profits and for-profit organizations. Positions held were diverse and included frontline workers, supervisors, managers, and administrators. Job titles included: Independent Child Care Consultant, Intake Caseworker CPS, Resource Coordinator, Private practice counselors, SFW Coordinator, Clinical Director of Intensive Services, Supervisor of Intensive Family/Child Support and a Social worker from the VA Hospital just to name a few. Table 4 details the demographics collected from my in-depth interviews according to the number of study participants and percentages for each category in relation to my 23 in-depth interviews.

Table 4

Demographic Details of Interview Study Participants

		# of Participants (n=23 interviews)	Percentage (n=23 interviews)
Years in Human Services:	0-5	**4**	**17%**
	6-10	**4**	**17%**
	11-15	**4**	**17%**
	16-20	**5**	**22%**
	21 +	**6**	**26%**
Current Position in Human Services:	**Government**		
	• Local	**1**	**4%**
	• State	**12**	**52%**
	• Federal	**2**	**9%**
	Other		
	• Non-Profit	**5**	**22%**
	• For-Profit	**3**	**13%**
Years in Current Position:	0-5	**11**	**48%**
	6-10	**8**	**35%**
	11-15	**2**	**9%**
	16-20	**2**	**9%**
Education (Highest Degree/Field of Study):	**No Degree**	**0**	**4%**
	High School	**2**	**4%**
	Associates Degree	**2**	**9%**
	Bachelor's Degree		
	• BSN	**2**	**9%**
	• BSW	**1**	**4%**
	• Sociology	**2**	**9%**
	• Psychology	**2**	**9%**
	• Geography	**1**	**4%**
	• Elementary Education	**2**	**9%**
	• Health & Physical Ed	**1**	**4%**
	• Elementary Science	**1**	**4%**
	Master's Degree		
	• Counseling	**1**	**4%**
	• MSW	**6**	**26%**
Gender:	Men	**4**	**17%**
	Women	**19**	**83%**
Age:	20-29	**1**	**4%**
	30-39	**3**	**13%**
	40-49	**11**	**48%**
	50-59	**6**	**26%**
	60-69	**2**	**9%**
Race/Ethnicity:	African-American	**3**	**13%**
	Hispanic/Latino	**1**	**4%**
	Asian-American	**1**	**4%**
	Caucasian	**18**	**78%**

Orientational Framework and Initial Codes

As I transcribed and analyzed my 23 in-depth interviews, I began initially with deductive analysis by examining the data through an orientational or ideological framework. My orientational framework and initial codes (See Table 3) were driven by the refined Credential for Strengths-Based Family Worker (SFW/FDC) training program's guiding principles as previously stated in my literature review (see Chapter 2). Using these eleven (11) principles, I developed four codes for three sections of my semi-structured interview guide: SFW training (use of specific learned knowledge and skills); Barriers and Obstacles; and Strategies to Overcome. After demographics, the first section of the semi-structured interview guide asked about practice perspectives before and after the Credential for Strengths-based Family Workers (SFW/FDC) training program. The last section entitled Other did not receive initial codes because I felt that these were very straightforward question and answer sections.

Experiences and Practice Perspective Prior to the SFW/FDC Training Program

After the demographics section of the semi-structured interview guide, the next section encouraged study participants to express their ideas and feelings through rules of thumb, short stories, metaphors, and personal proverbs that described their experiences of the Credential for Strengths-based Family Workers (SFW/FDC) training program and how it related to their practice perspective in the field.

My semi-structured interview guide initially asked study participants the following questions to determine their current occupational ideology (i.e., what they considered their practice perspective to be). Study participants were asked to reflect on

139

their experiences and practice perspectives prior to their participation in the SFW/FDC

training program with the following four questions:

1. What was your practice perspective prior to taking the Credential for

    Strengths-based Family Workers program?

A little over half or 12 study participants could identify with a practice

perspective and identified with having a strengths-based practice perspective, or at least

familiarity with the concept prior to taking the SFW/FDC program training. Less than 1/3

or six study participants identified with a tools in the tool-box sort of approach or some

sort of practice perspective modality not specifically related to a strengths-based

empowerment-oriented practice perspective. One of these six study participants identified

with Following the Golden Rule, which he appeared to use as his segue towards the

development of a strengths-based empowerment-oriented practice perspective. Also, less

than 1/3 or five study participants either did not have a practice perspective or indicated

that they themselves did not understand the question.

2. Overall, did you think this practice perspective was effective?

This question was answered in three different ways. Twelve study participants

who previously identified with a strengths-based empowerment-oriented ideology and

who already had what they thought to be a successful practice perspective felt that it

could be improved upon. Respectively, 11 study participants were either unsure of what a

practice perspective actually was or just did not feel that the way they currently practiced

with individuals or families was successful.

3. Can you think of any type of circumstances or situations where this practice

    perspective seemed to work well? Please provide examples.

For the more than half of study participants who identified with some sort of a strengths-based empowerment-oriented practice perspective, this question was fairly straightforward. One study participant felt that her current strength-based practice perspective worked well with individual's who had low self-esteem. Less than 2/3 or 11 study participants who identified with either the Toolbox and No practice perspective could not relate a positive work experience with their own personal practice perspective as a result of the practice itself.

4. Can you think of any type of circumstances or situations where this practice perspective seemed to work poorly? Please provide examples.

For more than half of those study participants who already identified with a strengths-based empowerment-oriented practice perspective, this question was easily answered. These 12 study participants were more aware of what makes actual practice in the field successful or unsuccessful, and the healthy ways to interact with individuals and families. A little over 2/3 or 18 study participants identified involuntary clients, domestic violence, and substance abuse as circumstances which made working with these individuals and families extremely difficult. These 16 study participants identified with either a Strengths-based empowerment-oriented ideology or the Toolbox perspective.

The final question of this section which related to study participants experiences and practice perspectives prior to the Credential for Strengths-based Family Workers (SFW/FDC) training program was:

5. Has your practice perspective changed since completing the Credential of Strengths-based Family Worker program? Please provide examples.

This question immediately tapped into some of the participants' deeper

understandings of the Credential for Strengths-based Family Workers (SFW/FDC) training program. Participants were fairly evenly split with a little more than half (n=14) study participants verifying that yes indeed their practice perspective had changed or been augmented for the better. This pivotal question resulted in my initial identification of 12 study participants being identified as strengths-based and 11 being identified as not strengths-based. Since each study participant had their own starting point regarding an occupational ideology or practice perspective, my initial categorization began by cataloguing those perspectives into two groupings: strengths-based and not-strengths-based after study participants answered this question.

SFW Training (Use of Specific Learned Knowledge and Skills)

Next, I asked participants to think about their experiences in the Credential for Strengths-based Family Workers (SFW/FDC) training program and share a moment when they felt that an activity or lecture was working particularly well, so well that it helped them to learn and understand the content in a that was new, inspiring or exciting. The semi-structured interview guide asked the following questions:

6. Please provide one or more examples and explain what it was that made the activity or lecture so effective.

Two-thirds (n=15) study participants could identify an activity or lecture which they found to be new, inspiring, and effective. The three most identified activities or lectures were on the use of the Family Goal Plan and Goal setting and communication. These 15 study participants identified with either a Strengths-based empowerment-oriented ideology or the Toolbox perspective. About 1/3 (n=8) participants were unprepared to answer this whole section of questions. Several participants had to locate

their class materials so that they could confidently answer this section of questions. One participant rescheduled her interview with me after she realized that she wasn't prepared to answer these questions.

7. Did you share these insights with fellow workers who did not attend this program? a). If so, can you recall what was shared and how it was received?

A little over half or 13 study participants shared insights from the SFW/FDC training programs with fellow workers. Of that half, a little more than 1/3 or ten of those study participants felt supported by their agency and confident about sharing what they had learned. These study participants identified with either a Strengths-based empowerment-oriented ideology or the Toolbox perspective. A little less than 2/3 or 13 study participants did not feel supported and were reluctant after the first time to share anything again regarding the training program with their fellow colleagues. These study participants were characterized by all three groups and identified with either a Strengths-based empowerment-oriented ideology, the Toolbox perspective, or No Practice perspective.

8. Again, reflecting on the Credential for Strengths-Based Family Workers program, please remember a topic that you thought was particularly applicable to your work. a). What was the topic(s)? b). How was it relevant to what you do? Please provide examples.

A little more than half or 14 participants were clearly talking the lingo of training program. These study participants identified with a Strengths-based empowerment-oriented ideology or the Toolbox perspective. Four topics were identified as applicable to their human services work in the field: Cultural Competency, Self-care, Communication,

and Positionality: Personal and Shared Power. One participant shared that, "approaching families, even though a lot of times because they are child welfare, there's a lot of court activity, so many times it's a power over, but within that power over we should always find ways to share power."

9. As you go about performing your daily responsibilities as a social services provider, how often do you utilize insights or lessons learned from the Credential for Strengths-Based Family Workers program?

More than half or 14 participants confirmed that they utilize insights and lessons learned from the Credential for Strengths-Based Family Workers program. These study participants identified with a Strengths-based empowerment-oriented ideology or the Toolbox perspective.

10. What parts or aspects of the program do you find most useful in your work? Please provide examples.

Study participants who identified with either the Strengths-based empowerment-oriented ideology or the Toolbox perspective were fairly evenly split between the Family Goal Plan and Communication as the most useful aspects of the training program for their work.

11. Have you used any lessons or insights from the Credential for Strengths-Based Family Workers program that you personally have found to be particularly effective, successful, or exciting?

12. What made these uses so effective or exciting? Please provide examples.

As the interviews progressed, for study participants who were actively engaged throughout the training program, these last questions within this section although

somewhat redundant were easily answered. I began to consolidate these questions as I moved forward with my future interviews. About half or 12 of the study participants saw the importance of self-care as the number one lesson or insight learned. One study participant explained, "And I have to tell you as well my personal experience, I have to do the self-care plan and check off the days that I exercise and did the mindful moments, it is so important but so hard". These 12 study participants identified with a Strengths-based empowerment-oriented ideology.

From my orientational framework that was driven by the 11 principles guiding the Credential for Strengths-based Family Worker (SFW/FDC) training program, I developed four initial codes for the SFW training (use of specific learned knowledge and skills) section of the semi-structured interview guide. These codes were as follows: hope, well-being, resiliency, and professional identity. Over the course of my analysis, the code of hope was removed as it did not fit well within the answers provided by study participants regarding learned knowledge and skills. The code of well-being was recoded as self-care because study participants were identifying the action steps of the process and self-care is the actual practice of actively preserving or working to improve one's own health, whereas well-being is the state of being comfortable, healthy, or happy. Resiliency was recategorized as empowerment because again study participants were identifying the action steps of process and empowerment is the process of developing a stronger and more confident mindset, particularly in regard to control over one's life and declaring one's rights whereas resiliency is the capacity to recover quickly from difficulties or a toughness. And the initial code of professional identity became the overarching theme of occupational ideology because professional identity is a broad-based term regarding one's

self as perceived in relation to a profession and to one's membership of it, whereas ones'

occupational ideology is a combination of both a professional and personal ideology

which guides any individual throughout their lives.

Obstacles and Barriers to Implementing Strengths-Based Empowerment-Oriented

Practice

Study participants were asked to reflect on the obstacles and barriers they had

encountered while trying to implement strengths-based empowerment-oriented practice

in their work/occupational environments. Using the semi-structured interview guide

participants were asked:

13. Do you think the Credential for Strengths-Based Family Workers program did

a good job of alerting you to the barriers and obstacles you would likely

encounter when you tried to take lessons and insights from the program into

the field? Please provide examples.

From my orientational framework that was driven by the eleven (11) principles

which guide the SFW/FDC) training program, I developed four initial codes for the

Barriers and Obstacles section of the semi-structured interview guide. These codes were

as follows: burnout, disappointment, challenge, and ethical practice. The initial codes of

burnout, challenge, and ethical practice were removed and not replaced with any other

categories. The code of disappointment was recategorized as Lack of organizational

empowerment/support.

In answering Question 13 of the semi-structured interview guide, participants

fluctuated between describing the barriers that the families were experiencing as well as

barriers that they themselves were experiencing. I initially expected study participants to

146

only expand upon the barriers that they themselves were experiencing. Study participants interpreted the question more broadly than I expected; therefore, I received more information than I originally expected. At times, these barriers appeared to be applicable to both the family and the human services professional (SFW/FDC) worker simultaneously and are reported as such.

Eighteen study participants or more than 2/3 reported that they encountered barriers and obstacles to practice in the field. These pinpointed barriers and obstacles to strengths-based empowerment-oriented practice in the field were reflective of both the 12 participants who identified with a strengths-based empowerment-oriented ideology or way of life and the six study participants who identified with the toolbox or steps of steps for working with a family perspective. The following barriers and obstacles: Mental illness, Angry Individuals, Involuntary Clients, Substance abuse, and Domestic Violence were characteristics of the individuals and families which participants served. Only one study participant did not experience barriers and obstacles to strengths-based empowerment-oriented practice. She vehemently professed that if someone truly practices from a strengths-based empowerment-oriented practice perspective, there are no barriers or obstacles to practice. For example, when this participant experienced something which stood in the way of progress for both herself and or the family/individual with whom she was working she did not delineate such situations as obstacles or barriers. She avowed, "there are no failures, or barriers and obstacles, just misgivings and misperceptions of a given situation. Maybe I've mislabeled a family's strengths and I need to go back and better assess and help them to understand where they are at."

Table 5 lists the obstacles and barriers study participants identified as characteristics of individuals and families which made implementing their SFW training challenging. As Table 5 shows, substance abuse and involuntary clients were seen by study participants as the most common types of obstacles originating in the clients themselves.

Table 5

(SFW/FDC) Training: Barriers and Obstacles- Families

Credential for Strengths-based Family Workers (SFW/FDC) Training	Families
Barriers and Obstacles	**# of Participants**
• Mental Illness	4
• Angry individuals	2
• Involuntary clients	5
• Substance Abuse	8
• Domestic Violence	5
Examples:	
Young veterans are the same children that were raised in the child welfare group homes.	
Substance addicted parents who may also have a co-occurring mental health disorder.	
Adult and Juvenile probation.	

Table 6 lists the obstacles and barriers identified by study participants as these pertain to the individual workers and the broader organizational context. Legal Mandates and Money are organizational (macro) level systems barriers and obstacles which hinder the use of a strengths-based empowerment-oriented practice perspective at the micro, mezzo, and macro levels of practice. As can be seen in Table 6, legal mandates pertaining to timelines, lack of organizational empowerment/support, and involuntary clients were

the most often identified barriers and obstacles thrown up by the organizational and legal context. Legal Mandates and the less-frequently mentioned obstacle of Money are organizational (macro) level systems barriers which hinder the use of a strengths-based empowerment-oriented practice perspective at the micro, mezzo, and macro levels of practice. Involuntary Clients is a unique subset of Legal Mandates generated at the policy/legal system (macro) level. In this case, involuntary clients are both legally mandated to receive services and legal mandated to access those services.

Almost 1/3 (n=7) study participants identified lack of organizational empowerment/support as a (mezzo-level) barrier. Ideally, the organization aids the individual workers by being a resource to corroborate their success while also benefiting the whole. Three program participants who identified with a Strengths-based Empowerment-oriented Ideology reflectively identified themselves (their own biases) as barriers and obstacles to strengths-based empowerment-oriented practice. Biases was a reoccurring theme found within the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and in the principles of strengths-based practice. Biases reappear and are now presented as barriers and obstacles to strengths-based empowerment-oriented practice for the Strengths-based Family Worker themselves. However, internal biases were seen by study participants as fairly minor in comparison to a number of external (organizational and policy/legal context) obstacles and barriers.

Table 6

(SFW/FDC) Training: Barriers and Obstacles- SFW Workers and Organizational
Context

Credential for Strengths-based Family Workers (SFW/FDC) Training	SFW Workers
Barriers and Obstacles	# of Participants
• Lack of organizational empowerment	7
• Ourselves (our own biases)	3
• Involuntary clients	6
• Legal Mandates (Timelines)	12
• Money	4

Quotes:

"We work around the barriers and obstacles to strengths-based practice, it is just part of what we do in conjunction with the legal mandates and all."

"Some people just can't be taught how to be strengths-based or how to practice strengths-based, it just isn't in their nature".

"The flexibility of strengths-based practice allows us to tweak accordingly what we are given to work with".

The participants shared complex and varied human experiences regarding the barriers and obstacles to strengths-based practice which sometimes were applicable to both the family and the human services professional SFW/FDC worker alike. Following this overview of barriers and obstacles, I will now explore the strategies which participants have identified as useful in overcoming these barriers and obstacles to strengths-based empowerment-oriented practice.

Strategies to Overcome Barriers and Obstacles

I asked participants to reflect on strategies they had used or tried to overcome barriers and obstacles to implementing SFW training with the following three questions:

14. Has the Credential for Strengths-Based Family Workers program successfully

contributed to your development of strategies to overcome these barriers and

obstacles to practice? If yes, please provide examples.

More than 2/3 or 18 study participants verified that the Credential for Strengths-based family Workers (SFW/FDC) training program did indeed contribute to their development of strategies to overcome the barriers and obstacles to practice. These study participants identified with a Strengths-based empowerment-oriented ideology or the Toolbox perspective.

15. Have you personally developed any successful strategies to overcome or

counteract the obstacles or barriers to implementing strengths-based

approaches in the field? Please provide an example.

About half or 13 study participants had personally developed successful strategies to over the barriers and obstacles to implementing strengths-based empowerment-oriented practice. These study participants identified with a Strengths-based empowerment-oriented ideology or one with the Toolbox perspective. One study participant who identified with a Strengths-based Empowerment-oriented Ideology was profoundly impacted by the training program. Her experience in this program resulted in a career change because she was so empowered by this training program that she "chose not to be part of the problem anymore in an agency which would not embrace strengths-based practice". She is now in private practice and supports individuals as well as families using a strengths-based empowerment-oriented occupational ideology.

16. Has the agency or department you work in developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field? Please provide an example.

17. Please describe your understanding of how these strategies were developed.

This question has a series of parts. A little over 1/3 or nine study participants expressed that the agencies where they worked provided successful strategies to overcome the barriers and obstacles to practice. Three participants worked in agencies where they were able to take the lead and incorporate a modified form of the family goal plan into their agency paperwork. Two participants had incorporated a type of lunch and learn sessions for their colleagues regarding their practice in the field. All of these study participants identified with a Strengths-based empowerment-oriented ideology.

18. Have there been instances where the strategies designed to overcome or counteract the obstacles or barriers to implementation of a strengths-based approach been tried and failed? If yes, please provide examples.

19. Why do you think these strategies failed?

Questions 18 and 19 are combined with a series of parts. Seven participants (less than 1/3) experienced failure with their implemented strategies. These participants attributed the failure to several organizational issues such as changes in administration which resulted in the loss of agency-empowerment, legal mandates, and money. All of these study participants identified with a Strengths-based empowerment-oriented ideology.

From my orientational framework that was driven by the 11 principles which guide the Credential for Strengths-based Family Worker (SFW/FDC) training program, I

152

developed four initial codes for the Strategies to Overcome Barriers and Obstacles

section of the semi-structured interview guide. These codes were as follows:

Collaboration, Partnership, Determination and Engagement. The initial codes of

Collaboration and Engagement were kept as categories. The initial code of partnership

was collapsed into the category of collaboration. The initial code of determination was

collapsed into the category of empowerment.

During interviews, participants described their experiences of the development of

strategies they used or were currently using to overcome their identified barriers and

obstacles to strengths-based-empowerment oriented practice. The participants fluctuated

between describing strategies/activities which they used with families and strategies that

they themselves were used when navigating the strengths-based empowerment-oriented

implementation journey. I initially expected study participants to only expand upon the

strategies that they themselves used in the field. Participants interpreted these questions

more broadly than I expected therefore, I received more information than expected. At

times, these strategies can be applicable to both the family and the human services

professional simultaneously.

In total, almost half or 12 study participants discussed and identified four

strategies/activities to be used when working with families from the Toolbox perspective.

These study participants identified with both a Strengths-based Empowerment-oriented

Ideology and the Toolbox perspective. My analysis further revealed the following

strategies/activities for working with families from the Toolbox perspective: Use of the

Family Goal Plan, Family Engagement, Techniques for Practice- Tools in the Toolbox

and Critical thinking Skills. The Use of the Family Goal Plan, is a reoccurring theme

which was initially identified as SFW/FDC training activity from the Toolbox

perspective. The Family Goal Plan/Goal setting was a learned activity or practice skill

found within the Credential for Strengths-based Family Workers (SFW/FDC) program's

guiding principles and core competencies. The use of the Use of the Family Goal Plan is

a very tangible activity which when practiced over time is an effective practice skill and

strategy to use when working with individuals and/or families especially for individuals

who have yet to embrace a strengths-based empowerment occupational ideology. Family

Engagement epitomizes the Credential for Strengths-based Family Workers (SFW/FDC)

program's guiding principles and core competencies, and the principles of strengths-

based practice and its literature as a learned concept or practice skill. Strengths-based

empowerment-oriented practice can be discerned as a method of professional conduct

used during any practice interaction (Saleebey, 2006). Family Engagement is not

tangible and requires meaning-making and reflection to be used effectively but can also

be an applied tool in the toolbox. The idea of tools in the toolbox or techniques for

practice is again the tangible aspects of the SFW/FDC training program. Critical thinking

Skills was another theme that was inductively developed and can be inferred from the

program's guiding principles, core competencies, and principles of strengths-based

practice. Critical thinking Skills were another intangible learned concept or practice skill

which could be considered as tools for the toolbox. Strengths-based empowerment-

oriented practice contains definitive practice principles but does not explain what specific

skills workers should use or how to practice those processes (Saleeby, 2006) or how to

turn those processes into an ideology. Table 8 summarizes the identified four distinct

strategies/activities from the Toolbox perspective, including the number of participants who discussed each type of learned activity.

Table 8

(SFW/FDC) Training: Strategies/Activities- Families

Credential for Strengths-based Family Workers (SFW/FDC) Training	Families
Strategies/Activities	**# of Participants**
• Use of the Family Goal Plan	**10**
• Family Engagement	**8**
• Techniques for Practice- Tools in the Toolbox	**4**
• Critical thinking Skills	**2**

Three of the nine distinct categories emerged as reoccurring themes from the Strengths-based Empowerment-oriented Occupation Ideology perspective. Those distinct categories are as follows: Empowerment, Communication, and Self-care.

Empowerment was consistently found throughout the program's guiding principles and core competencies, in the principles of strengths-based practice and in the empowerment literature. Empowerment can be at both the personal or the community and organizational levels of practice. Communication was again identified as a practice skill clearly associated with the program's core competencies and was connected across the macro, meso, and micro levels of practice. Likewise, Self-care was interwoven as a learned practice skill throughout the program's guiding principles and core competencies.

The strategy of Collaboration is also a reoccurring theme which first was identified by participants as an activity used from the Toolbox perspective. Collaboration is guided by the program's guiding principles and core competencies, the principles of strengths-based practice, and the empowerment literature as a learned activity or practice

skill. Collaborationis also a form of empowerment that can occur at both the personal (micro) level of practice or at the community or organizational (mezzo) level of practice.

Agency Empowerment or Lack of organizational empowerment is a direct result of the lack of community or organizational (mezzo) level empowerment. This was a reoccurring theme which was important to program participants. Agency Empowerment is when the organization itself aids the individual by being a resource to corroborate their success while also benefiting the whole. This joint responsibility strengthens the commitment level of both the organization and the individual, thus enabling greater sustainability for the change initiative over the long term. Organizational empowerment serves both the individual and the organization. Two new themes, Respect and Lifelong Learning emerged inductively through my analysis as I continued to refine my categories regarding the strategies which program participants identified. Respect can be inferred from the throughout the guiding principles and core competencies, in the principles of strengths-based practice, and in the empowerment literature. Lifelong Learning is a core competency of the training program. Lifelong Learning establishes appropriate support systems, establishes self-care routines, and utilizes resources for both professional and personal growth for participants.

All 12 participants who identified with the training program and considered strengths-based empowerment-oriented practice as their occupational ideology worked around the barriers and obstacles to practice; therefore, this would be considered their strategy. For these program participants, barriers and obstacles had a different meaning for them which reframed their perspectives. They strategically overcame any challenges they encountered. The category of Changed careers was developed because it was such a

156

noteworthy and stand-alone finding that it merited its own category. One program participant's ah-hah moment changed my understanding and perspective of a Strengths-based empowerment-oriented occupational ideology. At that conjecture, I truly gained a deeper understanding of Strengths-based empowerment-oriented occupational ideology and what it truly takes to authentically practice this perspective in the field. Table 9 summarizes the nine distinct categories of strategies that SFW/FDC graduates identified as using themselves when navigating their strengths-based empowerment-oriented implementation journey, including the number of participants who discussed the development of each type of strategy.

Table 9

(SFW/FDC) Training: Strategies- SFW Workers

Credential for Strengths-based Family Workers (SFW/FDC) Training	SFW Workers
Strategies	**# of Participants**
• Work around the Barriers and Obstacles (No Barriers to SBP)	12
• Changed careers	1
• Respect	4
• Lifelong Learning	6
• Agency Empowerment/Support	7
• Individual Empowerment/Support	6
• Collaboration (Partnership model in human services)	3
• Communication	9
• Self-care	8

The nine distinct categorical strategies were based on a strengths-based occupational ideology and focused on the continued empowerment of the human services professional (SFW/FDC) credentialed worker. The four strategies/activities identified from the Toolbox perspective were designed to benefit the family in question.

157

Overall Assessment

The final question posed on the interviewed guide asked participants whether they would recommend the training program to a young colleague who just graduated with her Master's degree two years ago. Taken at face value, this question was a very straightforward yes or no question. Out of the 23 individuals interviewed, 18 identified with the Strengths-based Family Workers (SFW/FDC) training program and would recommend the program to anyone who works in the human services field. Lastly, the five participants who were unsure of what their practice perspective was and how they fit into the training program could not determine whether or not they would recommend the program to someone else. Those individuals struggled to understand strengths-based empowerment-oriented practice themselves. They each chose not to answer that question, so they could not make a recommendation.

Other

The following question was asked of study participants after the overall assessment question:

Is there anything that I didn't ask, which you think would be helpful to add for the purpose of this study?

Almost all study participants felt that the questions I asked adequately covered all of the important information and did not offer any suggestions to improve the current semi-structured interview guide. One study participant who was previously a teacher and developed curriculum began to discuss improvements for the curriculum, such as the length of the program commitment. Another study participant, who was not a fan of self-

help exercises, recommended the ability to switch out assignments and make the training program more individualized to the person taking the credentialing program.

Summary

This chapter presented descriptive findings from 23 in-depth interviews, which allowed participants to share their experiences of the SFW/FDC program and how it related to their practice perspective in the field, including how they experienced or were currently experiencing barriers and obstacles when implementing strengths-based empowerment-oriented practice and the strategies used to attempt to overcome these complications. As I continued to work with my data, I began to inductively notice a pattern of three fairly distinct groupings around practice perspectives which I came to label as Strengths-based empowerment-oriented practice perspective or occupational ideology, Toolbox perspective or Steps for working with a family and No practice perspective. When I sorted study participants into these three groups, I began to notice commonalities amongst those respondents expressing an ideology practice perspective and those expressing a toolbox practice perspective, and significant differences separating these two groups. The subsequent findings chapter will synthesize theory with integrated analysis and discussion.

CHAPTER 5

FINDINGS: SYNTHESIS

The purpose of this study was to explore and better understand human services

professionals' experiences of the Credential for Strengths-based Family Workers

(SFW/FDC) training program and how it related to their practice perspective in the field.

This study focused on human services professionals' use of specific learned knowledge

and skills as it translates through theory into real world practice. In addition, this research

sought to identify barriers and obstacles encountered by these professionals when

implementing strengths-based empowerment- oriented practice and the strategies used to

attempt to overcome these complications. Participants in this study developed numerous,

diverse, and personal contemplations of their experiences through the meanings they

made of their strengths-based empowerment-oriented practice implementation journey.

Research questions consisted of the following inquiries:

1. Is there a discrepancy between the Ideal of strengths-based empowerment-

oriented practice and how it is implemented in the field?

2. What are the barriers and obstacles encountered by human services

professionals who are applying strengths-based empowerment-oriented practice?

3. What strategies are used to overcome these barriers and obstacles?

In this chapter, I provide an overview of the synthesized theory and integrated

analysis regarding the findings from 23 in-depth interviews, which allowed participants

to share their experiences of the SFW/FDC program and how it related to their practice

perspective in the field. This discussion included how they experienced or are

experiencing barriers and obstacles when implementing strengths-based empowerment-

oriented practice and the strategies used to attempt to overcome these complications. This analysis is presented through the following sections: Practice Perspectives: Ideology versus Toolbox; The Credential for Strengths-based Family Workers (SFW/FDC) Training as an Occupational Ideology; A Strengths-based Empowerment-oriented Practice Ideology; The Credential for Strengths-based Family Workers (SFW/FDC) Training as a Toolbox; Toolbox, or a set of steps for working with families, Demographic Details of Interview Study Participants by Practice Perspective, Notable Strengths-based Empowerment-oriented Ideology Themes and Toolbox Activity; Negative Cases; and Summary.

Practice Perspectives: Ideology Versus Toolbox

A practice perspective is a particular way of viewing and thinking about practice. It is a conceptual lens through which one views social functioning and it offers very broad guidance on what may be important considerations in a practice situation (Rengasamy, 2010). In interviews, I posed questions that addressed their participants' practice perspectives both before and after their attendance at the training program. In the Chapter 4, I provided descriptive summaries of participants' answers to these queries. As I deductively coded and analyzed interview transcripts, I began to inductively identify an important cleavage in responses, one which I came to conceptualize as a practice perspective which embraced the training program as an ideology, versus one that saw the training program as providing more tools to an already existing toolbox. There was also a subset of participants who did not fit into either of these two emerging options, and whom I classified as having no clear practice perspective. Figure 7 provides a visual of

the continuum regarding the participants' practice perspectives including the two

overarching themes which emerged during the in-depth interviews.
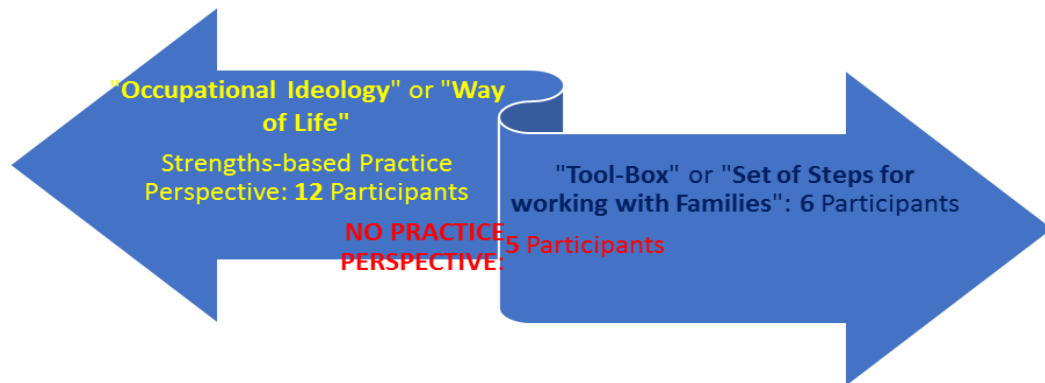
Figure 7. Practice perspectives: ideology versus toolbox.

The Credential for Strengths-Based Family Workers (SFW/FDC) Training as an

Occupational Ideology

As I continued to analyze the transcripts from the 12 individuals identified as

having a strengths-based empowerment-oriented practice perspective, I began to identify

important commonalities amongst them. First, these individuals consider strengths-based

empowerment-oriented practice as a way of life, an orientation that in many ways is even

more encompassing than a practice perspective or occupational ideology. They also

identified with having a strengths-based empowerment-oriented practice perspective or at

least familiarity with the concept prior to taking the training program, or else came to the

training program highly dissatisfied with their current practices. For example, one

participant who did not think that she had a practice perspective early on shared, "I felt

that I used to create a sort of unhealthy dependency for the families that I worked with

162

until I started working from a strengths-based perspective." Another participant shared, "my perspective really did change, and instead of just checking the box and saying, yup, I am doing strengths-based and here are the client's strengths. I started to really try to help the parents understand their strengths were already planted and growing and we just had to kind of pay attention to strengths instead of weeds."

The 12 study participants who identified with a strengths-based empowerment-oriented occupational ideology also showed similarities with their answers to the questions about Credential for Strengths-based Family Workers (SFW/FDC) training program. This is most clearly seen in how they talked the lingo of the Credential for Strengths-based Family Workers (SFW/FDC) training program. Four distinct themes emerged as knowledge-based: Cultural Competency, Empowerment, Biases, and Positionality: Personal and Shared Power. The theme of Cultural Competency emerged categorically and can be found within the guiding principles and core competencies, as well as in the principles of strengths-based practice. As another knowledge-based theme, Empowerment was consistently found throughout the program's guiding principles and core competencies, in the principles of strengths-based practice, and in the empowerment literature. Biases were a reoccurring theme within the guiding principles and in the principles of strengths-based practice. An individual's phenomenological world or bias shapes the very core for meaning initiation and evolvement (Krauss, 2005). As a theme Positionality: Personal/Shared Power can be found within the literature, the guiding principles, and in the principles of strengths-based practice.

The themes of *Communication, Self-care, Self-awareness and Reflection, and Nonverbal Actions* emerged as distinct learned practice skills as identified by program

participants. *Communication* was a practice skill clearly associated with the Credential for Strengths-based Family Workers (SFW/FDC) program's core competencies and was connected across the macro, mezzo, and micro levels of practice. *Self-care* was interwoven as a learned practice skill throughout the guiding principles and core competencies. *Self-awareness and Reflection* were reoccurring learned practice skills which must occur together to be effective and were evident with the guiding principles. *Non-verbal actions* were determined inductively as an important subset of *Communication* and identified by the program participants as a learned practice skill that is imperative when working at the micro level of practice with individuals and families. Table 10 summarizes the distinct types of learned knowledge and skills from a strengths-based empowerment-oriented *occupational ideology,* including the number of participants within that subset who discussed each type of learned knowledge or skill.

Table 10

(SFW/FDC) Training: Learned Knowledge & Skills-Strength-Based Occupational Ideology

Credential for Strengths-based Family Workers (SFW/FDC) Training	Strength-based Occupational Ideology Subset
Learned Knowledge & Skills	**# of Participants in this Subset**
• Cultural Competency	**6**
• Communication	**9**
• Empowerment	**4**
• Self-Care	**6**
• Biases	**4**
• Positionality: Personal/Shared Power	**5**
• Non-Verbal Actions	**2**
• Self-Awareness & Reflection	**2**

Quotes:

"Before taking the Credential for Strengths-based Family Workers (SFW/FDC) training program I feel that I worked harder than the family to meet their needs".

"My perspective did not change but my level of comfort and skill definitely did."

A Strengths-Based Empowerment-Oriented Practice Ideology

Twelve study participants identified with the Credential for Strengths-based Family Workers (SFW/FDC) training program considering strengths-based practice as their occupational ideology. These individuals considered strengths-based empowerment-oriented practice as a way of life or their practice perspective. They also identified with previously having a strengths-based empowerment-oriented practice perspective or at least familiarity with the concept prior to becoming involved in the program training.

During instrumental learning, these participants made meaning of the instructional techniques which were presented during the SFW/FDC classes and transferred those instructional techniques into competencies. These participants did not view the instructional techniques as tools in the toolbox, but rather, they made meanings of the instructional activities. Then those participants applied those meanings to both new and past personal experiences and knowledge. During experiential learning these participants explored any incongruities between personal experience and new knowledge. Experiential learning has a reflective practice component which is imperative for success. Using theory in practice involves a "reflective conversation with the situation," which infers a phenomenological approach and emphasizes an active interpretation of events (Thompson, 2000, p. 88). Finally, these participants took the meanings they made and applied them to their current practice in the field. By engaging in their professional duties practitioners become part of the situation (Thompson, 2000).

The meanings that the 12 participants discussed presented as eight distinct types of learned knowledge and skills which they acquired from the training program. These distinct categories were: *cultural competency, communication, empowerment, self-care,*

165

biases, positionality: personal/shared power, non-verbal actions, and self-awareness and reflection. The 12 study participants viewed these eight distinct types of learned knowledge and skills as imperative to authentic strengths-based empowerment-oriented practice in the field. This is a clear example of personal empowerment being taken from a concept to the process aspect of strengths-based empowerment-oriented practice or what Freire refers to as praxis or action-guided theory (Freire, 1970). Praxis is a continual interplay between thought and action (Smith, 2011). Figure 8 provides a visual of personal empowerment following a continuum from a concept to the process aspect of strengths-based empowerment-oriented practice or what Freire refers to as praxis--action-guided theory.
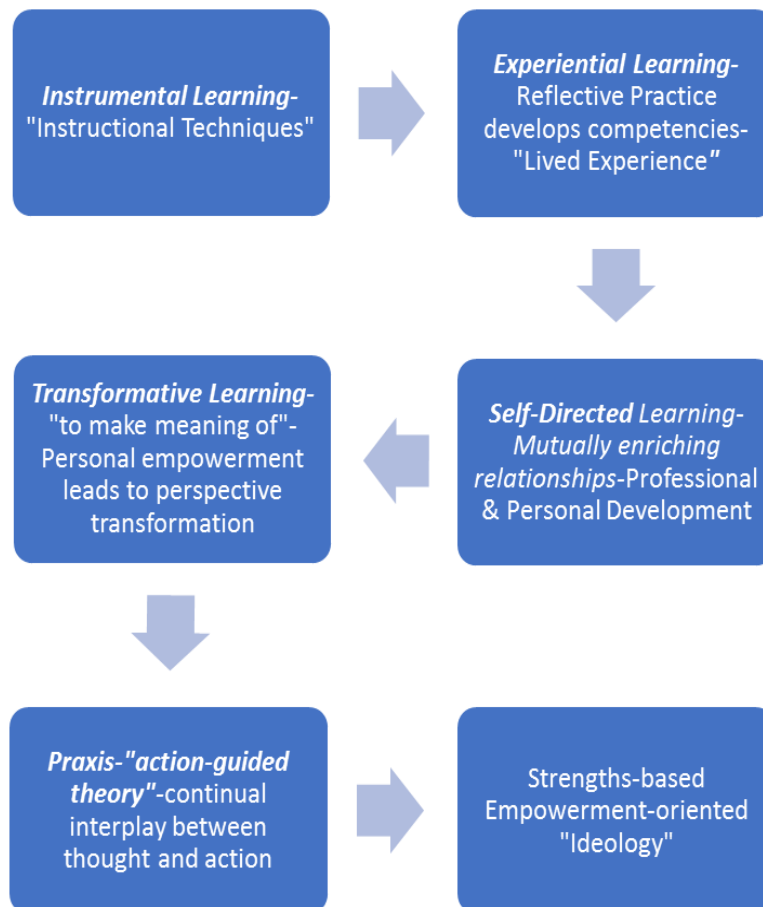
Figure 8. Empowerment: a transformative catalyst for praxis or action-guided theory.

For theory to influence practice, it must consider the concept of lived experience, the subjective life-worlds of the individuals concerned (Thompson, 2000). Practice is a set of developing processes which intermingle dialectically; therefore, no one solitary, static theory can inform practice because one would quickly lose sight of lived experience (Thompson, 2000). The 12 participants' involvement in the SFW/FDC training program clearly augmented and strengthened their current skills, values and knowledge and added to their already established strengths-based empowerment-oriented occupational ideology. One participant described the training program as a form of "forced professional mindfulness." During self-directed learning, these participants actively engaged in reciprocal learning through encouragement, empowerment/support and self-direction. This combination helped to develop unique mutually-enriching relationships for the participants and promote both personal and professional development.

Insights gleaned from the interviews with the 12 human services professionals with a strengths-based empowerment-oriented ideology reaffirmed that if one truly practices from a strengths-based-empowerment oriented practice, there are no barriers or obstacles to practice. These human services professionals implemented strengths-based empowerment-oriented practice with the individuals and families which they served while personally drawing from the training program and their lifelong learning (ongoing professional development) to overcome and reframe barriers and obstacles for both themselves and their individuals and families. All 12 participants experienced transformational learning to varying degrees.

Transformative learning is a springboard to view life experiences on a different level and essential in challenging the barriers and obstacles to strengths-based empowerment-oriented practice. These participants were creative and worked around the perceived barriers and obstacles which they encountered while reframing both their own and their families' perspective to ensure success no matter how incremental. For example, one participant stated, "there are no failures, or barriers and obstacles, just misgivings and misperceptions of a given situation."

Study participants discussed nine distinct categorical strategies from a strengths-based occupational ideology. These categories included: *Work around the Barriers and Obstacles (No Barriers to SBP), Change careers, Respect, Lifelong Learning, Agency Empowerment/Support, Individual Empowerment, Collaboration (Partnership model in human services), Communication, Self-care*. These nine strategies were focused on the continued empowerment of the human services professional (SFW/FDC-credentialed worker). One participant shared, "I was prone to being strengths-based but did not feel that the community as whole embraced these concepts and neither did my agency yet so it was difficult to practice." Out of these 12 individuals, one participant used personal empowerment to transform herself. Perspective transformation is how we free ourselves from the narrow-minded archetypes of action or thought which originate from the social and cultural influences which we are continually exposed to (Thompson, 2000). When asked about her about strategies to counteract the barriers and obstacles to strengths-based empowerment-oriented practice she replied, "You're going to laugh. One of the biggest barriers I overcame is that I just left the agency because I couldn't handle it, like I don't want to be part of the problem that holds everyone down, so I made a different

career choice." This participant was so deeply impacted by the training program that she changed careers because she felt so empowered.

Perspective transformation involves developing one's own perspective. It is in this sense that perspective transformation is an emancipatory process (Mezirow, 1981):

> This process is what Freire calls 'problem-posing,' making problematic our taken-for-granted social roles and expectations and the habitual ways we act and feel in carrying them out. This resulting transformation in perspective or personal paradigm is what Freire refers to as *'conscientization* and Habermas as *'emancipatory action'* (p. 7).

Because practice and theory occur within a framework of power, values, social forces, and social institutions this relationship is seen within a sociopolitical context (Thompson, 2000). *Perspective transformation* helps to develop practice which is both anti-discriminatory and reflective (Thompson, 2000). Three of those nine distinct categories regarding strategies emerged as reoccurring themes from the *Strengths-based Empowerment-oriented Occupation Ideology* perspective. Those distinct categories are as follows: *Empowerment, Communication, and Self-care. Empowerment* was consistently found throughout the guiding principles and core competencies, in the principles of strengths-based practice and in the empowerment literature. *Empowerment* can be at the personal (micro) or the organizational and/or community (mezzo), and the sociopolitical (macro) levels of practice. *Communication* was again identified as a practice skill clearly associated with the Credential for Strengths-based Family Workers (SFW/FDC) program's core competencies and was connected across the macro, mezzo, and micro levels of practice. As well as, *Self-care* which was interwoven as a learned practice skill

throughout the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and core competencies.

The strategy of *Collaboration* is also a reoccurring theme which first was identified by program participants as an activity used from the *Toolbox* perspective. *Collaboration* is guided by the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and core competencies, the principles of strengths-based practice and the empowerment literature as a learned activity or practice skill. *Collaboration* is also a form of empowerment that can occur at both the personal (micro) level of practice or at the community or organizational (mezzo) level of practice. *Agency Empowerment/Support or Lack of organizational empowerment/support* is a direct result of the lack of community or organizational (mezzo) level empowerment. This was a reoccurring theme which was important to program participants. *Agency Empowerment/Support* is when the organization itself aids the individual by being a resource to corroborate their success while also benefiting the whole. This joint responsibility strengthens the commitment level of both the organization and the individual, thus enabling greater sustainability for the change initiative over the long term. Organizational empowerment serves both the individual and the organization.

Two new themes, *Respect* and *Lifelong Learning* emerged inductively through my analysis as I continued to refine my categories regarding the strategies which program participants identified. *Respect* can be inferred from the program's guiding principles and core competencies, in the principles of strengths-based practice and in the empowerment literature. *Lifelong Learning* is a core competency of the training program. *Lifelong Learning* establishes appropriate support systems, creates self-care routines, and utilizes

170

resources for both professional and personal growth for the program participants.

All 12 program participants, who identified with the training program and considered strengths-based empowerment-oriented practice as their occupational ideology, *Worked around the barriers and obstacles* to practice, so therefore this was considered their strategy. For these program participants barriers and obstacles had a different meaning for them which reframed their perspectives. They strategically overcame any challenges which they encountered. The category of *Changed careers* was developed because it was such a noteworthy and stand-alone finding that I felt it merited its own category. One program participant's ah-hah moment changed my understanding and perspective of a *Strengths-based empowerment-oriented occupational ideology.* At that conjecture that I truly gained a deeper understanding of *Strengths-based empowerment-oriented occupational ideology* and what it truly takes to authentically practice this perspective in the field. Table 11 summarizes the nine categories of strategies that SFW/FDC graduates identified as using themselves when navigating their strengths-based empowerment-oriented implementation journey, including the number of participants in that subset who discussed the development of each type of strategy.

Table 11

(SFW/FDC) Training: Strategies-SFW Workers

Credential for Strengths-based Family Workers *(SFW/FDC) Training*	SFW Workers
Strategies	**# of Participants**
• Work around the Barriers and Obstacles (No Barriers to SBP)	**12**
• Changed careers	**1**
• Respect	**4**
• Lifelong Learning	**6**
• Agency Empowerment/Support	**7**
• Individual Empowerment/Support	**6**
• Collaboration (Partnership model in human services)	**3**
• Communication	**9**
• Self-care	**8**

One participant was profoundly impacted by the training program. Her experience in this program resulted in a career change because she was so empowered by this training program that she "chose not to be part of the problem anymore in an agency which would not embrace strengths-based practice". She is now in private practice and supports individuals as well as families using a strengths-based empowerment-oriented *occupational ideology*. She vehemently professes that if someone truly practices from a strengths-based empowerment-oriented practice perspective there are no barriers or obstacles to practice. For example, when this participant experienced something which stood in the way of progress for both herself and or the family/individual with whom she was working she did not define such situations as obstacles or barriers. She avowed,

"there are no failures, or barriers and obstacles, just misgivings and misperceptions of a given situation".

The Credential for Strengths-Based Family Workers (SFW/FDC) Training as a

Toolbox

Further categorization of the 11 participants whom I had identified as being *not* strengths-based was challenging. I began to further analyze the questions and answers from the SFW Training (Specific Learned Knowledge and Skills) section using an inductive process to search for undiscovered patterns and emergent understandings. The first part of this process was fairly straight forward. Of the six study participants identified as not being strengths based, one shared that while her perspective did not change after participating in the training program, her level of comfort and skill did. Another participant shared, "My perspective has changed a bit because I am definitely listening more to my clients and the things that they want to work on. It has added new techniques that I had never thought of." A third participant explained that the training program gave her more tools for her toolbox hence my toolbox analogy or steps or techniques for working with families' delineation. The second overarching theme regarding practice perspectives, identified six participants who considered the training program a toolbox, or a set of steps for working with families. Individual empowerment for the training program and the concept of strengths-based practice was not consistently present with these individuals. These individuals struggled with its application and how it might fit into real world practice in the field. They did not identify with a strengths-based perspective prior to taking the training. This second overarching theme, as a toolbox, shows a more limited, and pragmatic, incorporation. I was then able to further delineate

173

this category into two more subgroups. I identified six participants as not embracing a strengths-based empowerment-oriented practice perspective or as having the toolbox approach and five study participants as having no practice perspective at all.

The five participants who identified with no practice perspective could not adequately explain how they actually worked with a family in the field either before or after their enrollment in the training program. Categorizing these study five study participants was difficult. For example, one participant explained that she had "no practice perspective, I just went to different conferences and to different individualized trainings."

Having or not having a practice perspective does not necessarily mean that one cannot eventually become strengths-based. So, the pivotal question that helped me to determine this classification was the final assessment question: *A young colleague who graduated with her Master's degree two years ago seeks your advice about participating in the Credential for Strengths-Based Family Workers program. What advice would you give her and why?* Since these five participants were unsure of what their practice perspective was and how they fit into the training program, they could not determine whether they would recommend the program to someone else. Those individuals struggled to understand strengths-based empowerment-oriented practice themselves. They each chose not to answer that question therefore, they could not make a recommendation. Comments provided by these five participants had negative connotations. One participant shared, "I would tell the person to have a lot of spare time on your hands, it took from April till November and it interfered with my both my job and my family life." Another participant stated, "I will admit to the fact that I am not a

fan of self-care trainings, self-care was part of this class and when I had to write a self-care plan all that I could think about was all the other important things that I could be doing with my time." I decided then that these five participants needed a category of their own. It was clear to me that these study participants found no value in the Credential for Strengths-based Family Workers (SFW/FDC) training program. It was also evident that these study participants could not and would not develop a practice perspective.

Five of the six activities (*Family Goal Plan/Goal setting, Picking out Strengths, Motivational Interviewing, Reflection and Summarizing, Interagency Collaboration)* identified by program participants from a Toolbox perspective could also be considered a learned practice skills dependent upon the participants' position on the practice perspective continuum (see Figure 7). *Family Goal Plan/Goal setting* as a learned activity or practice skill was found within the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and core competencies. As a learned activity or practice skill*, Picking out strengths* was an integral part of the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and core competencies, and the principles of strengths-based practice. *Picking out strengths* is also a practice skill which is essential when using the learned activity of the *Family Goal Plan/Goal setting* that can also be used alone to elicit conversation when relationship building with an individual and/or family.

The Credential for Strengths-based Family Workers (SFW/FDC) program's core competencies, and the principles of strengths-based practice supported the learned activity and practice skill; *Motivational Interviewing. Reflection and Summarizing* are learned activities or practice skills associated with the program's core competencies.

175

Reflection was also noted as an important practice skill by the study participants who identified with a Strengths-based Occupational Ideology. *Interagency Collaboration* is guided by the program's guiding principles and core competencies, the principles of strengths-based practice and the empowerment literature as a learned activity or practice skill. *Interagency Collaboration* is also a form of empowerment at the community or organizational (mezzo) level of practice. *Role-playing* was part of the curriculum of the training program which program participants experienced during their classes. *Role-playing* is an activity which is praxis or action guided theory (Freire, 1970). Table 12 summarizes the identified six activities from the Toolbox perspective, including the number of participants in this subset who discussed each type of learned activity.

Table 12

(SFW/FDC) Training: Activities-Toolbox or Steps for Working with Families Perspective

Credential for Strengths-based Family Workers (SFW/FDC) Training	Toolbox or Steps for working with families Perspective Subset.
Activities	**# of Participants within this subset**
• Family Goal Plan/Goal Setting	**9**
• Picking out strengths	**5**
• Motivational Interviewing	**2**
• Reflection & Summarizing	**4**
• Interagency collaboration	**3**
• Role Playing	**3**
Real World Activity Examples:	
Adapted the family goal plan to their current agency worksheet	
Tweaked their current agency family assessment document to make it more strengths-based	
Tweaked approaches to their own private practice.	

In total, program participants discussed and identified four activities to be used when working with families from the *Toolbox* perspective. My analysis further revealed the following strategies/activities for working with families from the *Toolbox* perspective: *Use of the Family Goal Plan, Family Engagement, Techniques for Practice-Tools in the Toolbox* and *Critical thinking Skills*. The *Use of the Family Goal Plan* is a reoccurring theme which was initially identified as SFW/FDC training activity from the *Toolbox* perspective. The *Family Goal Plan/Goal setting* was a learned activity or practice skill found within the guiding principles and core competencies. The use of the *Use of the Family Goal Plan* is a tangible activity which, when practiced over time, can be an effective practice skill and strategy with individuals and/or families especially for individuals who have yet to embrace a *strengths-based empowerment occupational ideology. Family Engagement* epitomizes the program's guiding principles and core competencies, and the principles of strengths-based practice and its literature as a learned concept or practice skill. Strengths-based empowerment-oriented practice can be discerned as a method of professional practice conduct during any practice interaction (Saleebey, 2006). *Family Engagement* is not tangible and requires meaning-making and reflection to be used effectively but can also be an applied tool in the *Toolbox.* The idea of *Tools in the Toolbox* or techniques for practice is again the tangible aspects of the training program.

Critical thinking Skills* was another theme that was inductively developed and can be inferred from the Credential for Strengths-based Family Workers (SFW/FDC) program's guiding principles and core competencies, and the principles of strengths-based practice. Critical thinking Skills were another intangible learned concept or

practice skill which could be considered as tools for the *Toolbox.* Strengths-based

empowerment-oriented practice contains definitive practice principles but does not

explain what specific skills workers should use or how to practice those processes

(Saleeby, 2006) or how to turn those processes into an ideology. Table 13 summarizes the

identified four strategies/activities related to the *Toolbox* perspective, including the

number of participants in this subset who discussed each type of learned activity.

Table 13

(SFW/FDC) Training: Strategies/Activities-Families

Credential for Strengths-based Family Workers (SFW/FDC) Training	Families
Strategies/Activities	# of Participants
• Use of the Family Goal Plan	10
• Family Engagement	8
• Techniques for Practice- Tools in the Toolbox	4
• Critical thinking Skills	2

Tool-Box, or a Set of Steps for Working with Families

Six participants considered the training program a toolbox or a set of steps for

working with families. Strengths-based practice and its ideology was a new concept to

participants. They did not identify with a strengths-based perspective prior to taking the

training. Personal Empowerment and/or Organizational support for the training program

and the concept of strengths-based practice was not consistently present within these

individuals. They struggled with its application and how it fit into real world practice in

the field. These six participants actively engaged in *instrumental learning*, as they were

clearly able to identify the instructional techniques which they felt were important

regarding learned skills and knowledge. Those participants identified six activities from the Toolbox perspective that they felt enhanced their learned knowledge and skills. These activities included: *the family goal plan/goal setting, picking out strengths, motivational interviewing, reflection and summarizing, interagency collaboration and role playing.* Unfortunately, these six participants could not make meaning of these instructional techniques; therefore, they could not turn these learned skills and knowledge into competencies they could apply to their practice perspective in the field. For them, these instructional techniques were just tools in the toolbox which may or may not have worked with the individuals and families which they served. The six participants obviously did not fully engage themselves in the *experiential learning* provided by the training program because the mere act of *reflective practice* would have helped them work through any incongruities between new and past personal experiences and knowledge. The process of reflecting or stepping back to think about an understanding or interpretation provides a beneficial learning process to which these participants did not avail themselves. Due to this lack of reflection, these participants could not become personally empowered to engage in *praxis or action-guided theory* (Freire, 1970). These six participants may or may not have engaged in *self-directed learning*. Learning is reciprocal and through encouragement, support and self-direction a unique mutually-enriching relationship would have eventually developed for the participants. This process promotes both personal and professional development. For those participants who were somewhat skeptical of strengths-based empowerment-oriented practice, through *transformative learning*, the training program would serve as a sounding board for their frustrations and help them to start to envision and enact better ways to create more

179

equitable systems. With continued personal and professional development, these six participants could surely begin to identify with a strengths-based empowerment oriented occupational ideology. Social constructivism deduces that individuals assemble numerous subjective meanings in their psyche of circumstances encountered throughout their lives. This study validates that study participants perceived and experienced the same phenomenon very differently.

Six study participants expressed that they struggled with the barriers and obstacles which became the focus of their work rather than the individuals and families which they were serving. Their struggle with barriers and obstacles to strengths-based empowerment-oriented practice appears to be a consequence of not fully engaging themselves in both experiential and transformational learning. These study participants averred to be unable to find meanings in the barriers and obstacles which they encountered when working with the individuals and families which they served. Therefore, those study participants could not apply any meanings to both their new and past personal experiences and knowledge. A lack of reflective practice and transformational learning hinders the implementation of a strengths-based empowerment-oriented ideology.

Six participants identified four strategies/activities from the Toolbox perspective. The strategies/activities were: *Family Goal Plan, Family Engagement, Techniques for Practice- Tools in the Toolbox, Critical thinking Skills*. While participants successfully identified strategies, they stated that they could not make meaning out of these strategies nor integrate them successfully into their current practice perspective. Through *transformative learning,* those participants who were skeptical of strengths-based

empowerment-oriented practice, could use the training program as a sounding board for their frustrations and helped them to start to envision and enact better ways to create more equitable systems.

Five participants acknowledged that they were unsure of what their practice perspective was and how they fit into the training program. These participants claimed to struggle with both the concept and ideology of strengths-based empowerment-oriented practice as well as the why incorporation of the tools in the tool-box are important to ensure the engagement of the individuals and families which they served. These five study participants ascertained to not fully realized the importance of *instrumental learning* and how learned knowledge and skills develop into competencies through *experiential learning* (reflective practice). Therefore, both the study participants and the individuals and families whom they served could not be empowered. These participants expressed varying levels of support (if any) which hindered the implementation of a strengths-based empowerment-oriented practice. Due to their expressed lack of support and acceptance of a strengths-based empowerment-oriented ideology, these participants did not have the ability to adequately draw knowledge or insights from the program.

These five study participants expressed through their interviews frustration when faced with barriers and obstacles. These participants appeared to not fully engage during any of the adult learning strategies presented throughout the training program. The participants further expressed their inability to identify any of the learned knowledge or skills needed to develop competencies thus enabling them to personally empower both themselves and the families which they served. Because they perceived the barriers and obstacles to practice to be insurmountable at times it apparently impeded their ability to

181

develop strategies to overcome their perceived barriers and obstacles to practice. Consequently, during the interview process it became clear through conversation that these five participants inadvertently transferred their personal frustrations onto the individual and families which they served and identified those families as being barriers to themselves and hopeless cases in a sense. Seemingly, their acknowledged failure to engage in self-directed learning, deprived these five participants of the encouragement, support and self-direction needed to develop unique mutually enriching relationships and to further promote both the ongoing personal and professional development imperative for authentic strengths-based empowerment-oriented practice. The training program was designed to inherently support the credentialed human services professional as they embark on their implementation journey of strengths-based empower-oriented practice in the field. These five participants may benefit greatly from ongoing professional development to help them to overcome their own personal barriers and obstacles thus allowing them to then to develop strategies that would support, empower and encourage the internalization of a strengths-based empowerment-oriented practice perspective.

Table 14 depicts the demographic details of interview participants as determined through my data analysis and synthesis by the following practice perspectives: Strengths-based Empowerment -Oriented Ideology, Tool-Box Perspective, and No Practice Perspective.

Table 14

Demographic Details of Interview Study Participants by Practice Perspective: Strengths-Based Empowerment -Oriented Ideology, Tool-Box Perspective, No Practice Perspective

		Strengths-Based Empowerment -Oriented Ideology		Tool-Box Perspective,		No Practice Perspective	
		# of Participants (n=23)	Percentage (n=23)	# of Participants (n=23)	Percentage (n=23)	# of Participants (n=23)	Percentage (n=23)
Years in Human Services:	0-5	0		3	50%	1	20%
	6-10	3	25%	1	17%	0	
	11-15	2	17%	0		2	40%
	16-20	2	17%	1	17%	2	40%
	21 +	5	42%	1	17%	0	
Current Position in Human Services:	**Government**	0		0		0	
	• Local	3	26%	0		1	20%
	• State	8	67%	1	17%	2	40%
	• Federal	1	8%	0		0	
	Other						
	• NonProfit	0		4	67%	1	20%
	• ForProfit	0		1	17%	1	20%
Years in Current Position:	0-5	4	33%	4	67%	3	60%
	6-10	7	58%	0		1	20%
	11-15	0		2	33%	0	
	16-20	1	8%	0		1	20%
Education (Highest Degree /Field of Study):	**No Degree**	1	8%				
	High School			1	17%	0	
	Associates Degree			0		2	40%
	Bachelor's Degree						
	BSN	2	17%	0		0	
	BSW	1	8%	0		0	
	Sociology	1	8%	1	17%	0	
	Psychology	0		1	17%	1	20%
	Geography	1	8%				
	Education					1	20%
	Elementary			1	17%		
	Health & Physical	0		1	17%	1	20%
	Elementary Science	0					
	Master's Degree					0	
	Counseling	1	8%	0		0	
	MSW	5	42%	1	17%		
Gender:	Men	3	25%	1	17%	0	
	Women	9	75%	5	83%	5	100%
Age:	20-29	1	8%	0		0	
	30-39	1	8%	2	33%	0	
	40-49	4	33%	3	50%	4	80%
	50-59	4	33%	1	17%	1	20%
	60-69	2	17%	0		0	
Race /Ethnicity:	African-American	0		2	33%	1	20%
	Hispanic/Latino	1	8%	0		0	
	Asian-American	1	8%	0		0	
	Caucasian	10	83%	4	67%	4	80%

The demographic characteristics of the 12 participants who identified with a strengths-based empowerment-oriented practice perspective were as follows: 42% had over 21 years' experience working in human services 67% of them employed in state government, 58% in their current position for approximately 6-10 years), 42% had a MSW (Masters of Social Work) degree, 75% were women, 66% were between the ages of 40-59; 83% were Caucasian. According to my findings regarding this group, middle-aged Caucasian women with MSW degrees and who had spent more than 20 years in human services and worked in state government were more likely to identify with a strengths-based empowerment-oriented practice perspective after participating in the training.

The demographic characteristics of the six study participants who identified with the Toolbox or steps for working with a family perspective were as follows: 50% had only between zero 0 to five years overall in human services, 67% were employed by a nonprofit agency, 67% had been in their current position for no more than five years, their education levels spanned from one high school diploma to four bachelor's degrees (sociology, psychology, elementary education, physical and health education), and one (1) (MSW) Masters of Social Work degree, 83% were women, 33% were between the ages of 30 and 39 years of age, and 67% were Caucasian. According to this study, Caucasian women in their 30s with bachelor's degrees who are employed by a nonprofit agency and spent less than five years in human services were more likely to identify with Toolbox or steps for working with a family perspective after participating in the training.

The demographic characteristics of the five study participants who identified with no practice perspective were as follows: 80% had between 11 and 20 years in human

184

services, 40% were employed by state government, 60% had been in their current position for no more than five years, 40% had associates degrees, 100% or all of them were women with 80% of those women being between the ages of 40and 49, and 80% were Caucasian. This demographic information for this group of study participants reveals that middle-age Caucasian females with associates degrees and state career appointments of no more than five years and almost ten years overall in human services were more likely to identify with the no practice perspective after participating in the training.

Overall, my findings have found that older female study participants with MSW degrees and more than 20 years in human services were more likely to adopt and retain a strengths-based empowerment-oriented ideology after participating in the in the training. Next, I will discuss my interpretations regarding notable facets of this research which included five major themes related to strengths-based empowerment-oriented ideology and one activity related to the toolbox.

Notable Strengths-Based Empowerment-Oriented Ideology Themes and Toolbox Activity

The human services professionals who identified with a strengths-based empowerment-oriented ideology consider their practice perspective as a way of life. After rigorous analyses, I developed the following five themes that were acknowledged by those 12 human services professionals as a strengths-based empowerment-oriented way of life.

Themes

The five themes are pinpointed as imperative to the successful implementation of authentic practice in the field.

1. Personal empowerment/organizational support: human services professional, human services organization and the family. Empowerment/Support maintains that people assent and corroborate a specific course of action and or concept. Personal Empowerment and Organizational Support regarding a practitioner developing a strengths-based empowerment-oriented ideology is imperative to authentic practice in the field. Ideally, empowerment/support needs to occur at three societal levels: micro (individual), mezzo (organizational/community), and macro (societal) for the successful implementation of strengths-based empowerment-oriented practice in the field to occur. In the real world, perfect empowerment/support rarely occurs. No participants experienced empowerment/support at all three societal levels. It should be of note that personal empowerment/support of the strengths-based empowerment-oriented ideology by the human services professional themselves can be enough to maintain this way of life but it is just harder to maintain authentic practice in the field.

Human services organization (macro). Empowerment/Support at the macro level needs to occur so that the human services professionals feel supported, recognized and valued at the community and systems-level. Large scale systematic change occurs through petitioning governments for community funds, the organization of activists' groups and fashioning laws by molding social policy. The human services organizations should provide on-going supervision and professional development to their human services professional. This combination of learned knowledge and skills, professional

186

experiences and practice in the field, ongoing training, and the development of support networks with colleagues helps to greatly enhance their occupational ideology.

Human services professionals themselves (mezzo). Empowerment/Support at the mezzo level builds the capacity of the system of beliefs (ideology) characteristic of these human services professionals and helps to hone their professional identity as they continually produce meaning and ideas within their small groups, and organizations.

Family (micro). Empowerment/Support at the micro level ensure that the family or individual truly engages in the process and experiences personal empowerment.

2. Communication. Communication occurs in various ways including written and spoken language, gesticulations such as facial expressions, listening, and nonverbal body language. Working with individuals and families requires you to build and interconnect empathy or what is commonly called putting yourself in their shoes. Building empathy necessitates that you listen attentively and respectfully and look for reciprocal commonalities within both of your experiences. Nonverbal communication is equally important and includes body posture, awareness of personal space, eye contact, facial expressions and intuition. As a practitioner you must be aware of your nonverbal ques so that your motivation is not misconstrued.by the individuals and families which you serve. Clear and mutually respectful communication will enable all parties involved to forge reciprocally deferential relationships. The Credential for Strengths-based Family Workers (FDC/SFW) training program promotes skillful communication which can be used with not only the individuals and families you serve, but with your own family, colleagues, agency leaders, supervisor, community organizations, etc. Skillful communication is necessary for success in life both personally and professionally.

3. Self-care. Self-care is the practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress. Self-care is essential strategy for combatting burn-out especially in human services. Living your best life both personally and professionally takes a conscious effort. Discovering your life's framework for success is key to developing and practicing strategies for taking good care of yourself. Suggested strategies include: clarifying one's work vision; practicing mindfulness so that one is present and bring awareness to both work and life; creating a support system at work and at home; assessing important strengths, stressors, and supports currently in one's life (this step should be revisited as change occurs regularly); reducing negative stress; developing and applying one's own personal health and wellness plan that intersects with one's professional life.

4. Self-reflection. Professional and personally, we should give careful thought about our own behavior and beliefs. The action of self-reflection should be practiced daily to ensure that as practitioners we are fully aware of our weaknesses, strengths, emotions, biases and motivations. Key benefits of self-reflection are increased emotional intelligence, action with integrity and increased confidence.

5. Lifelong learning. Lifelong learning promotes ethical practice, professional behavior, boundaries, and the appropriate sharing of information. Lifelong learning enhances your understanding of the world, improves your quality of life, and provides you better opportunities. As a form of professional development, it is valuable because it confirms that you will continually take steps to be knowledgeable in your profession throughout your career.

Tool-box or steps for working families. Six participants considered the training program a toolbox, or a set of steps for working with families. Strengths-based empowerment-oriented practice and its ideology is a new concept to these individuals. After rigorous analyses, the following activity was pinpointed as imperative to practice in the field. This tool was acknowledged by not only the six study participants who identified with the toolbox approach but by also those 12 human services professionals who identified with a strengths-based empowerment-oriented way of life. This one activity related to the figurative Toolbox is summarized in the next section.

Family goal plan. The family goal plan is a tool in the toolbox which human services professionals can use in the field with the individual or families that they serve. To complete a family goal plan, the human services professional will need to focus on the families' strengths, current situation, and future goals. Each families' needs, goals, and resources will change over time. Effective assessment and goal planning is family-driven not agency-centered. Several study participants took the family goal plan because of its positive approach and tweaked to fit their particular agency's needs. The Credential for Strengths-based Family Workers (FDC/SFW) training program is designed to inherently support the credentialed human services professional as they embark on their implementation journey of specific learned knowledge and skills as it translates into real world practice in the field.

Negative Cases and Unexpected Findings

My research findings provided me with 12 negative cases from the 12 study participants who identified with a strengths-based empowerment-oriented ideology. For those 12 human services professionals with a strengths-based empowerment-oriented

189

ideology, barriers and obstacles to practice were not perceived as problematic. Although, there appeared to be a disconnect as study participants fluctuated between describing the barriers that the families were experiencing as well as barriers that they themselves were experiencing the outcome was the same. These individuals were creative and worked around the perceived barriers and obstacles which they encountered while reframing both their own and their families' perspective to ensure success no matter how incremental. Out of those twelve study participants, one particular individual, provided me with an ah-ha moment regarding strengths-based empowerment-oriented practice. This study participant was so deeply impacted by the training program that she changed careers because she felt so empowered by this training program. She shared with me the following comment, "Jennifer, if you truly practice from a strengths-based empowerment-oriented practice perspective there are no barriers or obstacles to practice." From that moment on, I personally thought differently about barriers and obstacles to strengths-based empowerment-oriented practice, how I had addressed these issues in the field in the past, and how I will address them moving forward.

My perceptions of strengths-based empowerment-oriented practice were clearly redefined as was my occupational ideology. My 12 negative cases advocated the supposition of social constructivism, in which individuals create various subjective connotations in their mind of circumstances encountered throughout their lifetimes. Out of those 12 study participants, one participant's experiences and differing viewpoint took the idea of working around barriers and obstacles one step further as she expressed encountering no barriers or obstacles when implementing strengths-based empowerment-oriented practice.

This study validates that individuals may perceive and experience the same thing very differently. Six study participants struggled with the barriers and obstacles which became the focus of their work rather than the individuals and families which they were serving. These individuals considered the training program a toolbox, or a set of steps for working with families. Empowerment/Support for the training program and the concept of strengths-based practice was not consistently present within these individuals. These individuals struggled with its application and how it fits into real world practice in the field.

While five participants expressed frustration when faced with barriers and obstacles. During the interview process, it became clear through conversation that these participants inadvertently transferred their personal frustrations onto the individual and families which they served. These five participants were unsure of what their practice perspective was and how they fit into the training program. These participants struggled with both the concept and ideology of strengths-based empowerment-oriented practice as well as the why incorporation of the tools in the toolbox are important to ensure the engagement of the individuals and families which they served.

Summary

This chapter presented synthesized theory with integrated analysis regarding the findings from 23 in-depth interviews, which permitted participants to reveal their experiences of the SFW/FDC program and how it related to their practice perspective in the field, including how they have faced or are facing barriers and obstacles when implementing strengths-based empowerment-oriented practice and the strategies used to attempt to overcome these complications. The subsequent and final chapter of this

dissertation research presents notable aspects of this research in the section entitled

Discussion and concludes with study limitations, and suggestions for future research and

recommendations for practitioners in the field who embrace a strengths-based

empowerment-oriented practice perspective.

CHAPTER 6

DISCUSSION AND CONCLUSIONS

The purpose of this study was to explore and better understand human services professionals' experiences of the SFW/FDC program and how it relates to their practice perspective in the field. This study focused on human services professionals' use of specific learned knowledge and skills as it translates through theory into real world practice. In addition, this research sought to identify barriers and obstacles encountered by these professionals when implementing strengths-based empowerment- oriented practice and the strategies used to attempt to overcome these complications.

In this chapter, I discuss the major highlights of and draw implications from my study. The first four sections revisit the key underpinnings – expectations, research questions, and conceptualizations – as they were presented at the start of this research project. I reflect on how well of each of these held up in light of the findings discussed in Chapters 4 and 5. Next, I capture a few highlights of the ways the findings from this research project relate to (e.g., reinforce, extend) extant literature. I conclude this chapter by discussing limitations of this research projects, suggestions for future research, and recommendations for practitioners.

Expectations

I used progressive subjectivity to confirm the quality of my findings throughout the processes of data collection and analysis. Guba and Lincoln (1989) contend that it is impossible to involve oneself in inquiry with an unadulterated mind because the researcher usually has reasoned motivation for their interest in a specific investigation topic. An important nuance is that the construction of the researcher is not given

dispensation over that of any other individual (Guba & Lincoln, 1989). Based on my experiences and background as an academic, and a practitioner in the field as a human services professional and licensed social worker, along with the conceptual framework of social construction within which this research study was conducted I went into this study with five primary expectations. Although, I did to some extent find what I expected, there were some noteworthy differences. My expectations are delineated below with an explanation of how each expectation was analogous to or dissimilar from what I uncovered during interviews.

I initially expected that the common foundational principles that support the practice framework for the Credential for Strengths-based Family Workers (SFW) program would augment the overall occupational ideology of the human services professional study participants who become (SFW/FDC) credentialed. It appears from the interview responses that this was supported among the 12 individuals who identified with the Strengths-based Family Workers (SFW/FDC) training program considering strengths-based practice their occupational ideology. These individuals considered strengths-based practice as a way of life or their practice perspective. They also identified with having a strengths-based practice perspective or at least familiarity with the concept prior to taking the training. The six study participants who worked from the toolbox perspective and the five who did not identify with any practice perspective did not fully grasp the ideology of strengths-based empowerment-oriented practice and its usefulness in regard to the helping process when working with individuals and families.

Second, due to the diversity in the human services field, I expected to discover that SFW/FDC-credentialed human services professional study participants would

194

experience both similar yet differing occupational ideologies regarding their application of strengths-based empowerment-oriented practice in the field. This expectation proved to be true; 12 participants identified with the training program, considering strengths-based practice as their occupational ideology, practice perspective and way of life. These participants infused strengths-based empowerment-oriented practice into everything they did, from the time they awoke in the morning until the time they went to bed at night. Their actions reflected the ideals of a strengths-based empowerment-oriented practice perspective. They also identified with having a strengths-based practice perspective or at least familiarity with the concept prior to taking the training.

Six participants considered the training program a toolbox, or a set of steps for working with families. Strengths-based empowerment-oriented practice and its ideology was a new concept to these individuals. Empowerment/Support for the training program and the concept of strengths-based empowerment-oriented practice was not consistently present within these individuals. These individuals struggled with its application and how it fits into real world practice in the field. They did not identify with a strengths-based perspective prior to taking the training. Lastly, five (5) participants were unsure of what their practice perspective was and how they fit into the Strengths-based Family Workers (SFW/FDC) training program. These participants struggled with both the concept and ideology of strengths-based empowerment-oriented practice, as well as the why incorporation of the tools in the toolbox are important to ensure the engagement of the individuals and families which they served.

Third, due to the diversity in the human services field, I expected to discover that SFW/FDC-credentialed human services professionals study participant would experience

both similar and differing barriers and obstacles to practice dependent upon their specific area of practice. When answering this interview question for all study participants, there appeared to be a disconnect as participants fluctuated between describing the barriers that the families were experiencing as well as barriers that they themselves were experiencing. For those 12 human services professionals with a strengths-based empowerment-oriented ideology, barriers and obstacles to practice were not perceived as problematic. These individuals were creative and worked around the perceived barriers and obstacles which they encountered while reframing both their own and their families' perspective to ensure success no matter how incremental. Based on my in-depth conversations with these 12 study participants, I can now conclude that true strengths-based empowerment-oriented practice transcends areas of practice. From the perspective of the 12 study participants who identified with a strengths-based, empowerment-oriented ideology, its one's empowerment/support and ideology which determines their perception of barrier and obstacles. It should be of note that there are many factors other than area of practice that may impact ideology or how a training program is received. So, my expectation was only partially true and clearly lacked foresight.

The six participants who considered the Strengths-based Family Workers (SFW/FDC) training program a toolbox picked tools from the toolbox to work with their individuals and families but due to their lack of personal empowerment and organizational support they struggled with the barriers and obstacles which became the focus of their work rather than the individuals and families which they were serving.

Fourth, due to the diversity in the human services field, I expected to discover that SFW/FDC-credentialed human services professional study participants would develop

similar yet differing strategies to overcome these obstructions to practice dependent upon their specific area of practice. Based on my in-depth conversations with study participants, I conclude that true strengths-based practice transcends areas of practice. I can also conclude that it is personal empowerment from the individual human services professionals themselves, organizational empowerment/support from the human services organizations where they work, and family empowerment/support which lends to one's ability to develop strategies to the inherent barriers and obstacles to strengths-based empowerment-oriented practice. So, this expectation as well was only partially supported and clearly lacked foresight. Again, for those 12 human services professionals with a strengths-based empowerment-oriented ideology, barriers and obstacles to practice were not perceived as problems which they encountered while working with their individuals and families. These human services professionals implemented strengths-based empowerment-oriented practice with these individuals and families while personally drawing from the training program and their lifelong learning (ongoing professional development) to overcome and reframe barriers and obstacles for both themselves and the individuals and families they work with. While human services organizations with adequate resource capabilities and capacity for providing organizational empowerment/support did make it easier for these professionals to practice from a strengths-based empowerment-oriented perspective it was not necessary.

The six participants who considered the Strengths-based Family Workers (SFW/FDC) training program a toolbox and the five participants who were unsure of what their practice perspective was and how they fit into the Strengths-based Family Workers (SFW/FDC) training program perceived the barriers and obstacles to be

197

insurmountable at times which made developing strategies to overcome these perceived

barriers and obstacles to practice quite the challenge and even unattainable for both

themselves and the individuals and families which they served. As evidenced during the

interview process, these study participants and the individuals and families whom they

served had varying levels of personal empowerment and organizational support if any at

all which hindered the implementation of strengths-based empowerment-oriented

practice. Due to their lack of personal empowerment, organizational support and

acceptance of a strengths-based empowerment -oriented ideology, these participants did

not demonstrate the ability to adequately draw knowledge from the Strengths-based

Family Workers (SFW/FDC) training program, reframe their thinking regarding barriers

and obstacles and implement for themselves self-care and reflection and lifelong learning

(professional development). The Strengths-based Family Workers (SFW/FDC) training

program inherently equips human services professionals to overcome and develop

strategies which are perceived to be barriers and obstacles to strengths-based

empowerment-oriented practice.

And finally, I expected that the (SFW/FDC) program would provide human

services professional study participants with the common foundational principles needed

to begin to overcome the long-standing barriers to effective strengths-based

empowerment-oriented practice. Insights gleaned from the interviews with the 12 human

services professionals with a strengths-based empowerment-oriented ideology, reaffirmed

that if one practices from a strengths-based-empowerment oriented practice, there are no

barriers or obstacles to practice. These human services professionals implemented

strengths-based empowerment-oriented practice with the individuals and families which

they served while personally drawing from the Strengths-based Family Workers (SFW/FDC) training program and their lifelong learning (ongoing professional development) to overcome and reframe barriers and obstacles for both themselves and their individuals and families. Having a Strengths-based empowerment-oriented ideology requires one to practice the ongoing process of self-actualization. Self-actualization means the need for personal growth and development throughout one's life.

Research Questions and Research Objectives

Research Question and Objective 1

The first research question addressed in this study was:

1. Do the SFW credentialed human services professionals experience a discrepancy between the Ideal of the Credential for Strengths-based Family Workers program and actual implementation in the field?

This research question related to the following research objective:

1. Understandings of the Credential for Strengths-based Family Workers program and how it relates to the SFW credentialed human services professionals practice perspective in the field.

2. Meanings which the SFW credentialed human services professionals construct regarding the Ideal of the Credential for Strengths-based Family Workers program and actual implementation the field.

My initial thought processes at the beginning of this research project were very different from what my own understandings ended up becoming through my interview transcription and data analysis. I was initially interested in the tensions between the human services professionals and the organizational environments which they found

themselves in. My assumption at that point in time was that anyone who would be taking

the Credential for Strengths-based Family Workers (SFW/FDC) training program was

interested in strengths-based empowerment-oriented practice and that they themselves

would have had a practice perspective of their own already in place. I was also initially

under the impression that the ideal of strengths-based empowerment-oriented practice

was inherent to the training process and that individuals would get it immediately by

taking the training classes. To my surprise, that was not the case at all. I never expected

my study participants to have such differing views and meanings regarding the Credential

for Strengths-based Family Workers (SFW/FDC) training program.

Research Question and Objective 2

The second research question addressed in this study was:

2. What are the barriers and obstacles to practice encountered by the SFW

credentialed human services professionals?

This research question related to the following research objective:

3. Understandings of the difficulties and barriers experienced by the SFW

credentialed human services professionals in their practice.

I unexpectedly found that participants addressed barriers and obstacles pertaining

to individuals and families as well as barriers within themselves and in the broader legal

and organizational milieu. I initially expected study participants to only expand upon the

barriers that they themselves were experiencing. Participants interpreted the question

more broadly than I expected, therefore, I received more information than I initially

expected. At times, these barriers appeared to be applicable to both the family and the

human services professional (SFW/FDC) worker) simultaneously and are thus reported as

200

such. The top three micro level barriers and obstacles as identified by interview participants as related to the families with whom they worked were as follows: *Involuntary clients, Substance Abuse, and Domestic Violence. Legal Mandates, Money and Lack of Organizational Empowerment/Support* are all organizational (macro) level systems barriers and obstacles which hinder the use of a strengths-based empowerment-oriented practice perspective at the micro, mezzo, and macro levels of practice as identified by study participants for both the Strengths-based Family Workers themselves as well as for the individuals and families which they serve. *Lack of Organizational Empowerment/Support* is a direct result of the lack of community or organizational (mezzo) level empowerment.

Insights gleaned from the interviews with the 12 human services professionals with a strengths-based empowerment-oriented ideology, reaffirmed that if one truly practices from a strengths-based-empowerment oriented practice, there are no barriers or obstacles to practice. This study validates that study participant perceived and experienced the same thing very differently. Six study participants who identified with the toolbox perspective claimed to struggle with the barriers and obstacles which they encountered, and these barriers and obstacles became the focus of their work rather than the individuals and families whom they were serving. The five study participants who identified with no practice perspective expressed frustration when faced with barriers and obstacles. These participants didn't demonstrate the competencies which would have enabled them to personally empower both themselves and the families which they served.

Research Question and Objective 3

The third research question addressed in this study was:

3.What strategies do these SFW credentialed human services professionals use to

overcome these barriers and obstacles to practice?

This research question related to the following research objective:

4. Based on the human services professionals' competence and experiences, the

strategies they develop to overcome these obstacles and barriers to strength-based

empowerment practice.

Study participants fluctuated between describing strategies/activities which they

used with families as well as strategies that they themselves were used when navigating

the strengths-based empowerment-oriented implementation journey. I initially expected

study participants to only expand upon the strategies that they themselves used in the

field. Participants interpreted these questions more broadly than I expected therefore, I

again received more information than I initially expected. At times, these strategies can

be applicable to both the family and the human services professional (SFW/FDC

worker) simultaneously.

Twelve study participants from the strengths-based empowerment-oriented

occupational ideology perspective discussed nine categorical strategies. These categories

included: *Work around the Barriers and Obstacles (No Barriers to SBP), Change*

careers, Respect, Lifelong Learning, Agency Empowerment/Support, Personal

Empowerment, Collaboration (Partnership model in human services), Communication,

Self-care. These nine distinct categorical strategies were focused on the continued

empowerment of the human services professional (SFW/FDC) credentialed worker. Six

study participants from the toolbox perspective identified four strategies/activities. The strategies/activities were: *Family Goal Plan, Family Engagement, Techniques for Practice- Tools in the Toolbox, Critical thinking Skills*. The four strategies/activities identified from the toolbox perspective were designed to benefit the family in question. Five study participants were unsure of what their practice perspective was and how they fit into the Strengths-based Family Workers (SFW/FDC) training program. Because they perceived the barriers and obstacles to practice to be insurmountable at times it impeded their ability to develop strategies to overcome their perceived barriers and obstacles to practice.

Concept Maps

"Not enough is known about the ways in which particular perspectives influence practice and how effective this work is in bringing about desired change" (Trevithick, 2012, p. 307). My initial concept map (Figure 6) illustrates the idea of social problems work and how policy influences practice perspectives to effect change. Conceptually, social problems work is a conduit to discover "the processes of creating both social problems categories and concrete instances that are assigned membership in those categories" (Loseke, 2003, p. 191). Claims-makers through their activities construct the who, what, when and how of social problems work. "Collective representations" in social problems work are social resources used to categorize the self, experiences, and others as reproductions of culture and defines as in the troubled person industry what circumstances and whom will be recognized as social problems (Loseke, 2003, p. 190).

The troubled persons industry is a term for all groups and organizations intended to participate in activities which rehabilitate, help or punish people defined as casualties/

victims and/or perpetrators of social problems (Loseke, 2003). Each of the groups and

organizations in the troubled persons industry have been able to secure resources and

garner legitimacy as a result of effectual social problems work (Loseke, 2003). Through

successful claims-making society is convinced that some condition (poverty, prescription

pain medication abuse) is intolerable and that something needs to be done (Loseke,

2003). Human services professions trace their roots to Progressive Era reformers and

their efforts to ameliorate the many social problems that developed during this time of

rapid urbanization, industrialization, and immigration. Job diversity in human services is

predominantly built on the basis of the consumer population which they serve and the

defined social problem. As such, human services is an institutionalized response to such

social problems as poverty, child abuse, and alcohol and drug abuse. Social problems

claims can create new collective identities of individuals needing assistance which results

in another form of providing assistance (Loseke, 2003). As a result, the groups and places

in the troubled persons industry are the result of successful claims which typically focus

on individual-level needs (rehabilitation, help, and punishment) (Loseke, 2003).

For the past 25 years, the human services field has been shifting its practice away

from these deficit models and toward partnership and strengths-based directions (De Jong

& Berg, 2001; Barbee, Christensen, Antle, Wandersman, & Cahn, 2011). Family Support

is a set of values focused around people and families, people helping people, sharing their

resources and understanding, and valuing one another's culture and family form (Crane,

2000). A fundamental principle of family support is the credence that families and people

can produce their own strategies for success based on their experiential knowledge of

their own strengths and needs (Crane, 2000). The Credential for Strengths-based Family

Workers (SFW/FDC) interagency training program was developed to infuse strengths-based, empowerment-oriented principles into the practice of human service professionals across all service administrations: public, private and nonprofit (Hewitt, 2010). Meyers, Glaser, and MacDonald (1998) found that a change in policy and practice towards one of partnership with families requires simultaneous change and support for both the frontline worker and the organization where they work. My initial concept map depicts this paradigm shift as it is underway, but it is not yet clear if it will be successful. My findings have helped me to refine and refresh my original concept map. Figure 9 depicts my newly revised concept map that explains the two overarching themes which I uncovered as I transcribed and analyzed my 23 in-depth interviews. I subsequently have included two in-depth conceptual snapshots which focus on the learning transformation of these two practice perspectives: Figure 10: Strengths-based Empowerment-Oriented Ideology or Way of Life and Figure 11: Toolbox or set of steps for working with a family Perspective. To conclude in Table 15, I introduce as well, a summation of the contextual and organizational factors which were discerned by the five study participants who identified with no practice perspective.
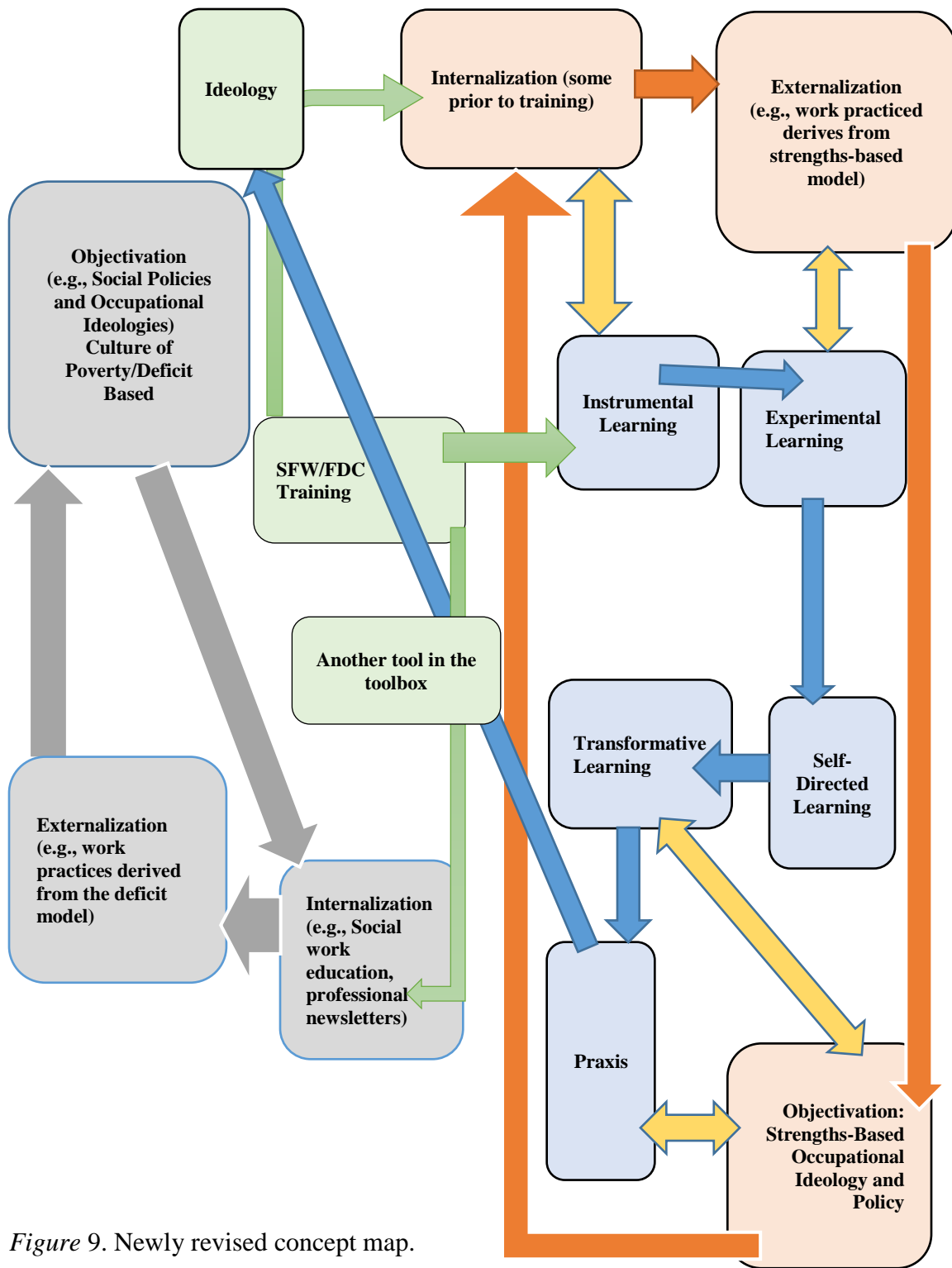
Figure 9. Newly revised concept map.

These two overarching themes stood out with respect to how participants incorporated SFW/FDC into their own practice perspective. The first, as an occupational ideology or way of life, is the most encompassing, while the second, as a toolbox, shows a more limited, and pragmatic, incorporation. Study participants who identified with the Strengths-based Family Workers (SFW/FDC) training program considered strengths-based practice as their occupational ideology These individuals considered strengths-based empowerment-oriented practice as a way of life or their practice perspective. They also identified with previously having a strengths-based empowerment -oriented practice perspective or at least familiarity with the concept prior to becoming involved in the Strengths-based Family Workers (SFW/FDC) program training.

The term learning transformation denotes significant transitions in the manner by which people learn. Figure 10 illustrates the learning transformation for the 12 study participants who identified with the Strengths-based Empowerment-oriented ideology or way of life perspective and how the four types of learning: Instrumental or how to learning; Experiential or try to learning; Self-directed or choose to learning; and Transformative or to make meaning of learning intrinsic to the Credential for Strengths-based Family Workers (SFW/FDC) training program was experienced by these individuals.
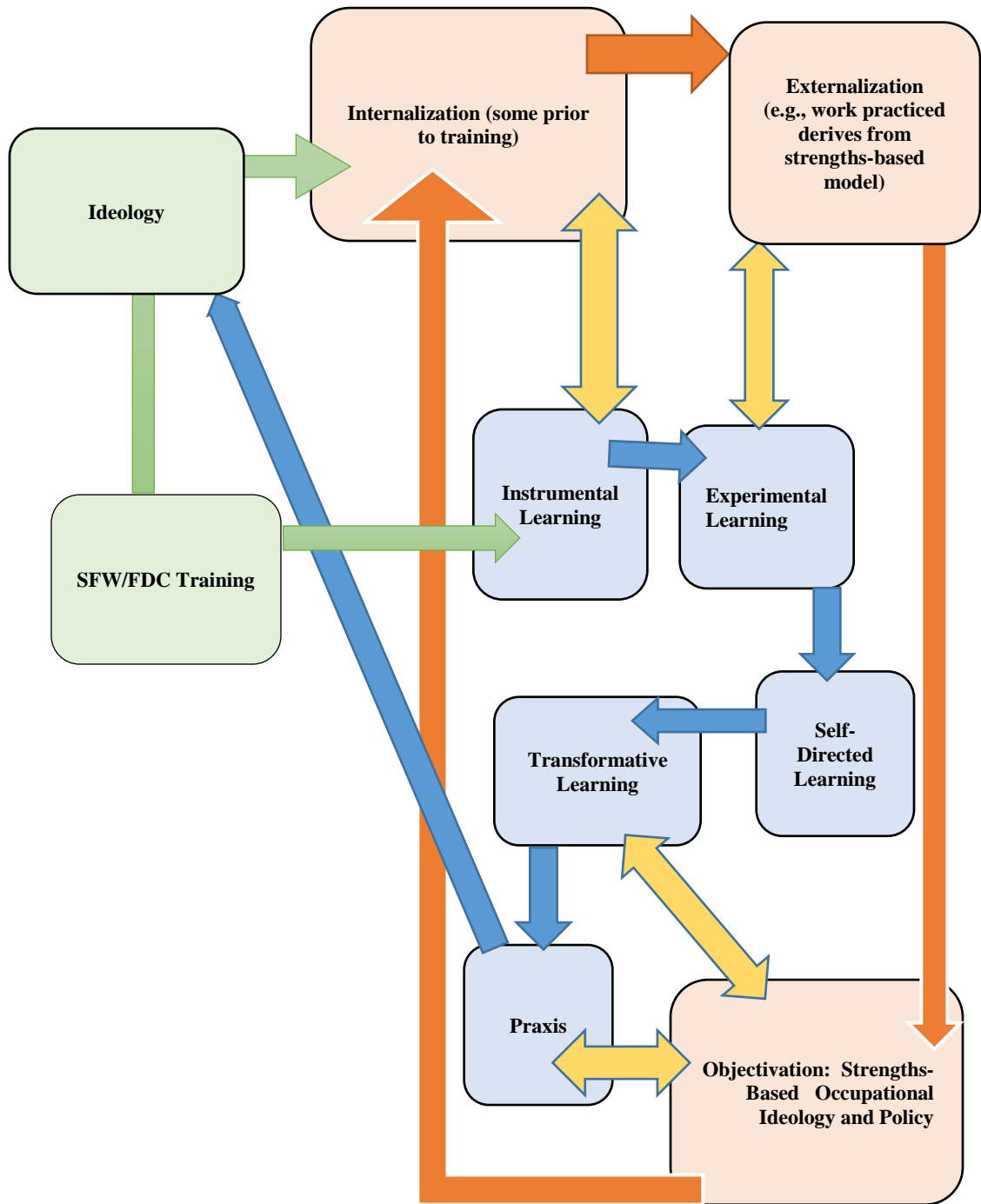
Figure 10. Learning transformation concept map: The Credential for Strengths-Based Family Workers (SFW/FDC) Training program adapted into a strengths-based empowerment-oriented occupation ideology of way of life perspective.

The 12 study participants who identified with Strengths-based empowerment-oriented Occupational Ideology made meaning of the instructional techniques which were presented during the SFW/FDC classes and transferred those instructional techniques into competencies during *instrumental learning.* These participants did not view the instructional techniques as tools in the toolbox but rather made meanings of the instructional activities. Then those participants applied those meanings to both new and past personal experiences and knowledge. During e*xperiential learning* these participants explored any incongruities between personal experience and new knowledge. *Experiential learning* has a *reflective practice* component which is imperative for success. Using theory in practice involves a "*reflective conversation with the situation*", which infers a phenomenological approach and emphasizes an active interpretation of events (Thompson, 2000, p. 88). Finally, these participants took the meanings they made and applied them to their current practice in the field. By engaging in their professional duties' practitioners become part of the scenario (Thompson, 2000). This is a clear example of personal empowerment being taken from a concept to the process aspect of strengths-based empowerment-oriented practice or what Freire refers to as *praxis--action-guided theory* (Freire, 1970). This continual interplay between thought and action is known as *Praxis* (Smith, 2011).

During *self-directed learning*, these participants actively engaged in reciprocal learning through encouragement, support and self-direction. This combination helped to develop unique mutually-enriching relationships for the participants and promote both personal and professional development. *Transformative learning*, for these participants was a springboard to view life experiences on a different level and was essential in

challenging the barriers and obstacles to strengths-based empowerment-oriented practice. These participants were creative and worked around the perceived barriers and obstacles which they encountered while reframing both their own and their families' perspective to ensure success no matter how incremental. *Perspective Transformation* involves developing your own perspective and helps to also develop practice which is both anti-discriminatory and reflective (Thompson, 2000). The 12 participants involvement in the SFW/FDC training program clearly augmented and strengthened their current skills, values and knowledge and added to their already established strengths-based empowerment-oriented occupational ideology. One (1) study participant described the Credential for Strengths-based Family Workers (SFW/FDC) training program as a form of "forced professional mindfulness". Demographically, my findings regarding this group of study participants determined that middle aged Caucasian women with MSW degrees who had spent more than 20 years in human services with at least ten of those years being in state government were more likely to identify with a strengths-based empowerment-oriented practice perspective after participating in the Credential for Strengths-based Family Workers (SFW/FDC) Training Program.

The second overarching theme identified the Credential for Strengths-based Family Workers (SFW/FDC) training program as a toolbox or a set of steps for working with families. Empowerment/Support for the training program and the concept of strengths-based practice was not consistently present within these individuals. These individuals struggled with its application and how it fits into real world practice in the field. They did not identify with a strengths-based perspective prior to taking the training. It appears that toolbox approach is deeply seated within the culture of poverty social

210

policies and deficit-based occupational ideologies. The Credential for Strengths-Based

Family Workers (SFW/FDC) training program. Figure 11 illustrates the learning

transformation for the six (6) study participants who identified with the toolbox or steps

for working with families' perspective and how the four types of learning: Instrumental

learning; Experiential learning; Self-directed learning; and Transformative learning

intrinsic to the Credential for Strengths-based Family Workers (SFW/FDC) training

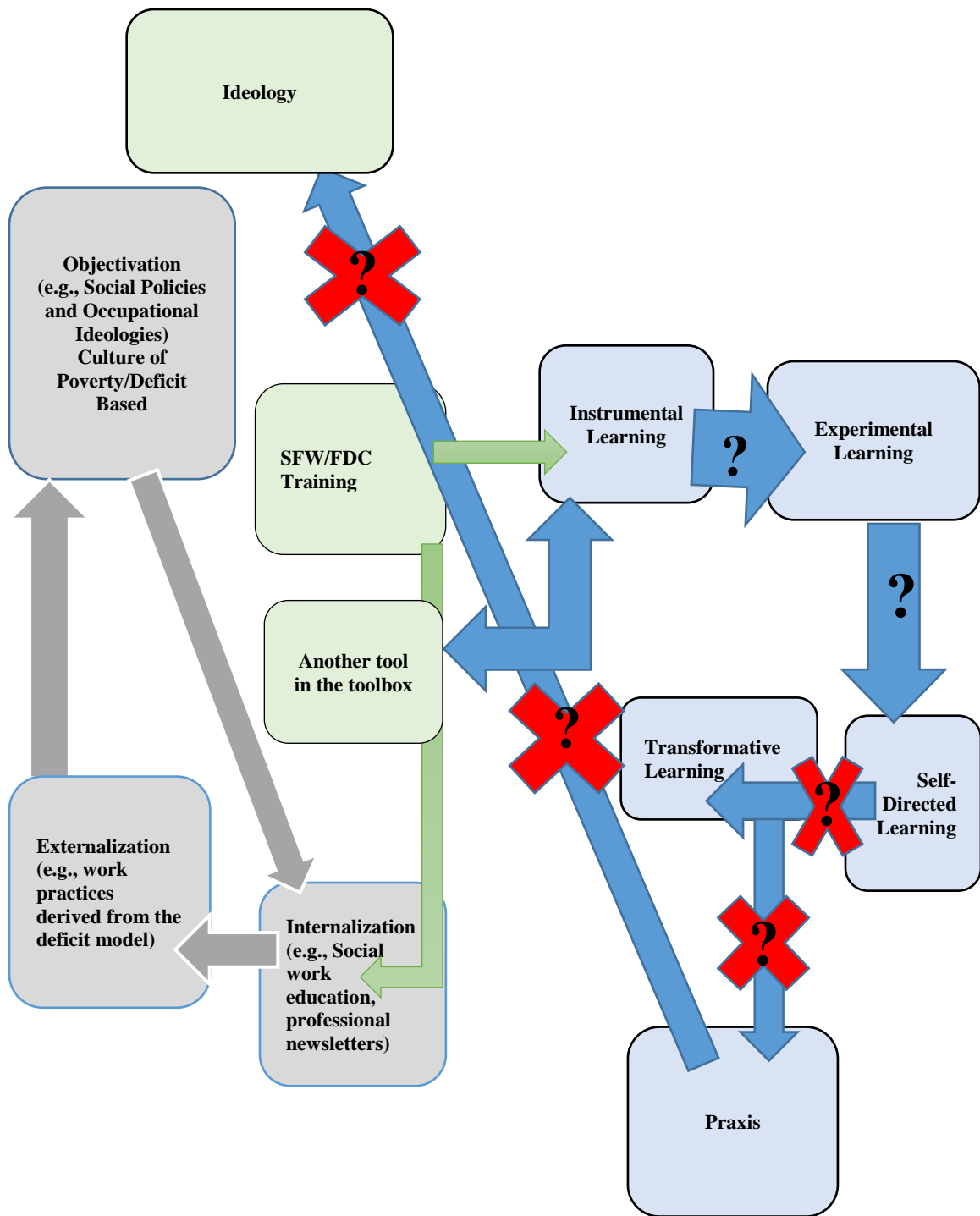program was experienced by these individuals.

Figure 11: Learning transformation concept map: The Credential for Strengths-Based Family Workers (SFW/FDC) training program adapted into a toolbox, or a set of steps for working with families' perspective.

These six study participants claimed to actively engage in *instrumental learning*, as they were clearly able to identify the instructional techniques which they felt were important regarding learned skills and knowledge. Unfortunately, these six participants asserted that they did not make meanings of these instructional techniques and therefore, did not turn these learned skills and knowledge into competencies which they could then apply to their practice perspective in the field. For them, these instructional techniques were just tools in the toolbox which may or may not have worked with the individuals and families which they served. For these six study participants an increased emphasis on being fully engaged in the *experiential learning* process provided by the Credential for Strengths-based family Workers (SFW/FDC) training program could possibly produce greater transformation because the mere act of *reflective practice* helps one to work through any incongruities between new and past personal experiences and knowledge. Lack of sufficient reflection can lead to participants who do not experience personal empowerment or the ability to engage in praxis--action-guided theory (Freire, 1970). The process of reflecting or stepping back to think about an understanding or interpretation provides a beneficial learning process to which these participants may or may not have availed themselves to.

These six (6) participants may or may not have engaged in *self-directed learning*. Learning is reciprocal and through encouragement, support and self-direction a unique mutually-enriching relationship would have eventually developed for the participants. This process is designed to promote both personal and professional development. For those participants who were somewhat skeptical of strengths-based empowerment-oriented practice, the Credential for Strengths-based Family Workers (SFW/FDC)

training program through transformative learning, could serve as a reflective sounding board for their frustrations which could help them to start to envision and enact better ways to create more equitable systems. With continued ongoing personal and professional development, along with continuing practice using the Strengths-based Tool-box and reflection on the successes and failures of these tools, these six participants could surely begin to identify with a strengths-based empowerment oriented occupational ideology. Demographically, according to this group of study participants study, Caucasian women in their 30s with bachelor's degrees who are employed by a nonprofit agency and have spent less than five years in human services were more likely to identify with toolbox or steps for working with families' perspective after participating in the Credential for Strengths-based Family Workers (SFW/FDC) Training Program.

Contextual and Organizational Factors Which Contributed to No Practice Perspective

Because practice is a set of developing processes which intermingle dialectically no one solitary, static theory can inform practice because one would quickly lose sight of lived experience (Thompson, 2000). Five participants identified with No Practice Perspective thus presenting unique contextual and organizational factors other than area of practice that may impact ideology or how a training is received. For theory to influence practice, it must consider the concept of lived experience, the subjective life-worlds of the individuals concerned (Thompson, 2000). These five participants were unsure of what their practice perspective was and how they fit into the Strengths-based Family Workers (SFW/FDC) training program. These participants struggled with both the concept and ideology of strengths-based empowerment-oriented practice as well as

214

the why incorporation of the tools in the tool-box are important to ensure the engagement

of the individuals and families which they served. Table 15 identifies the contextual and

organizational factors acknowledged by the five participants who had identified with no

practice perspective.

Table 15

(SFW/FDC) Training: Contextual and Organizational Factors Which Contributed to No
Practice Perspective

Credential for Strengths-based Family Workers (SFW/FDC) Training	**SFW Workers with No Practice Perspective**
Contextual and Organizational Factors	**# of Participants**
• Length of Program Commitment	**3**
• Agency mandated training	**2**
• Life experience vs. Book Learning	**2**
Quotes:	
"I used to develop curriculum as a teacher, and in terms of a training program the length of commitment is way too long".	
'I have never been a fan of self-help, we should be able to switch out assignments to make it more meaningful personally."	
"My agency has made my attendance at this training mandatory, and I still have to carry a caseload throughout the training. I am very overwhelmed, especially with the homework and all."	

The five participants who identified with no practice perspective shared the

following insights regarding specific dynamics surrounding their experiences with the

Credential for Strengths-based Family Workers (SFW/FDC) training program which

were noteworthy. These insights were as follows: *Length of Program Commitment,*

Agency mandated training, and Life experience vs. Book Learning. Three participants felt

that the amount of personal time that they needed to invest into the training was too

costly in regard to both their professional and personal lives. Two of those three

participants were also mandated by the agency they worked for to participate in the

training program. This has implications for practice in that human services professionals may need to self-select into this training for success. These study participants also had varying levels of empowerment/support if any at all which hindered the implementation of strengths-based empowerment-oriented practice. Clearly, their lack of personal empowerment and organizational support played part in helping to hinder their acceptance of a strengths-based empowerment -oriented ideology. Therefore, both the study participants and the individuals and families whom they served could not be empowered. Two participants also felt that their life experiences were much more valuable to them than any training program could be in terms of their human services work in field. These five participants never fully realized the importance of instrumental learning and how learned knowledge and skills develop into competencies through experiential learning (reflective practice). These participants did not have the ability to adequately draw knowledge or insights from the Strengths-based Family Workers (SFW/FDC) training program.

These contextual and organizational insights gleaned from these five participants aligns with the demographic information for this group which revealed that middle-age Caucasian females with associates degrees and state career appointments of no more than five years and between ten and 20 years in human services were more likely to identify with no practice perspective after participating in the Credential for Strengths-based Family Workers (SFW/FDC) Training Program. It can be inferred that four of the five participants who had between ten to 20 years in human services may actually be experiencing a form of burn-out which would be counteracted by drawing on the inherent knowledge and insights from the Credential for Strengths-Based Family Workers

(SFW/FDC) training program. A deeper dive into these contextual and organizational factors would be beneficial in terms of future research.

Relationship to Prior Studies

My study supports several of the findings of previous studies and also provides added consideration into how these individuals made personal meaning of the Credential for Strengths-based Family Workers (FDC/SFW) training program. A noticeable gap was determined by (Hewitt et al., 2010; Hewitt et al., 2015) regarding the FDC/SFW program's positive impact through changes in worker skills, values, and knowledge as well as how this learning translates into practice. Additional research indicates and supports findings that FDC credentialed workers also develop an understanding of collective identity with other professionals, a finely tuned sense of decisive consciousness, and the capacity to reflectively practice both their own self-care practices as well as in their practice in the field (Hewitt, 2010; Hewitt et al, 2010; Hewitt et al., 2015). In this study, 12 participants considered strengths-based empowerment-oriented practice as a way of life. These participants identified with favorable outcomes both personally and professionally from their involvement in the Credential for Strengths-based Family Workers (FDC/SFW) training program. They all acknowledged previously having a strengths-based empowerment -oriented practice perspective or at least familiarity with the concept prior to taking the Strengths-based Family Workers (SFW/FDC) program training. They also indicated that their participation in the (FDC/SFW) training program augmented and strengthened their current skills, values and knowledge. These participants discussed eight distinct types of learned knowledge and skills from a strengths-based occupational ideology. The distinct categories included:

217

cultural competency, communication, empowerment, self-care, biases, positionality:

personal/shared power, self-awareness and reflection as well as non-verbal actions. Six

participants considered the Strengths-based Family Workers (SFW/FDC) training

program a toolbox or a set of steps for working with families. Strengths-based practice

and its ideology were a new concept to these individuals. Those participants identified six

distinct activities from the toolbox perspective that enhanced their learned knowledge and

skills. The activities included: *the family goal plan/goal setting, picking out strengths,*

motivational interviewing, reflection and summarizing, interagency collaboration and

role playing. Several participants discussed using those learned skills and knowledge

with their own families. For example, one participant used these learned skills when

interacting with her husband who had reoccurring drug and alcohol issues. Another,

participant used these learned skills with her teenage son and since experienced less

resistance from him when situations become confrontational.

  Everett et al. (2007) found that further exploration was needed to determine

whether the challenges and barriers to empowerment practice differed by program type or

setting. My study determined that the challenges and barriers to strengths-based

empowerment-oriented practice did differ by program type or setting. Unfortunately, my

demographics did not account for gathering this specific data. The basis for my premise

was strictly based upon my in-depth conversations with program participants. Those

participants who worked in programs such as child welfare with specific legally

mandated timelines and involuntary clientele experienced the greatest challenges and

barriers to strengths-based empowerment-oriented practice. Study participants also

shared that working with individuals and families who have co-occurring disorders such

218

as mental illness and substance abuse posed significant challenges and barriers to strengths-based empowerment-oriented practice as well. Legally mandated timelines were identified as the most significant challenges and barrier to strengths-based empowerment -oriented practice for both the FDC/SFW workers themselves as well as for the individuals and families which they served.

Studies by Floersch (2002), Roche (1999), and Russo (1999) indicate that the area of practice has an influence on the strengths-based approach as it is understood and implemented. My findings did not support their inferences. My twenty-three (23) study participants had varying levels of education, worked in human services agencies spanning local, state, and federal government, non-profits and for-profit organizations. Positions held were diverse and included frontline workers, supervisors, managers, and administrators. Job titles included: Independent Child Care Consultant, Intake Caseworker CPS, Resource Coordinator, Private practice counselors, SFW Coordinator, Clinical Director of Intensive Services, Supervisor of Intensive Family/Child Support and a Social worker from the VA Hospital, to name a few.

Policies, procedures, and practices at both the systems and organizational level epitomize as barriers and obstacles to human services professionals who have empowered themselves to attain the transformative goals of FDC (Hewitt et al., 2010). My findings support that practice and policies at the systems and organizational level indeed represent barriers to strengths-based empowerment-oriented practice. Again, participants identified legal mandated timelines followed by funding as the biggest barriers organizationally to strengths-based empowerment-oriented practice for both the SFW/FDC human services professionals and for the individuals and families which they served. Lack of

organizational empowerment/support was a close second to legally mandated timelines regarding barriers to practice specifically for the FDC/SFW human services professionals.

Spreitzer (1997) found that empowered individuals are more likely to question and challenge these barriers and obstacles by upwardly influencing and innovating change rather than thoughtlessly following. My research findings supported these findings. Out of the 23 individuals interviewed, 12 identified with the Strengths-based Family Workers (SFW/FDC) training program considering strengths-based practice as their occupational ideology. These individuals consider strengths-based practice as a way of life or their practice perspective. For those 12 human services professionals with a strengths-based empowerment-oriented ideology, barriers and obstacles to practice were not perceived as problematic. These individuals were creative and worked around the perceived barriers and obstacles which they encountered while reframing both their own and their families' perspective to ensure success no matter how incremental.

An exploratory study by Gutierrez et al. (1995) uncovers findings that include the necessity for training and education to adequately assist human services professionals' use of empowerment-oriented practice principles. This study offers evidence that the training program provides learned skills, values and knowledge that augment and strengthen strengths-based empowerment-oriented practices for the human services professionals in the field. The final question posed on the interviewed guide asked participants whether they would recommend the training program to a young colleague who just graduated with her master's degree two years ago. Out of the 23 individuals interviewed, 18 identified with the Strengths-based Family Workers (SFW/FDC) training

program and would recommend the program to anyone who works in the human services field.

Limitations of the Study

There were four principal limitations to this study. First, not all study participants were similarly perceptive nor articulate which at times made the interviews difficult to replicate even though a semi-structured interview guide was used and provided to each participant with their informed consent prior to the interview itself.

Second, several participants had recall error even though the semi-structured interview guide was provided at the same time as the informed consent prior to their interview. One participant chose to reschedule her interview so that she could better prepare by reviewing her training materials prior to speaking with me the second time. During five interviews, study participants stopped the interview to go and locate their training materials. On two separate occasions, several interview questions could not be answered due to the individuals being unable to recall their training experience.

Third, a limitation of this research study is that the qualitative in-depth interviews were only conducted with the human services professionals who were interacting with the families (program participants). No qualitative in-depth interviews were conducted with the family members (program participants) due to time and funding constraints. The family members (program participants) may not endorse the same experiences regarding the practice ideologies of the Credential for Strengths-based Family Worker (SFW/FDC) training program as acknowledged by these human service professionals. Future research should engage the families (program participants) with qualitative in-depth interviews to add more depth to this research.

Finally, the limitations of my sampling strategy included potential ethical issues related to the participants' selection process which was facilitated through the SFW/FDC trainers, as well as the geographic and demographic characteristics of the final sample. The study participants' selection process was left to the discretion of the SFW/FDC trainers who decided to initially engage with me.

These limitations should be taken into account when considering the implications of my findings and how to use my findings moving forward for policy related practice development, theory, and subsequent research regarding strengths-based empowerment-oriented practice.

Suggestions for Future Research

Future qualitative research should execute this exact methodology, questions and research design while addressing the limitations stated above. Future research should include better defined demographics and a more robust sampling strategy which would initially pinpoint the SFW/FDC trainers' locale. Once these regions were determined, one would then purposefully select those trainers according to regional locale and have them reach-out to their program participants one region at a time. Then systematically work their way through the regions and compare findings by region to see the similarities and differences of the human services professionals and their implementation of strengths-based empowerment-oriented practice in the field.

Future qualitative research using a modified version of the same research questions could be conducted with human services professionals who are SFW/FDC-credentialed to include specific areas of practice that are comprised of both voluntary clientele and involuntary clientele (such as child welfare and juvenile justice) to see

comparatively which types of individuals are more responsive to strengths-based empowerment-oriented practice. Future qualitative research may also redesign this study to focus on human services professionals who are (SFW/FDC) credentialed and who only identify with a strengths-based empowerment-oriented occupational ideology to confirm that if one truly practices from a strengths-based-empowerment oriented practice, there are no barriers or obstacles to practice.

Researchers may redesign this study to focus on human services professionals who are SFW/FDC-credentialed and who only identify with a strengths-based occupational ideology to discover the actual tools they employ and find most useful in their practice in the field.

Future research could also be redesigned into a longitudinal study of human services professionals who are (SFW/FDC) credentialed and identify with a strengths-based empowerment-oriented ideology to learn about their continued experiences and reflections on those experiences and the ongoing meanings they make of their strengths-based empowerment-oriented practice implementation journey.

A quantitative survey-based study would be beneficial using the findings from this study to see if these understandings and meanings generalize across a larger population of human services professionals who are (SFW/FDC) credentialed. The survey could also employ open-ended questions which would allow participants to add any concepts or meanings not situated within survey questions. This survey-based quantitative methodology may also capture the study participants who opted out of the in-depth interview due to their own personal time constraints.

Finally, because unique contextual and organizational factors other than area of practice may impact ideology or how a training is received. A deeper dive into the contextual and organizational insights shared by the study participants who identified with no practice perspective would be beneficial in terms of future research studies especially as to why learning transformation is not happening for this specific group of individuals.

Recommendations for Practitioners

Participants in this study developed numerous, diverse, and personal contemplations of their experiences and the meanings they made of their strengths-based empowerment-oriented practice implementation journey through the Credential for Strengths-based Family Workers (FDC/SFW) training program. My concluding thoughts will focus on specific recommendations for human services professionals as they embark on the successful implementation of strengths-based empowerment-oriented practice in the field. Having a Strengths-based empowerment-oriented ideology requires one to practice the ongoing process of self-actualization. The Credential for Strengths-based Family Workers (FDC/SFW) training program is designed to inherently support the credentialed human services professional as they embark on their implementation journey of specific learned knowledge and skills and the translation into real world practice in the field. Successful implementation and use of a strengths-based empowerment-oriented ideology requires ongoing and active participation by the human services professional which includes the following:

1. Communication. Both verbal and non-verbal communication along with active listening are essential prerequisites for effective communication when working

with individuals and families. You must comprehend and use the power of clear, non-judgmental communication. Establishing mutually respectful relationships with help seekers, colleagues, and others is conducted through culturally and professionally appropriate communications

2. Ongoing and developing Personal Empowerment and Organizational Support (Ideology). Personal Empowerment and Organizational Support early on are imperative regarding strengths-based empowerment-oriented practice to ensure the continual growth and refinement of your practice perspective (ideology). The combination of learned knowledge and skills, professional experiences and practice in the field, on-going training, and the development of support networks with colleagues helps to enhance our occupational ideology.

3. Self-care. Self-Care denotes practices and activities that we can participate in on a consistent basis to sustain and augment our short- and longer-term health and well-being and reduce stress. Self-care plans can aid and enhance your wellbeing and health, manage your stress, and maintain professionalism. Learning to identify actions and routines that sustain your wellbeing as a professional can help you to maintain positive self-care in the long-term.

4. Self-reflection. Self-reflection aids in building emotional self-awareness. Self-reflection asks the important questions which help one to gain a better understanding of one's weaknesses, strengths, emotions, and motivations. Three (3) key benefits of self-reflection are:

   a. The Strengthening of Emotional Intelligence. As you take the time to reflect, it requires you to look inwards;

225

b. Action with Integrity. Once you have determined your core values, it strengthens your integrity leading to better decisions;

c. Encourages Increased Confidence.

5. Lifelong Learning (On-going Professional Development). Lifelong learning is a continuing, chosen, and self-directed quest for knowledge for either professional or personal reason or both. Lifelong learners are deliberately driven to develop and learn. Lifelong learning enhances one's understanding of the world, improves one's quality of life, and provides one with more and better opportunities. As a form of professional development, it is valuable because it confirms that you will continually take steps to be knowledgeable in your profession throughout your career.

Conclusion

An authentic strengths-based empowerment-oriented practice ideology recognizes no barriers or obstacles to its practice. Human services professionals who identify with a strengths-based empowerment-oriented practice ideology are creative and work around the perceived barriers and obstacles to practice they encounter while reframing both their own and their families' perspectives to ensure success no matter how incremental. Once more, the practice of reframing barriers and obstacles to practice is an inherent strategy built into Credential for Strengths-based Family Workers (SFW/FDC) training program which only becomes apparent to the practitioner through the processes of ongoing empowerment/support (ideology), communication, self-care and reflection and lifelong learning (professional development). These human services professionals implement strengths-based empowerment-oriented practice with the individuals and families which they served while personally and continually drawing knowledge from the Credential for

226

Strengths-based Family Workers (SFW/FDC) training program and its inherent processes

for both themselves and the individuals and families with whom they work. I challenge

all policymakers, practitioners, and agencies involved in the human services arena to use

my research findings to help move practice initiatives towards more strengths-based

empowerment-oriented frameworks by instituting the Credential for Strengths-based

Family Workers (FDC/SFW) training program within their agencies to better serve

individuals, children and families.

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Appendix A

Temple University Permission Email

Dear Ms. Myka Piatt:

My name is Jennifer Miernicki-Nojunas, and I am a PhD Candidate at Indiana University of Pennsylvania. For my dissertation, I am exploring the experiences of human services professionals' regarding the Credential for Strengths-based Family Workers training program and how it relates to their practice perspective in the field. I would like to get your permission to gain access and contact information for your Credential for Strength-based Family Workers trainers. My initial contact with the trainers would be via phone or email to further discuss this research project. If interested the trainers may then forward an invitation email to SFW program graduates about signing up for participation.

To participate, participants need to be at least 18 years old. The interview process will take no more than 60 minutes. I will travel to meet my participants in their own locale for the interviews. As scheduling constraints may arise for conducting some of the interviews face-to-face I will then conduct those interviews either via Skype or the telephone. Participation in this study as well as the identity of research participants will be kept confidential. Recognizable information will be changed to protect the identity of the participants in any discussion regarding data collected or reporting of results.

THIS PROJECT HAS BEEN APPROVED BY THE INDIANA UNIVERSITY OF PENNSYLVANIA INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS (PHONE 724.357.7730).

If you have any
questions or concerns, please don't hesitate to contact me at j.m.miernicki-nojunas@iup.edu or (570-205-8389) or the IRB's director at irb-research@iup.edu.

With your permission, I would send this invitation email to you. Thanks so much for your help.

Sincerely,

Project Director: **Sponsor:**
Mrs. Jennifer Miernicki-Nojunas, PhD candidate   Dr. Valerie Gunter
Administration & Leadership Studies Program   Sociology Department
Dixon University Center, Richards Hall   102-H McElhaney Hall
2986 N. Second St.   Indiana University of
Pennsylvania
Harrisburg, PA 17110   Indiana, PA 15705
Phone: 570-205-8389   Phone: 724-357-4545
j.m.miernicki-nojunas@iup.edu   valerie.gunter@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (phone: 724-357-7730).

Appendix B

Invitation to Participate in Study

Dear «Name»

Greetings! My name is Jennifer Miernicki-Nojunas and I am a PhD Candidate in the Administration and Leadership Studies program at Indiana University of Pennsylvania. The purpose of my dissertation study is to explore and better understand human services professionals' experiences of the Credential for Strengths-based Family Workers training program and how it relates to their practice perspective in the field. The following information is provided in order to help you make an informed decision whether or not to participate. If you have any questions, please do not hesitate to ask.

Participation in this study will involve an individual interview approximately30 to 60 minutes in length. Questions will relate to your experiences regarding your use of specific learned knowledge and skills as it translates through theory into real world practice. Information from your interview will be used to help understand your experiences regarding the Ideal of strengths-based practice and its actual implementation in the field, including difficulties, barriers, and obstacles and the strategies used to overcome these complications. It is anticipated that the knowledge generated from this inquiry would afford new insights and so inform policymakers, practitioners, and agencies involved in the human services arena as practice initiatives move towards more strengths-based empowerment-oriented frameworks.

Let me assure you of a couple things:
1) Your participation and interview will be private and confidential. No one, including supervisors, will be informed as to whether or not you participated in the study. Should you choose to participate, you will be assigned a pseudonym which will be attached to your interview data and used in final report findings.
2) Your participation in this study is voluntary. You are free to decide not to participate in this study or to withdraw at any time without consequence. If you choose to participate, you may withdraw at any time by notifying me or the Faculty Sponsor, Dr. Valerie Gunter. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence.

I'll be in touch with you via email or phone within the next few weeks to discuss this research project with you further. For more information or to participate in this project, please contact me, Jennifer Miernicki-Nojunas, Project Director at j.m.miernicki-nojunas@iup.edu or 570-205-8389. Sincerely,

Project Director: **Sponsor:**
Mrs. Jennifer Miernicki-Nojunas, PhD candidate   Dr. Valerie Gunter
Administration & Leadership Studies Program   Sociology Department
Dixon University Center, Richards Hall   102-H McElhaney Hall
2986 N. Second St.   Indiana University of
Pennsylvania
Harrisburg, PA 17110   Indiana, PA 15705
Phone: 570-205-8389   Phone: 724-357-4545
j.m.miernicki-nojunas@iup.edu   valerie.gunter@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (phone: 724-357-7730).

Appendix C

Follow-Up Email

Hello «Name»,

My name is Jennifer Miernicki-Nojunas, and I am a PhD Candidate at Indiana University of Pennsylvania. For my dissertation, I am exploring the experiences of human services professionals' regarding the Credential for Strengths-based Family Workers training program and how it relates to their practice perspective in the field. Recently I contacted you inviting you to participate in my study.

Would you be willing to participate? All that is required is one 60-minute interview at a location of your choosing. Your participation will be a valuable addition to my research!
The attached letter contains pertinent details about my study. If you choose to participate, I will provide you with a copy of the final report when it is complete.

I would be happy to answer any questions you may have about this project. To participate in this study or to get answers to any questions you may have, please contact me at j.m.miernicki-nojunas@iup.edu or 570-205-8389.

Thank you and have great day!
Jennifer

Mrs. Jennifer Miernicki-Nojunas, PhD candidate
Indiana University of Pennsylvania
Administration & Leadership Studies Program
Dixon University Center, Richards Hall
2986 N. Second St.
Harrisburg, PA 17110
Phone: 570-205-8389
j.m.miernicki-nojunas@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (phone: 724-357-7730).

Appendix D

Informed Consent Form

[will be printed on IUP letterhead]

Working Title: Exploring Strengths-based Empowerment oriented Practice: Practical Application in the Field

VOLUNTARY CONSENT FORM

I have read the information presented in the invitation letter about a study being conducted by Jennifer Miernicki-Nojunas of the Department of Sociology at Indiana University of Pennsylvania University. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that I have the option of allowing my interview to be tape recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in the dissertation and/or publications to come from this research, with the understanding that the quotations will be anonymous.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

This project had been reviewed by, and received ethics clearance through, the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects. I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the board at (724)-357-7730.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

☐ YES   ☐ NO

I agree to have my interview tape recorded.

☐ YES   ☐ NO

I agree to the use of anonymous quotations in any dissertation or publication that comes of this research. (This means your name or the names, or other identifying information, of anyone you discuss in your interviews and other identifying information like the agency you work at and the position you hold will *never* be revealed in any publication. If direct quotations are used in the dissertation or other publication, they will simply be attributed to a participant, or else a pseudonym and, if needed for interpretative purposes, highly generic agency or position designation will be given.)

☐ YES   ☐ NO

Participant's Name *(please print):* _____

Participant's Signature: _____**Date**: _____

Email or Phone where you can be reached to schedule an interview: _____

Best days and times to reach you: _____

I certify that I have explained to the above individual the nature and purpose, the potential benefits, and possible risks associated with participating in this research study, and have answered any questions that have been raised.

Date: _____ **Investigator's signature**: _____

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (phone: 724-357-7730).

Appendix E

Semi-Structured Interview Guide

Demographics

Years in Human Services:

Current Position:

Years in Current Position:

Education (Highest Degree/Field of Study):

Gender:

Age:

Race/Ethnicity:

Throughout this interview, you are encouraged to express your ideas and feelings through rules of thumb, short stories, metaphors, and personal proverbs that describe your experiences of the Credential for Strengths-based Family Workers program and how it relates to your practice perspective in the field.

1. What was your practice perspective prior to taking the Credential for Strengths-based Family Workers program?

2. Overall, did you think this practice perspective was effective?

3. Can you think of any type of circumstances or situations where this practice perspective seemed to work well?
   Please provide examples.

4. Can you think of any type of circumstances or situations where this practice perspective seemed to work poorly?
   Please provide examples'

5. Has your practice perspective changed since completing the Credential of Strengths-based Family Worker program?
   Please provide examples.

SFW training (use of specific learned knowledge and skills):

Think back about your experience in the Credential for Strengths-based Family Workers program and tell me about a moment when you felt that an activity or lecture was

working particularly well-so well that it helped you learn and understand the content in a that was new, inspiring or exciting.

6. Please provide on or more examples and explain what it was that made the activity or lecture so effective.

7. Did you share these insights with fellow workers who did not attend this program?
   a). If so, can you recall what was shared and how it was received?

8. Again, reflecting on the Credential for Strengths-Based Family Workers program, please remember a topic that you thought was particularly applicable to your work.
   a). What was the topic(s)?

   b). How was it relevant to what you do?
   Please provide examples.

9. As you go about performing your daily responsibilities as a social services provider, how often do you utilize insights or lessons learned from the Credential for Strengths-Based Family Workers program?

10. What parts or aspects of the program do you find most useful in your work?
    Please provide examples.

11. Have you used any lessons or insights from the Credential for Strengths-Based Family Workers program that you personally have found to be particularly effective, successful, or exciting?

12. What made these uses so effective or exciting?
    Please provide examples.

Barriers and Obstacles:

13. Do you think the Credential for Strengths-Based Family Workers program did a good job of alerting you to the barriers and obstacles you would likely encounter when you tried to take lessons and insights from the program into the field?
    Please provide examples.

Strategies to Overcome:

14. Has the Credential for Strengths-Based Family Workers program successfully contributed to your development of strategies to overcome these barriers and obstacles to practice?
    If yes, please provide examples.

15. Have you personally developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field?
Please provide an example.

16. Has the agency or department you work in developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field?
Please provide an example.

17. Please describe your understanding of how these strategies were developed?

18. Have there been instances where the strategies designed to overcome or counteract the obstacles or barriers to implementation of a strengths-based approach been tried and failed?
If yes, please provide examples.

19. Why do you think these strategies failed?

20. Overall Assessment:
A young colleague who graduated with her Master's degree two years ago seeks your advice about participating in the Credential for Strengths-Based Family Workers program.
What advice would you give her and why?

Other:

Is there anything that I didn't ask, which you think would be helpful to add for the purpose of this study?

Are there any human services professionals that you are acquainted with who you think would be a good participant for this study?

Would you be interested in reviewing and providing feedback to a copy of this interview transcript and/or my preliminary research findings?

Appendix F

Credential for Strengths-Based Family Workers (SFW/FDC)

Training Program Audit Trail

Researchers Expectations:
I recorded my expectations of findings prior to beginning my data collection to initiate the process of progressive subjectivity. Based on my experiences and background as an academic, and a practitioner in the field as a human services professional and licensed social worker, along with the conceptual framework of social construction within which this research study was conducted. I continued to document the emerging construction for my findings as my study progressed.

January 2017: Accordingly, through my analysis I expected to find that:
1. The common foundational principles that support the practice framework for the Credential for Strengths-based Family Workers (SFW) program will augment the overall occupational ideology of the human services professionals who become (SFW/FDC) credentialed.
2. Due to the diversity in the human services field, I expect to discover that (SFW/FDC) credentialed human services professionals will experience both similar yet differing occupational ideologies regarding their application of strengths-based empowerment-oriented practice in the field.
3. Due to the diversity in the human services field, I expect to discover that (SFW/FDC) credentialed human services professionals will experience both similar and differing barriers and obstacles to practice dependent upon their specific area of practice.
4. Due to the diversity in the human services field, I expect to discover that (SFW/FDC) credentialed human services professionals will develop similar yet differing strategies to overcome these obstructions to practice dependent upon their specific area of practice.
5. And finally, the (SFW/FDC) program will provide human services professionals with the common foundational principles needed to begin to overcome the long-standing barriers to effective strengths-based empowerment-oriented practice.

February 2017 to February 2018:

Initial codes and related questions from the Semi-structured Interview Guide:

CODE	PARAMETER
• **Hope**	**SFW Training** **(Specific learned Knowledge and Skills)**
• **Well-being**	
	Think back about your experience in the Credential for Strengths-based Family Workers program and tell me about a moment when you felt that an activity or lecture
• **Resiliency**	was working particularly well-so well that it helped you
• **Professional Identity**	learn and understand the content in a that was new, inspiring or exciting.

6. Please provide on or more examples and explain what it was that made the activity or lecture so effective.

7. Did you share these insights with fellow workers who did not attend this program? a). If so, can you recall what was shared and how it was received?

8. Again, reflecting on the Credential for Strengths-Based Family Workers program, please remember a topic that you thought was particularly applicable to your work.
a). What was the topic(s)?
b). How was it relevant to what you do? Please provide examples.

9. As you go about performing your daily responsibilities as a social services provider, how often do you utilize insights or lessons learned from the Credential for Strengths-Based Family Workers program?

10. What parts or aspects of the program do you find most useful in your work? Please provide examples.

11. Have you used any lessons or insights from the Credential for Strengths-Based Family Workers program that you personally have found to be particularly effective, successful, or exciting?

12. What made these uses so effective or exciting? Please provide examples.

- **Burnout**

- **Disappointment**

- **Challenge**

- **Ethical Practice**

Barriers and Obstacles

13. Do you think the Credential for Strengths-Based Family Workers program did a good job of alerting you to the barriers and obstacles you would likely encounter when you tried to take lessons and insights from the program into the field? Please provide examples.

	Strategies to Overcome
• **Collaboration**	
• **Partnership**	14. Has the Credential for Strengths-Based Family Workers program successfully contributed to your development of strategies to overcome these barriers and obstacles to practice? If yes, please provide examples.
• **Determination**	
• **Engagement**	15. Have you personally developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field? Please provide an example.
	16. Has the agency or department you work in developed any successful strategies to overcome or counteract the obstacles or barriers to implementing strengths-based approaches in the field? Please provide an example.
	17. Please describe your understanding of how these strategies were developed?
	18. Have there been instances where the strategies designed to overcome or counteract the obstacles or barriers to implementation of a strengths-based approach been tried and failed? If yes, please provide examples.
	19. Why do you think these strategies failed?

I used a note-taking strategy during the interview process to document key words, major points, phrases that capture the interviewee's own language and emergent themes in field notes. After each interview, I recorded my thoughts which included my own feelings, reactions and reflections concerning the interview as well as during the actual transcriptions. Below are the actual insights which I gleaned at this point in my analysis.

2/11/2017: Realism theme throughout the first interview. More real-world experiences especially with role play.

2/18/2017: As I am typing up my first transcript of my first interview, I realized the questions flow well into a conversation. Usually, the answers to the question being asked runs right into the next question making for easy dialogue.

2/19/2017:
- Empowerment comes up-it is a struggle.
- Cultural Diversity meant a lot to me.
- I am probably different from those in my class.
- Empowerment as a way of life.
- Thought program was a waste of time.
- So rewarding.

2/22/2018: Cultural Diversity

3/04/2017: Way of Life versus Tool-Box
           Lived versus just an activity

3/19/2017: Very purposeful sample. Some of those who responded so far believe in the program.
- There are no barriers when you truly practice from a strengths-based perspective?
- Is it dependent upon where you practice? (your discipline, for example, child welfare, mental health, etc.… & your population?
- Barriers and Obstacles are a way of life.

4/16/2017: Need to define methodology better. Reread strategies & develop a chart.

5/11/2017: Field of Corrections: also dependent upon voluntary versus involuntary clientele-does it make a difference.

5/23/2017: Future research: Can you practice strengths-based practice with involuntary clients?

6/18/2017: It also depends upon other agencies and whether or not they buy into strengths-based practice.

7/22/2017: Is advocating for a child strengths-based practice?
- Picture of a dirty home-bridges policy/learned skills and knowledge/ to practice.
- Practicum/Internship

8/12/2017: Does shared power translate into empowerment when applied???

8/25/2017: Organizational support apparent-was it because of an upper management role?
- Resiliency=Persistence/Creativity

9/16/2017: Reviewing the curriculum-the interviewee realized that she was suing concepts of strengths-based practice more than she thought she was.
- 2 Generational Approach-very similar basis as strengths-based practice.
- Helping Relationship Inventory=helps to overcome the barriers (Because it alerts you to what is going on in that person's life).
- Family Goal Plan
- Open-mindedness keeps coming up repeatedly.

9/24/2017: Interviewee considers SFW training an amazing tool versus ideology.

10/15/2017: Should have asked-what type of agency they worked in besides their current position.

10/25/2017: Is education part of human services??? It appears that a lot of educators gravitate towards human services. New research-something to explore in the future.

- Directive guidance – "tell them what to do".
- The band aid approach = "short-term solution".
- Leaves the door open for the blaming game.

Because this individual is also in the process of completing their MSW: Is the growth she speaks of from the MSW or from the SFW/FDC program or both?

11/6/2017: Role-playing-specifically communication

- Communication is key.
- SFW curriculum addresses barriers and obstacles to practice.
- We ourselves are our own barrier to practice due to our failure to have enough self-awareness to be conscious of all our own hidden selves.

11/14/2017: You can't practice true social work in the United States.

- Was referred to the SFW program.
- Family Goal Planning
- Positionality/Personal Power

As I am transcribing, I am thinking about so many questions that I should have asked.

- Does a previous strengths-based ideology naturally lend automatically to a self-aware and reflective individual?
- Strengths-based Ideology is very philosophical. An ideology, it's a way of thinking, conceptualizing clients and the work we do with them
- Strengths-based Child Protection: firm, fair, & friendly.
- Non-Profit-more fluid-had organizational support.

11/24/2017: Juvenile Probation-wanted to change-but can they?

- Sent 3 social workers and a supervisor
- Educators who go into Human Services
- Mental illness prohibits the use of a strengths-based practice with some individuals (due to altered perceptions).
- Drug & alcohol- (another interview)
- Has gone on to Leadership class
- Motivational Interviewing

12/06/2017: Confusing what a practice perspective is!

- Feelings = bias

12/17/2017: Didn't think she has a practice perspective early on

- Just sort of created an unhealthy dependence for the families that she worked with.

- Now has a strengths-based approach. Interesting also brings in systems theory.

12/22/2017: Cohort of CYS (children & youth) workers-hardest to train? Why?
- Culture of poverty
- Communication, Self-awareness, critical reflection & culture (Poverty)

1/12/2018: Cross systems perspective-understanding helps to alleviate "judgement" on others & their position within the system.

1/26/2018: (Adapting) Altering program worksheets to fit your agency needs is a strategy

2/4/2018: Stages of change essential to the "goal planning"-works hand-in-hand.
- Motivational interviewing
- Kinesthetic Learning=Homework
- Do they go hand-in-hand?

February 2018-July 2018
I began first with deductive analysis by examining the data in through an "orientational or ideological" framework. My orientational framework and initial codes (See chart above) were driven by the newly refined Credential for Strengths-Based Family Worker Guiding Principles are as follow:
1. Everyone has potential, strengths and abilities that can help them to reach their goals.
2. Individuals and families are different, and the differences must be acknowledged and respected. Support may be needed to help them function in our multicultural society.
3. Mutually respectful relationships are the foundation for positive change and achievement of results.
4. Individuals and families who are supported in setting their own goals and developing realistic plans are more successful in reaching their goals or making progress toward success.
5. Family workers become partners with family members (help seekers) in developing and implementing a plan to achieve results.
6. An individual's ability to care for him/her self is valued. Self-sufficiency is defined not as the ability to do everything and meet every need alone, but as having the ability to generate or to identify and access information and resources to meet needs.
7. Individual empowerment is valued. Empowerment is related both to access to information and resources and the ability to influence decision making related to needs and goals.
8. Workers and families (help seekers) jointly identify ways to determine if the plan has been successful and if results or progress toward results are achieved. Critical reflection, as practiced by workers and help seekers, is the key to understanding what has worked and what could be done differently.
9. Individuals and families are connected to others through informal and formal networks, which can provide support or impose barriers. These connections must be jointly analyzed and evaluated to determine if they are to be strengthened or abandoned.
10. Collaboration among agencies, organizations and individuals produce strong communities. Positive relationships among workers in various agencies in a community

create supportive networks and achieve results. Collective action can also influence policies and procedures to maintain "family supporting environments.

11. Family workers maintain good self-care and engage in lifelong learning.

During this process, two overarching themes regarding practice perspectives began to emerge and became apparent. Twelve (12) participants identified with the Strengths-based Family Workers (SFW/FDC) training program considering strengths-based empowerment-oriented practice as their occupational ideology or way of life. Six (6) participants considered the Strengths-based Family Workers (SFW/FDC) training program a tool-box, or a set of steps for working with families. Five (5) participants were unsure of what their practice perspective was or how they fit into the Strengths-based Family Workers (SFW/FDC) training program.

3/9/2018: One-on-One Meeting in Harrisburg with Dr. Valerie Gunter
1. So I have written notes on the interview guide.
2. I have notations within the transcripts. What do I do with all of it?
3. Orientational inquiry-pre-structured elements-common foundational principles of SFW/FDC. (Interview guide & Ideology).
4. Inductive analysis-Is this what I did when I transcribed my interviews? Or is it deductive.
5. Where do my research questions fit in?
6. Where do my expectations fit in?
7. Interview questions?
8. Is my analysis in my answers as well? My give and take with the interviewee?
9. Is my conversation analysis?
10. Should I go question by question?

According to my structured three stage discovery process, the next level of analysis was inductive and resulted in further refinement of my already deduced categories. As I began to generate new insights about how this data could be arranged, I began to collapse and throw out some of my initial coding categories.

The initial coding categories which I got rid of first were: Hope, Burnout, Challenge, and Ethical Practice. I continued to look for new patterns and interconnections. The initial codes that were then left either were kept as it or were collapsed into another theme.

- Well-being became the theme: Self-care
- Resiliency became the theme: Empowerment
- Professional Identity became the overarching practice perspective theme of Occupational Ideology
- Disappointment became the theme of Lack of Organizational Support
- Collaboration stayed as the initial coding theme
- Partnership was collapsed into the initial coding theme of Collaboration
- Determination was collapsed into the theme: Empowerment
- Engagement stayed as an initial coding theme

The final emergent themes were then examined through the lens of the six (6) common foundation principles that support and guide the practices and ideology of strengths-based helping and the core competencies of the Credential for Strengths-based Family Workers (SFW/FDC) training program to reveal similarities and differences.
These principles of strengths-based empowerment-oriented helping are summarized as:

1. The initial focus of the helping process is on strengths, interests, desires, hopes, dreams, aspirations, knowledge, and capabilities of each person, not on their diagnoses, deficits, symptoms, and weaknesses as defined by another;

2. The helping relationship becomes one of collaboration, mutuality, and partnership—power with another, not power over another;

3. All human beings have the inherent capacity to learn, grow, and transform. The human spirit is incredibly resilient. People have the right to try, to succeed, and to experience the learning which accompanies falling short of the goal;

4. All human beings have the inherent capacity to learn, grow, and transform. People have the right to try, the right to succeed, and the right to fail;

5. Helping activities in naturally occurring settings in the community are encouraged in a strengths-based, person centered approach;

6. The entire community is viewed as an oasis of potential resources to enlist on behalf of service participants. Naturally occurring resources are considered as a possibility first, before segregated or formally constituted mental health or social services.

SFW Core Competencies are as follow:

1. Demonstrates professionalism and commitment to ethical practice
a. Demonstrates knowledge of strengths-based family work
b. Engages in critical reflection to analyze situations and interactions.
c. Analyzes code of ethics for professional behavior and demonstrates use of these behaviors
d. Identifies key elements to evaluate service quality and professional practice

2. Recognizes strength in diversity and difference; demonstrate sensitivity in practice
a. Establishes a broad definition for culture
b. Recognize the differences in cultural elements that can impact on assumptions, beliefs and behaviors
c. Demonstrates cultural sensitivity and cross-cultural awareness

3. Understands and utilizes the power of clear, non-judgmental communication
a. Establishes mutually respectful relationships with help seekers, colleagues, and others.
b. Conducts culturally and professionally appropriate communications

4. Demonstrates self-care and lifelong learning
a. Establishes appropriate support systems
b. Establishes self-care routines
c. Utilizes resource for personal and professional growth

5. Applies strengths-based principles to practice with families
a. Assists in information gathering and assessment of conditions, needs and resources.
b. Mutually develops goals and plans with specific action steps
c. Identifies available services and resources
d. Supports families in accessing resources and implementing actions identified in the plan.
e. Identifies and documents results and progress toward results.

6. Applies strengths-based principles to agency and community systems
a. Identifies s both positive and negative effects of systems
b. Explains the dynamics of collaboration and partnerships
c. Collaborates, cooperates and intervenes at the appropriate levels in agency and community systems

This final level of analysis resulted in a further refinement of the categories and included five (5) major themes related to a Strengths-based empowerment-oriented Ideology and one (1) activity related to the Toolbox needed to ensure the successful implementation of strengths-based empowerment-oriented practice in the field and are summarized below.

Strengths-based empowerment-oriented Ideology
- •Support: Human Services Professional, Human Services Organization and the Family
- •Communication
- •Self-care
- •Self-reflection
- •Life-Long Learning

Toolbox Approach
- Family Goal Plan

Appendix H

Temple University's Harrisburg (TUH) Credential for Strengths-based Family Workers

(SFW) Training Program Permission Letter

TEMPLE UNIVERSITY®
Harrisburg

234 Strawberry Square
Harrisburg, PA 17101

phone 717-232-6400
fax 717-221-1634
web www.temple.edu/harrisburg

April 26, 2016

Ms. Jennifer Miernicki-Nojunas, PhD candidate
Administration & Leadership Studies Program
Dixon University Center, Richards Hall
2986 N. Second St.
Harrisburg, PA 17110

Dear Mrs. Jennifer Miernicki-Nojunas,

Thank you for your interest in Temple University Harrisburg's (TUH) Credential for Strengths-based Family Workers (SFW) training program. I have reviewed the Research Topic approval form and IRB provisional approval letter concerning your dissertation research entitled, "Exploring Strengths-based Empowerment Oriented Practice: Practical Application in the Field."

It is my understanding that you are requesting contact information for the current SFW Instructors so that you may contact them to gain support of your research and ask them to forward an email invitation to their SFW program graduates. You will contact interested SFW graduates and schedule an interview. Participant information and identity will be kept confidential and recognizable information will be changed to protect the identity of the participants when discussing and reporting research results.

Temple University Harrisburg agrees to provide you with the contact information for the SFW Instructors with the understanding that the Instructor and graduate names and contact information will only be used for the purposes identified in this research proposal. The contact information may not be shared or used for other purposes. SFW Program Manager Myka Piatt will be your main contact for securing this information. Please contact her at 717-232-6400 or myka.piatt@temple.edu.

Thank you again for your interest in SFW. We look forward to the results of your research.

Sincerely,

Link Martin, MSW
Director, Temple University Harrisburg

Appendix H

Journal Use Permission Dr. Clay Graybeal

Appendix I

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