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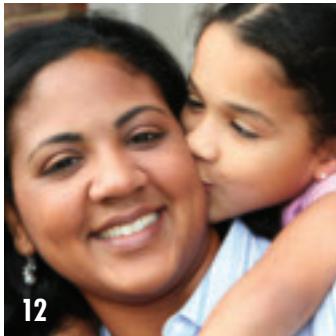


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Weathering the State Budget Crisis
The Promise of Prevention

SSA magazine

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AT THE MOST RECENT MEETING of SSA's visiting committee, we were pleased to welcome the School's new dean, Neil Guterman. The visiting committee works closely with the dean, giving our perspective on the School's plans and providing support and resources when applicable. I can say that for myself personally and for the committee as a group, we were excited to hear about Neil's vision for the future of the School.

Each of the deans at SSA has paid close attention to the crucial infrastructure that keeps SSA at the top of graduate schools of social work in the country—building and maintaining a world-class faculty, attracting the best students, investing in leading scholarship. Jeanne Marsh, Neil's predecessor, excelled at these tasks, and Neil made it clear that he will keep to that tradition.

But Neil also talked about his vision for the next era of SSA, particularly how the School can build its relevance and reach in today's world. For its entire history, SSA has had a robust commitment that its research, students, alumni, faculty and programs will make a difference in the lives of the disenfranchised. With that mission in mind, new programs and connections can ensure that the School is involved in solutions to our most important social issues.

In Chicago, SSA already works closely with a number of city agencies such as the Chicago Public Schools and with many organizations in the social service community. The School will enhance these relationships, and the hope is that new relationships can be forged as well.

Internationally, SSA has begun to greatly expand its engagement with scholars, schools and students from around the world. At our meeting, we were all interested in hearing from students who had travelled to India this summer, and we're looking forward to being involved in new plans to connect SSA's expertise to countries abroad.

With a new era at SSA beginning, a torch of leadership is being passed from one great dean, who had helped grow and support the School for many years, to a new one. Neil's ideas and plans were exciting to hear, and, as with any transition, have added a sense of energy and possibility to the School. I want to thank everyone who has supported SSA over the years, and ask you to keep an eye on what's coming next. I think you'll be as excited as we are.

David Vitale
Chair of SSA's Visiting Committee



David Vitale

The Next Era of

During my very first visit to SSA as a candidate for a faculty position six years ago, I recall starting off my colloquium to the SSA community by noting that SSA is a great institution in the many meanings of the word: Great in SSA's historic role as one of the nation's first schools of social work, whose founding pioneers left an indelible commitment on the profession to pursue social justice and alleviate human suffering in rigorous and evidence-based ways; great in SSA's present day and enduring impact, with SSA faculty and graduates nationally and internationally recognized as among the most influential and talented leaders tackling the major social problems of our time; and great in SSA's culture, bringing together a community of scholars and students across multiple disciplines, collectively devoted to carrying out critically important work for our society with passionate integrity, mutual support, and trenchant analysis.

Having now humbly stepped up from the faculty role to the Deanship at SSA, my aim is to build from this greatness to raise our ambitions to an even higher level as we begin our second century of service. Core to this aim is unleashing the most talented faculty anywhere to tackle social welfare problems. We continue to strengthen our already preeminent team of faculty carrying out their work at SSA. This year we are joined by Professor Mark Courtney, who has returned to SSA from the University of Washington, Assistant Professor Matthew Epperson from Columbia University, and Professor J. Curtis McMillen from Washington University in St. Louis. With these additions, SSA has significantly deepened its clinical and policy strengths, particularly in child welfare, and now has, without question, the premier cadre of faculty in the nation dedicated to addressing the needs of the most vulnerable children and families. Whereas many other schools are retrenching or holding steady in their faculty ranks, SSA will benefit from a University-wide faculty expansion initiative that will enable us to continue to strategically augment our faculty over the near-term future.

SSA's unique vibrancy, in part, stems from our distinctive tradition of supporting leading faculty who derive from multiple disciplinary backgrounds, collectively sharing a dedication to address the most intractable of social problems. For example, our faculty derive not only from social work, but also from psychology, sociology, political science, public policy, public health, economics, geography, and anthropology, among other disciplinary backgrounds. As one

Social Work

fascinating example of the cross-disciplinary, cutting-edge research taking place at SSA, in this issue of *SSA Magazine* we highlight the research of Assistant Professor E. Summerson Carr—both an anthropologist and social worker—who dissects the cultural and clinical assumptions shaping the language of professional practice in substance abuse treatment services in her new book (*Scripting Addiction*, Princeton University Press).

SSA's multiple disciplinary lenses also propel forward the innovation of effective responses to social problems across multiple levels. An example of this, and considered in this issue of *SSA Magazine*, is the growing shift in social welfare policies and practices toward a prevention paradigm—an approach that promises ways to reduce social problems before they occur while synergistically delivering both economic and social benefits to the wider society. No doubt, you will soon hear more about SSA's unique interdisciplinary activity, as we move ahead with a new Dean's initiative to establish hubs of interdisciplinary scholar networks across disciplinary lines situated at SSA, targeting the major social problems of our day.

SSA has also begun to systematically expand our international engagement. Last summer, eight of our students traveled to India to collaborate with and learn from colleagues at the Tata Institute of Social Sciences in Mumbai, focusing on poverty and marginalization from a cross-national perspective. Having met with these students, I found their insights about the trip both thought-provoking and moving in the ways that such a cross-national urban experience was transformative for their professional trajectories. This issue of the magazine contains a special section dedicated to their trip—told from their point of view with a wonderful collage of photos.

I am inspired by our students and alumni who carry forward a deep commitment to address such complex and challenging concerns, and indeed I am impressed that so many of our alumni have taken up key leadership positions in the field. I am proud that SSA has served and continues to serve as a training ground for so many exceptional colleagues who shape the field, and whom we intend to recognize for their contributions. From alumni, we have already



Neil Guterman

seen a growing recognition and support for the key role SSA plays in shaping their futures and serving those in need—even in the face of the economic downturn when so many more are struggling. We train students to enter into the most challenging of situations, against the odds, to raise up those who are coping with and confronting

enormously difficult circumstances. In face of these difficult times, our students all the more so seek to make a tangible difference for those whom they serve. In this issue of *SSA Magazine*, our article, "Less Money, More Problems," considers how many in our profession are coping, while dedicating their lives and careers to helping others in this most challenging economic environment.

As we raise our ambitions to make an even greater difference during these difficult times, we need the best-skilled and trained professionals possible to dedicate their careers to ensuring the well-being of others. Our now more than century-old imperative at SSA is to continue to nurture the next generation of social work practitioners and leaders. Our students make great sacrifices to come study at SSA to realize their dream of making a real difference in the lives of others, and it is the support of gifts from alumni and friends that make it wholly possible for so many of our students to fulfill this dream. As we anticipate an even greater role for SSA in the future, so too do we need even greater support to enable our students to best serve others, and for our faculty and alumni to lead the way in forging a more supportive, responsive, and just society.

I look forward to continuing to keep you informed about the inspiring work of the SSA community, and to partnering with you as we strive to improve the lives of those around us.

Neil Guterman, MSW, Ph.D., is the Dean and Mose & Sylvia Firestone Professor in the School of Social Service Administration.

We welcome letters to the editor. Please send your submissions to julie.jung@uchicago.edu.

Conflict Resolution

Every war sends home soldiers who need help rebuilding their lives. For those among the nearly two million American troops who have served in Iraq or Afghanistan who are working to recover from physical and mental injuries, the Veterans Administration (VA) is the place to turn. With an influx of new patients, many of whom are dealing with signature injuries from these conflicts, including post-traumatic stress disorder and traumatic brain injury, the VA is on the front lines of many human services.

In this issue's Conversation, **Stanley McCracken**, a senior lecturer at SSA, and **Edward Landreth**, the mental health lead for the VA's Veterans Integrated Service Network (VISN 12), discuss integrated services, how the VA is tackling homelessness and more. With practice interests that include mental health, substance abuse and co-occurring disorders, McCracken is a U.S. Army veteran who served for four years, including during the Vietnam War as an interpreter. He has consulted to a variety of public sector and nonprofit agencies, including the VA and the State Department. Landreth has a doctorate in clinical psychology and a master of clinical social work. Working out of the Jesse Brown Veterans Administration Medical Center, he serves as both a clinician and an administrator for the region.

>>> ▪ <<<

Landreth: At the VA, we now have an OEF/OIF [Operation Enduring Freedom/ Operation Iraqi Freedom] program dedicated to serving the veterans from the Iraqi conflict and the Afghanistan conflict.

McCracken: Separate from the other programs?

Landreth: Yes. It's a program not only here, but across the nation. They even have their own separate outpatient unit with dedicated social workers, one psychologist and a psychiatrist who dedicate a hundred percent of their time to the veterans who are transitioning back post-deployment. Veterans come in and they meet their caseworker. And then they're assigned to different primary clinics throughout the Medical Center. For example, they might go to a Post Traumatic Stress Disorder Clinic for treatment and then be followed in the background by a social worker and actually an entire OEF/OIF team.

It's a culture change. That's an important thing that I hope people are understanding, that this is not the old VA. This is the new VA.

McCracken: I'm familiar with the old VA. How is the new VA different?

Landreth: Well, I can honestly say that we're striving to offer world-class service, especially in mental health. In 2005, we implemented what is called the Uniform Mental Health Service Handbook, and that lays out our goals and the basic services that we want to provide the veterans to assure that they're getting the best mental health care in the world. And this handbook addresses everything from evidence-based psychotherapy to how to treat PTSD [post-traumatic stress disorder] to military sexual trauma.

McCracken: What do you do for PTSD? You have the prolonged exposure therapy and then there's cogni-

tive processing therapy [CPT], right? [Prolonged exposure therapy helps patients remember and engage with the traumatic event(s), rather than avoiding reminders of the trauma, and CPT helps a patient learn how going through a trauma changed the way he or she looks at the world. Both are considered state-of-the-art treatments for PTSD.]

Landreth: We offer both.

example, Iron Mountain could be the hub where you have a psychologist or social worker or psychiatrist using telemental health with a veteran who's at a CBOC.

McCracken: You know where that came from? That came from rural mental health. In the early mid-'90s, the Department of Agriculture, I believe, provided funds for setting up centers where they could provide telemedi-



¶ The VA is a very exciting place to be right now because

McCracken: One of the things I had been thinking about is whether we should basically tell any veteran he or she can go into any community setting, to any hospital and get care. And it seems from what you've said that they're probably not going to get as good of care as at the VA, at least in a place like Chicago. My concern is more about the rural areas.

Landreth: We have within our VISN seven medical centers and we have 33 community-based outpatient centers—they're called CBOCs. We go all the way up to Iron Mountain. We cover four states: Michigan, Illinois, Wisconsin and Indiana. There's a CBOC located so far north I thought they were in Canada.

McCracken: [laughs] Right. You get there, but it's by dog sled.

Landreth: We have a very good telemental health system in place at every medical center and at every CBOC. For

cine to people living in rural areas. It's interesting to see that the VA is taking advantage of that. What about virtual exposure: Are you doing that now?

Landreth: In Madison we have Virtual Reality Iraq and Virtual Reality Vietnam. Currently we're looking into implementing it also at Jesse Brown VA Medical Center.

McCracken: What about families? What does that look like?

Landreth: We offer couples therapy, family therapy. It's not uncommon for me to see a veteran who will bring a significant other in. Any clinician knows how critical it is to involve the family in treatment, especially when you're dealing with Post Traumatic Stress Disorder.

McCracken: One of the problems that I've run into, both at the VA and in the community, is that pretty much all programs are siloed and operating separately from each other. How do you

deal with someone who has problems with, let's say alcohol dependence, PTSD, depression and homelessness, which I suspect covers, what about 30 percent of the vets that you have. Would they be getting services for all of the conditions—and would they have an integrated team that works together?

Landreth: Absolutely. Social workers or psychologists in the Outpatient

stated that he's going to end veteran homelessness within five years. And so this program offer vouchers to homeless veterans for them to obtain housing.

McCracken: Are there supportive housing services that go along with it?

Landreth: Veterans in the HUD VASH program are assigned a caseworker who will follow them from getting the

of approaches.

How do you orient social work students of all kinds and maybe even new employees to military culture? Do you have a formal kind of training on what military culture is and how it's going to affect the thinking?

Landreth: As far as I know, there's no formal class or anything. Through the individual supervision, working closely with the supervisor, that's where they're learning.

Brothers [Hospital] on providing services to vets, which were really nice, and the place was packed. One of the things that was interesting was that we started the day with posting the colors. And for a lot of the people, they've never even seen anything like this. I think that starting the day that way, since it happens on every post everywhere in the world, helps to kind of give a mind-set.



we're putting all of these **comprehensive services** in place.”

Psychiatry Section work closely with the social workers in OEF/OIF. We all have access to each others' notes, and we set up team meetings. I also want to mention that we have embedded a clinician into the PTSD team who focuses on substance abuse.

McCracken: Excellent! It seems like the VA is one of the very few places where integrated mood disorder treatment is actually a reality and you're able to pull it off. That's very impressive.

Landreth: The VA's a very exciting place to be right now because we're putting all of these comprehensive services into place. When I was considering what I was going to talk about today, I was thinking about how it would be very difficult to cover all the new programs in this conversation. We also have, for example, the HUD VASH Program [Housing and Urban Development, VA Supplemental Housing]. Secretary Shinseki last year

voucher all the way through to being placed into the home, help them obtain blankets, furniture, whatever they need. And, you know, a lot of these veterans, more chronic homeless veterans, they haven't paid bills in a long time. They don't have checking accounts. So the social worker will help this veteran with every aspect of getting back. This all falls under the paradigm of Housing First.

McCracken: For my students, especially the ones that are doing the Advanced Training Program for Addiction Council training, I've been pushing them really hard to go to the VA, because they'll get exposure to evidence-based interventions. Plus, this is the place that's hiring. Jesse Brown hired one of my students, [the Edward Hines Jr. VA Hospital] has two or more. And the supervisor is glad to have them because they already have an appreciation for these kinds

McCracken: I've talked with people about it some, and we talked about using words like honor and duty—words you don't hear as often in the civilian communities, at least not with the same degree of reverence as you do in the military. And I've had it pointed out that there are habits military people develop and stick with them. For example, I still have a hard time walking outside without a hat on. I mean, when you're outside, you're covered; and when you're inside, the cover is off.

Landreth: Oh, sure. I've had veterans who have said to me, "I wasn't quite sure if I should discuss this with you because you really don't know what it's like. You're a civilian. Civilians don't understand."

McCracken: Is the VA doing much training of community providers? I did some of the trainings with Alexian

Landreth: Right. That's a good idea.

McCracken: It would be good to do some trainings for all of our social work students, at least those who want to work with people in active duty or vets. I'd like to see the VA take a stronger role in terms of training and education, not just for residents and fieldwork students, but also for community providers because of the number of vets that are being seen, both at the VA and the community hospitals. And it's not that people with no military background can't emphasize. They don't know what questions to ask.

For more of this Conversation, including a discussion of the difficulty of returning home and suicide prevention, visit ssa.uchicago.edu/publications/ssamag.shtml.



What are the Hours?

Giving retail workers 'predictable unpredictability' in scheduling could ease employee work/life conflicts

IN THE RETAIL FIELD, employers frequently use "just-in-time" scheduling practices: setting hourly workers' schedules with limited notice and making last-minute schedule changes. These practices introduce unpredictability into workers' schedules, making it difficult for many to count on reliable earnings or plan for family responsibilities.

According to the findings of The University of Chicago Work Scheduling Study, led by SSA associate professors Susan Lambert and Julia Henly, work schedules have important social welfare implications, creating challenges for a range of employment and family outcomes. The findings also suggest that there may be ways to lessen the impact of unpredictable scheduling on hourly retail workers.

Funded by the Russell Sage, Ford, and Annie E. Casey foundations, the Work Scheduling Study is being conducted at a nationwide women's apparel chain. "The employer was interested in participating in the study because scheduling can be a source of stress for all involved," Henly says. "Managers often hate making schedules. Employees get frustrated with the unpredictable nature of them. [The topic] really resonated."

The research to date has been broad and deep, including using

granular recordkeeping at 19 stores on when schedules were posted, when individual employees clocked in and out, and information about turnover and retention in 151 stores over time. In addition, they conducted surveys of managers and employees about work and family domains, as well as psychological and economic well-being.

The hourly retail workers Lambert and Henly are studying are not just college kids working during school holidays: The women have a median age of 47, about one-third have child-care responsibilities and 40 percent have a second job. "At SSA, a lot of our students end up dealing with the consequences of workers' unstable schedules, working with families trying to manage the demands of work and child care, families experiencing the vagaries of the labor market," Henly says. Whether interfering with clients' ability to keep appointments or contributing to economic hardship and instability in family life, work schedules are a critical social welfare issue.

The study found that job turnover for the hourly workforce is high, particularly for part-time sales associates, younger workers and recently-hired workers. But it also found that the more hours employees work and the less their hours fluctuate, the longer they remain employed at the firm, even after

taking into account factors such as age, race and job status. In particular, Lambert and Henly found that stores with smaller staff size and more hours per employee have lower turnover and higher retention. Because managers often have control over the number of employees on their payroll, maintaining a small staff size can pay off in terms of employee longevity.

The study also found that the rationale for just-in-time scheduling—the need to be flexible because of enormous variability in sales and in other staffing-related needs—often doesn't pan out in reality. "Somebody has to open the door every day," Lambert says. "Somebody has to close the cash register. There has to be a certain number of employees at all times for safety."

In fact, although individual employees frequently find their schedules varying quite a bit from week to week, overall store hours fluctuate much less than is commonly believed. "Although there is variation in expected demand at the margins, week to week and day to day, we find that managers might be able to take better advantage of the stability that's there," Lambert says. "For example, if 80 percent of the hours are always the same, a manager might be able to give employees a stable schedule for 80 percent of their

hours, and then tell them to expect that 20 percent may vary week to week. Such a practice would give employees 'predictable unpredictability.'" Employee survey findings suggest that employees with more predictable schedules report less work-to-family conflict, lower stress and fewer interferences with nonwork activities such as scheduling doctor's appointments, socializing with friends, and eating family meals together.

Lambert and Henly are currently analyzing the impact of a workplace intervention designed to build greater predictability into employees' hours through greater advanced notice of work schedules. They hope that the Work Scheduling Study will increase understanding of the connection between work schedules and individual and family well-being and contribute to employer and public policy initiatives to increase workplace flexibility.

"As researchers, we can step back and look anew at how employers might manage the scheduling process in a way that balances their frontline employees' needs with broader business goals," Lambert says. "As social work scholars, we are uniquely positioned to consider how workplace flexibility can be extended to low-wage hourly jobs in ways that benefit both employers and employees." — Ed Finkel

Represent Me

New research explores how residents of low-income communities think about political representation

RESEARCH HAS SHOWN that low-income communities don't have the political clout of more affluent neighborhoods. And so, when working in poverty-stricken urban neighborhoods, today's large "downtown" government agencies and foundations have learned the importance of community participation. The typical approach is to invite local leaders like the pastor at an influential church, the executive director of a social service agency and a local elected official to an advisory board or set of meetings.

"We see many of the same leaders and organizations on the South Side invited to participate on a variety of projects. Because they are not elected, it is important to understand whether the people in the community feel like they're represented by these institutions and if they feel comfortable with community-based organizations speaking on their behalf," says Colleen Grogan, a professor at SSA.

Grogan, Assistant Professor Jennifer Mosley and Associate Professor Scott W. Allard did more than

a dozen in-depth cognitive interviews and surveyed more than 200 South Side residents of the Washington Park, Woodlawn, Grand Boulevard and Kenwood communities. They found that more than half of those polled could not identify anyone who could speak on their behalf. Respondents often said their aldermen were not responsive and views were split on whether local churches were good representatives. While social service agencies were generally seen as altruistic and trustworthy, few residents felt a strong bond with them.

"Some community members thought that church leaders would have only the interests of themselves and their congregation in mind, not the larger community," Mosley says. "For social service agencies, people felt like if a group is out in the community getting things done, like helping people find a job, then they could usually be trusted."

Allard, Grogan and Mosley also explored what kind of representation residents would prefer, giving them a choice between a person



who communicates regularly with community members, someone who is very effective in "getting things done," and someone who is from the neighborhood itself.

"The clear loser was the affinity role," Grogan says. "So 'good representatives' don't necessarily have to live in the neighborhood. At the end of the day, the people we talked with wanted to see something done, and they wanted to be sure they were heard."

Next is a broader survey of attitudes about representation and a comparison of the results with how the local

institutions themselves see their role.

"It seems like sometimes an executive director for an organization goes to a meeting downtown and says, 'This is what our residents need,' and the people in the community didn't even know that the meeting happened," Mosley says. "The ultimate goal of this study is to understand if some organizations are particularly successful at engaging and representing residents so that we can improve democratic participation in vulnerable communities." — Carl Vogel

Coming of Age

Being a teen in Vietnam isn't what it used to be—or at least what it seemed to be

IN THE LAST 30 YEARS, Vietnam has gone from a communist, largely agrarian society ravaged by decades of war to one of the fastest growing economies in the world. In a generation, almost everything has changed, including society's view of adolescence and of teenagers.

"In 1975, adolescence was conceptualized as a stage that marks a specific level of political maturation of an individual, and the discourse about



adolescence explicitly used political jargon," says Huong Nguyen, A.M. '06, Ph.D. '10, who studied the issue for her doctoral dissertation and is one of the first people in Vietnam to receive a Ph.D. in social work. In contrast, she says that by 2005, the Vietnamese view of adolescence

had been "stripped of its political dimension and modeled after a Western conceptualization."

The basic American perception of adolescence is a time of searching for one's identity, of social and sexual

maturity, and of "problem" behavior and rebelliousness. Now a research assistant professor of social work at San Jose State University, Nguyen says that with the adoption of a market economy and globalization, Vietnam has imported these ideas, as well, although she adds, "Each culture will have its own definitions and boundaries regarding what 'problem behavior' is."

Starting adolescence in America also marks the entry into a vast and lucrative consumer market, and here too, Vietnamese youth are becoming more like their Western counterparts. In Vietnam, Nguyen found that markers of teen interest evolved from Ho Chi Minh and other revolutionary icons to figures

like Britney Spears, David Beckham and Korean movie stars.

Nguyen believes that these kinds of "cultural and societal change really matters when it comes to social work." Although Americans' underlying notion of adolescence hasn't changed much over the last decades, it can differ in subtle but important ways among different socioeconomic and cultural populations—and it certainly is changing in many developing countries such as Vietnam. "When we work with clients who have come of age at different times," Nguyen says, "we need to take into consideration those perspectives." — David Argentari

Founded in 1927, *Social Service Review* is devoted to thought-provoking, original research on social welfare policy, organization and practice. Articles analyze issues from the points of view of various disciplines, theories, and methodological traditions, view critical problems in context, and carefully consider long-range solutions. The Review is edited by SSA's Emily Klein Gidwitz Professor Michael R. Sosin and the faculty of SSA.



Short-Term Work

Does taking a temp job limit a woman leaving welfare?

SINCE 1996, WELFARE POLICY HAS AIMED at moving poor mothers off public assistance and into jobs. But what kind of jobs? For example, are temporary jobs an ill-paying dead end, leading to nothing but more temp jobs? Or is temp work, as some believe, a stepping stone to something better?

A new study suggests that for most women coming off of welfare, temps jobs are indeed a brief stop on the way to regular employment. Most work only a short time at temporary jobs, receive modest training in basic job skills, and end up neither better nor much worse off than women who go directly into regular jobs. "The recipients who took these jobs don't say they were dead-end jobs," says Mary Corcoran, a professor of public policy at the University of Michigan.

In an article published in the June 2010 *Social Science Review*, "Temporary Employment and the Transition from Welfare to Work," Corcoran and Juan Chen, a professor at the Hong Kong Polytechnic University, attempt to answer two questions: what kind of women take jobs through temporary employment agencies? And how do they fare in the long run compared to women who take "direct-hire" jobs?

The researcher followed 483 single mothers from Michigan for six years after welfare reform. Many faced serious obstacles to employment. A fifth reported literacy deficiencies. A quarter said they had the symptoms of major depression. Almost half had some physical limitation.

But in these and other ways, including age, skills and education, women who took temporary work looked the same as women who took direct-hire jobs. "What I thought I would find is that temporary workers would have very different characteristics from direct-hire workers, and I thought I would find the reasons why they went into temporary work," Corcoran says. "But I didn't."

Fathers Wanted

When a mother has severe mental illness, children do better when a father is involved

THE CHILDREN OF WOMEN with severe mental illnesses tend to do better or worse in school according to the severity of their mother's illness, according to a recent study published in the March 2010 *Social Service Review*. However, the research also found that the same children perform better in school and are less likely to engage in risky behavior like smoking or drinking if their fathers are involved in their lives—even if the fathers do not live at home.

"There is no panacea," says Daphna Oyserman, one of the article's authors and a professor of psychology at the University of Michigan. "If mothers have mental health problems, it's problematic. Being with the father doesn't take away those problems. But it has a separate, positive effect."

For the research in "Independent Effects of Paternal Involvement and Maternal Mental Illness on Children's Outcomes," Oyserman and colleagues studied youths whose mothers suffered from severe mental illnesses. Women with mental illnesses are just as likely as other women to have children. But they are less likely to marry or live with the child's father and more likely to engage in poor parenting practices.



Temp work is common. Of the women in the study, 39 percent temped at some point in the years between 1997 and 2003, although most who took temporary jobs did so for only a short time. Sixty percent temped for 13 weeks or less and only 6.5 percent temped for more than a year. Many women said temp jobs helped rather than hurt them. About three in 10 said the temp jobs led to permanent employment. And most said they learned simple job skills, such as workplace conduct, in the temporary jobs.

Still, many questions remain. The study could not determine why women take temporary jobs rather than permanent jobs. Do they have no choice? Does the local welfare office steer them to temp jobs? Or do they choose temp jobs because such jobs are more attractive, perhaps offering greater flexibility for child-rearing? The researchers also found that African American women are more likely to take temp jobs than white women—68 percent compared to 48 percent.

"I don't know why it is," Corcoran says. "It certainly suggests to me that they have a hard time finding direct-hire jobs."

Juan Chen and Mary E. Corcoran. 2010. "Temporary Employment and the Transition from Welfare to Work." *Social Service Review* 84 (2): 175-200.

The authors interviewed the 168 youths and their mothers over five years; they also consulted teachers and school records. In contrast to most previous research on the children of mentally ill parents, their study focused on a group that was both ethnically and economically diverse: More than half the families lived below the poverty line, and 58 percent of the youths, whose average age was 15, were African-American, 32 percent were white and 8 percent were Hispanic. Only one in five said his or her father lived at home most of the year, but three in four said their fathers were involved in their lives.

That fathers matter—even if they don't live at home—has clear implications for social work. Oyserman says social workers might help the children of mentally ill mothers by finding ways to increase an absent father's involvement instead of only trying to get the father to live with the family. "Living there may simply not be feasible," she says. "We may not know what else is going on. It may be better to encourage and structure ongoing contact."

Social workers could also give more support to mothers to improve parenting skills. Or they might help the children in school. Such efforts, beyond their own obvious benefits, might also encourage the fathers' involvement. It's possible, for example, that a father would be willing to spend more time with a child who is doing well in school or whose mother is a better parent.

The study also has implications for foster care. The aim of social workers



is usually to reunite a foster child with the parent who has custody—typically the mother. But encouraging the father's involvement may also be important. "What this is saying is that things outside the mother can be helpful," says Oyserman, who is currently looking at the influence of religiosity and religious institutions on the same youths.

Paula Allen-Meares, Juliane Blazevski, Deborah Bybee, and Daphna Oyserman. 2010. "Independent Effects of Paternal Involvement and Material Mental Illness on Child Outcomes." *Social Service Review* 84 (1): 103-27.

The Benevolent Tradition

"Lady boards" gave women an opportunity to lead charitable organizations nearly two centuries ago

WHEN F. ELLEN NETTING, PH.D. '82, AND A COLLEAGUE were looking into the history of old charities in Richmond, Va., an archivist mentioned something that surprised them: Many had been run by women.

Netting, a professor at Virginia Commonwealth University School of Social Work who studies nonprofit organizations, had been searching for clues as to how charitable organizations—essentially early social service agencies—had built capacity and sustained it over many decades. But she and her colleagues were soon side-tracked into studying a local example of what they characterize as a largely forgotten tradition: women taking a leading role in establishing and governing charities in cities across the East Coast well before the Civil War, long before it was commonly thought women had assumed such responsibilities.

Historians identify three often overlapping traditions among women's organizations in the 19th century: benevolence, reform and rights. The reform tradition dates to the 1830s, when women focused on abolishing slavery, closing brothels and other causes. The rights tradition emerged in the 1840s and '50s. But the oldest of the three traditions dates to the late 1700s as women organized to meet urgent social needs, supporting such institutions as orphanages.

Netting and two Virginia Commonwealth colleagues, Mary Katherine O'Connor and David Fauri, identified 24 still surviving Richmond charities that had been founded before 1900. In an article in the December



2009 *Social Service Review*, "A Missing Tradition: Women Managing Charitable Organizations in Richmond, Virginia, 1805-1900," they write that most were run by "lady boards of managers" who raised money, made decisions and involved themselves closely in the day-to-day operations.

Usually religiously affiliated, the organizations and their boards created "homeplaces" that fostered the development of a "social service culture." They also gave opportunities for civic participation at a time when women were excluded from much of public life. The organizations had few paid staff members; much of the work was voluntary. Decision-making was often collective and consensual. And the boards typically relied on male trustees or financial advisers behind the scenes—typically a clergyman or doctor who was often a spouse of a board member.

The authors say social work history has largely ignored the lady boards, dismissing their members as "ladies bountiful" and pre-professionals who did little to challenge the status quo. Yet these women created "enduring organizations ... before there were books on management, a social work profession or a nonprofit literature," the authors write. "They planted seeds that lasted, but their efforts have been erased from institutional memory ... as professionalism overpowered volunteerism and as the profession came to value broader scale advocacy over the tedium of direct service."

F. Ellen Netting, Mary Katherine O'Connor, and David P. Fauri. 2009. "A Missing Tradition: Women Managing Charitable Organizations in Richmond, Virginia, 1805-1900." *Social Service Review* 83 (4): 557-84.

Every Block a Village

From community research to community organizing, the Westside Health Authority brings promise to Austin

BY JULIE JUNG



WHEN ST. ANNE'S HOSPITAL CLOSED in 1988, Jacqueline Reed was busy as a third-year Extended Evening Program student at SSA, a fellow at the Chicago Community Trust and a mother raising four children with her husband, Ronald. But Reed knew that with St. Anne's gone, her community of Austin, a predominantly African-American neighborhood on Chicago's West Side, would be without easy access to affordable health care. And she decided she needed to do something about that.

Reed, A.M. '89, started by examining the causes of hospital closings, which led to advocacy for innovative solutions. The grassroots movement she helped create led to an even wider set of programs. Today, Reed is the CEO of the Westside Health Authority (WHA), a community-based organization in Austin that she founded and built from the ground up. Her interdisciplinary approach of combining on-the-ground

research with a sophisticated understanding of the integration of programs and systems has led to an organization that offers health care, job training, housing assistance and more.

Sociologist Claire Kohrman, Lab '52, who has gathered data with Reed and WHA for nearly 20 years, says that she's gratified for the experience. "Jacqueline Reed's agency is built on the responses from the community rather than on theory—and this allows WHA to build on the strengths and assets of the community," she says. "She has a spiritual and missionary-like commitment combined with sophisticated skills from her SSA training that make her remarkably effective."

WHA's strength comes from community organizing, such as the cornerstone project "Every Block a Village," which harnesses the collective assets of the neighborhood. Through the program, WHA has developed substantial relationships with citizen leaders on 100 blocks in Austin and has reached

out to 200 more. Every Block a Village equipped local residents with Internet access, orchestrates meetings and holds potluck dinners to build a sense of trust among neighbors. Since its inception, many Austin residents have decided to not leave the neighborhood, investing back into their properties instead.

"Community needs to be built everywhere—in poor and wealthy neighborhoods. It's what we collectively struggle with in terms of improving our schools, ending violence, and building tolerance and understanding of one another," Reed says.

After a public meeting about the closing, chaired by Reed and attended by more than 300 people, she worked with two local community groups that shared her vision to bring the kind of health services needed in Austin without the added cost of a large inefficient hospital system and facility. She organized a breakfast at a ministers' coalition meeting, persuaded local clergymen to donate \$40,000 for the purchase of a building, solicited a matching grant from churches, and found tenants for the building to assist in paying the mortgage.

WHA organized a consortium

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THE WESTSIDE HEALTH AUTHORITY began because Reed thought Austin residents needed a voice in their health care. "I wanted to return to this community better equipped to help people understand some of the macro level needs. What is happening in health care? What are the implications of policies that are impacting our communities?" she says.

Located just seven miles west of downtown, Austin was devastated in the 1970s and '80s by the closure of major factories, including Sunbeam, Leaf Brand Candy and Aldens, and Reed was keenly aware that the community's priority was job retention and creation. "It was not until the closure of St. Anne's that people organized and became engaged in health care," she says. "St. Anne's was a major community institution, which represented neighborhood stability."

of medical providers at the site, which included many Chicago hospitals. In 1991, University of Illinois opened its first off-campus clinic at the former St. Anne's hospital, and three years later, Cook County opened a small clinic there as well. Although the University of Illinois clinic eventually closed, several community residents were hired and remain employed at the main campus. And thanks to its community infrastructure, WHA quickly absorbed the loss through the expansion of the Cook County Clinic, which later met an increasing demand for primary and specialty services with a 28,000-square-foot Austin Wellness Center facility that opened in 2004.

"Through the Austin Wellness Center, not only have we been able to help people understand the reality of health care services today," Reed says, "but we have been able to help people take some responsibility for creating the type of facility and sustainable services that meet their needs. In fact, the

first \$60,000 for the facility was raised by the people themselves. As a result, we have also been able to provide jobs and develop businesses for community people." More than 55 percent of the construction contracts to build the Wellness Center were with African-American contractors, and 80 percent of the jobs went to local residents, returning approximately \$2.8 million back into the community.

Bolstered by their success, Austin's community groups examined ways to expand health care services. Community providers and local residents created strategic plans together

of older people and supporting local businesses. We think that through that kind of mechanism, 'every block a village', we can shape our future in a more positive way," Reed says.

WHA now boasts 54 employees, six storefront buildings and 21 subsidized apartment units. At the Community Re-entry Center, more than 4,000 ex-offenders annually take advantage of a wide variety of services, including a fully functioning computer lab, voicemail, barbers, job coaches and referrals for ongoing services. The program is being used as a model around the country. WHA also operates

tors with citizen leaders via emails to discuss health issues and connected volunteer mental health professionals with residents to discuss ways of reducing stress.

Reed believes that many communities have long been dependent on outside professionals rather than solving problems from within. "This community has many wonderful attributes, which can be useful in solving its own problems. I like to describe them in terms of assets, and a huge asset is the common vision and hope of the people. This builds all of our hope for our future," Reed says.

advocates used the data to advocate for safe places, jobs and basic services in the community. Residents have also shared their information with doctors working in Austin and people from other countries have been interested in speaking with community residents and Kohrman about their findings.

"Mrs. Reed and Dr. Kohrman allowed us to go into fields that we wouldn't have been able to go into," says Patricia Wright, an Austin resident who became a researcher/interviewer for the University of Illinois at Chicago's Research Laboratory via her training at WHA. She now works for WHA as a community health advocate. "I would never have been a community researcher without them."

Reed credits her training at SSA, as well as the relationships and access to resources she developed at the School, with giving her the leverage to provide a voice of leadership, including during the first years of negotiating a new health clinic. "I was actually implementing some of the strategies I was learning at SSA on how to advocate and negotiate with power-brokers," she says. Last June, the SSA African-American Student Association awarded Reed with the Alumni of Color Award.

Reed says she's pleased to see that young African Americans are coming back to Austin to work in the neighborhood. Reed's own son and daughter, an attorney and financial analyst respectively, are now working at WHA. It's important, she maintains, that students who are interested in starting their own nonprofits and working in community advocacy have experience in the communities where they want to work.

"I worked for three different West Side organizations, Bethel New Life, Westside Holistic Family Center and Trinity Resources Unlimited, before I branched out on my own," she says. "Students need to know that they don't have to ultimately work for a large organization. We need people with all kinds of skills working in their home communities and becoming part of its fabric."



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to promote health, and prevent the chronic diseases affecting Austin, such as obesity, heart disease and breast cancer. Current programs include daily fitness classes and health seminars, as well as a partnership between several Chicago-area universities and Stroger Cook County Hospital to hire community residents to teach medical professionals about their community and communicating with patients.

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VERY EARLY IN WESTSIDE HEALTH
Authority's development, Reed expanded the vision of community and individual health. For example, for years Austin had not seen its children playing in its parks. Now, WHA engages men in the community as coaches and mentors in three baseball leagues for children of different ages.

"This is what we call community: People uniting together around the socialization of children, the protection

a community support advisory council of people whose children have been incarcerated.

More than 8,000 local students have used WHA's Technology Center to learn computer skills and take workshops on topics such as writing a resume. In partnership with the City of Chicago's Department of Family and Support Services, WHA is placing about 35 people in jobs each month. The Austin Safety Net Works, a violence prevention coalition organized by WHA, operates a volunteer network to implement peace-making strategies and promotes programs such as a recent Stop Violence Against Women campaign.

WHA's many accomplishments is largely attributable to the power of the residents themselves. Women in the community served on Cook County's Health Advisory board and sold catfish dinners as a fundraiser to show a level of commitment that launched the campaign for the Austin Wellness Center, for example. WHA has connected doc-

REED WAS ABLE TO BUILD THE WHA, in part, through the use of hard data to convince local policymakers and foundations to support their efforts. To gather that information, Reed and Kohrman developed a research model in 1992 in which people from the community were trained in research methods. After surveying, the participants reported the information back to the community, not only to academic audiences. Back in the early 1990s, this approach was rare, but now, community-based participatory research (CBPR) has become a well-respected research method.

"Our first research project indicated that stress was the biggest issue," Kohrman says. "For example, over 60 percent of surveyed community members had witnessed drug dealing on their block, over 55 percent were concerned about the safety of their children, and over 50 percent had personally witnessed violence." WHA

THE PROMISE OF

Research on how
to prevent social ills
is on an upward
trajectory—and
that's fueling a
wide array of policies
and programs

SINCE ITS INCEPTION, social work has been interested in not only serving those in dire circumstances, but also in getting ahead of the problems that services aim to address. Keeping the crime from being committed, the substance user away from dependence, the child safe from harm or the student in school is a step better than attempting to rebuild lives scarred by jail, addiction, maltreatment or a failed education. Aid to those who are troubled will always be necessary, of course, but how wonderful it would be for an individual to never face that trouble in the first place.

In many ways, social work is a natural field to advance the promise of prevention. "Social workers think about the macro level and about people in the environment," says Sydney Hans, SSA's Samuel Deutsch Professor. "In clinical practice we're working in schools, in youth centers, in the community. We see that supporting youth development is cheaper than prison—and we see the effects of prison on that youth's life and his family."

For most of social work's 100-plus year history, however, investment in prevention has been difficult to bring to scale. "Policymakers could just say, 'That sounds nice, but where's the hard evidence?' It used to be difficult to show that prevention works. Social work professionals could themselves see the benefits of prevention, but they had a hard time 'proving it,' to the pub-



lic," says Neil Guterman, the dean of SSA and the School's Mose and Sylvia Firestone Professor. "How do you show a program works if its aim is to keep something from ever happening? It seems almost paradoxical."

Yet research has been leaping over that apparent paradox for years. For example, from health care research, we now have scientific proof of the impact of smoking, obesity, nutrition and other factors on every-

thing from heart disease to depression. Prevention research is why your doctor may tell you to watch your cholesterol or give you a vaccination at your annual check-up, and why there's fluoride in your drinking water.

Attention to prevention in social and health care services is unmistakably on the rise. Just look at the 2010 health care reform bill, the Patient Protection and Affordable Care Act, which creates the National Prevention, Health Promotion and Public Health Council, provides grants to small employers to create wellness programs, mandates the disclosure of nutrition content in chain restaurants, and requires insurers to cover key evidence-based clinical preventive services.

"There are a lot of prevention policies in this bill," says Harold Pollack, the Helen Ross Professor at SSA. "That's noteworthy. It's hard to get, say \$10,000 to build a fence around a local well. But when a toddler falls in and the rescue attempts are on cable TV for three days, then we're willing to spend \$100,000

PREVENTION



We use of these strategies is growing because the research methodologies have really advanced, and social welfare scholars are increasingly recognizing their power //

— NEIL GUTERMAN

to save her. We're starting to understand now that the life you save with the fence is as real as the toddler who's already in peril. And in public health policy, we are now creating financing structures and regulations to ensure that prevention receives higher priority."

Much of this is thanks to the rise of research that offers proof positive that programs and policies do indeed reduce major social problems before they have a chance to erupt—and save the public money at the same time. For example, a groundbreaking study of a home visitation program to young parents who are at-risk of child maltreatment in the mid-1970s showed that nearly 80 percent of mothers in the program had fewer verified reports of abuse or neglect and more than 50 percent fewer of the children avoided arrest as adolescents. A slew of studies of similar programs around early childhood development have shown the same kind of results.

Today, supporting newborns and toddlers and their families is a leading prevention policy priority. It's been a top agenda item for the Obama administration—for example, the health care bill includes \$1.5 billion allocated to home visitation programs. University of Chicago Nobel laureate James Heckman, the Henry Schultz Distinguished Service Professor in Economics in the College and the Harris School of Public Policy, is a researcher and outspoken advocate on why early prevention and support are effective and makes good economic sense. A recent study by the RAND Corporation reported that every dollar spent on home visitation saved \$5.70 in other governmental, health care and social costs. And even the U.S. Chamber of Commerce is on board, recently publishing a report "Why Business Should Support Early Childhood Education" through its Institute for a Competitive Workforce.

"There's been a historic shift in social welfare scholarship around prevention in the last 10 or 20 years, an unmistakable growth of research that sheds new light on ways to both prevent social problems and reduce public expenditures, and of connecting this research to local, state and federal policy," Guterman says. "And this growth continues in an upward trajectory."

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DVOCATES FOR EARLY childhood development may be the most obvious proponents of prevention policies, but look almost anywhere in social services and you'll see a similar story. For example, SSA Professor Mark Courtney has testified to a Congressional committee about his research on the collateral benefits of providing support to foster children after age 18, which helped the passage of the Fostering Connections to Success Act in 2008. Dexter Voisin, an associate professor at SSA, influenced policy related to framing public health messages in Illinois with his studies of how to best get HIV prevention messages to youth. "Policymakers shouldn't make decisions just based on anecdotal stories," Voisin says. "They need to look for hard data and know that what they're doing works or will have the potential to work."

Social welfare scholars are increasingly turning to the latest research techniques that enable reporting with confidence that a program or policy will have a specific preventive impact. Randomized clinical trials, like those used to test out new medications, allow researchers to scientifically weigh the efficacy of delivering a specific service to vulnerable individuals, when compared against a group who hasn't received the service. And longitudinal studies give correlational information that can help identify the early causes of social problems, long before they crop up.

"Increasingly, social welfare scholars are relying on such statistical strategies as 'propensity score matching,' which permits us to construct a statistically unbiased control group, when we can't feasibly carry out a randomized clinical trial in the real world. Others are turning to techniques such as 'structural equation modeling,' which enables us to much better estimate causal precursors to social problems than before," Guterman says.

"The use of these strategies is growing because the research methodologies have really advanced, and social welfare scholars are increasingly recognizing their power."

One of Guterman's current projects is a four-year randomized trial of the impact of parent aide

services, a paraprofessional home-visitation program for parents identified as at high risk of child maltreatment. A historical predecessor to home visiting programs, parent aide services have been operating in hundreds of communities across the United States for several decades, but there has never been a controlled evaluation determining whether they work or not. His study, currently being prepared for publication, finds that parent aide services have a statistically significant positive impact after six months in reducing parental stress, maternal depression and anxiety, and reducing psychological aggression and physical assault toward a child.

Hans is in the midst of a similar research project for the Doula Home Visiting Initiative, which has been operating for more than 20 years, and has served more than 10,000 families since inception. "Nobody has really ever studied it to determine if it's having the effects as planned," Hans says. "For the Ounce of Prevention [the agency that operates the program], this is an opportunity to show policymakers that research backs up that there are useful results and a cost benefit."

Deborah Gorman-Smith, a research fellow at Chapin Hall specializing in prevention of youth violence and president-elect of the Society for Prevention Research, a 20-year-old multidisciplinary organization, points out that with a growing wave of prevention research, we're learning more about longstanding programs. Sometimes the results are heartening, giving a boost to advocates for ongoing support, and sometimes what was considered successful is found to fall short.

Perhaps the most infamous example is DARE, the national anti-drug use program that has been implemented across the country at a cost of millions of dollars over many years. "Research found that not only was it not having a positive effect in preventing substance abuse, for some groups of youth it was having a negative effect," Gorman-Smith says. Even proof that a prevention program isn't working is useful, though, since the information can help free up resources for better alternatives.

"The field has become more methodologically sophisticated, while at the same time recog-

nizing that much can be learned about the long term impacts of programs by taking advantage of existing administrative or archival data," Gorman-Smith says.

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GORMAN-SMITH is also the principal investigator and director of the Chicago Center for Youth Violence Prevention, a new collaboration between Chapin Hall, the University of Chicago Crime Lab and the Chicago Project on Violence Prevention at the UIC School of Public Health, which is the umbrella group for Ceasefire.

The center, one of four National Academic Centers of Excellence funded by the Centers for Disease Control and Prevention, will build on earlier research to develop an integrated set of activities aimed at reducing youth violence within targeted Chicago communities, and use the knowledge gained in this process to inform violence-prevention efforts more broadly.

"We're appreciative of the opportunity to work with the center, which brings complimentary strengths and resources," says Roseanna Ander, the executive director of the Crime Lab. "That's important to our goal: We're interested in building a kind of portfolio of different kinds of interventions that work across the lifespan and for different populations, that have been tested and found to work."

The Crime Lab is currently running a randomized clinical trial of the Becoming a Man—Sports Edition (BAM) intervention, which helps low-income urban youth strengthen emotional self-regulation and social skills. "In many cases, young men get into violent situations because they have what's called 'hostile cultivation bias,' which means they have a tendency to view people as having more hostile intentions in ambiguous situations than is actually the case," explains Pollack, who, along with SSA Professor Jens Ludwig, co-directs the Crime Lab. "By strengthening socio-emotional skills, we can help



Making a List

FYOU WANT EVIDENCE that preventive practices are having an impact on policy and funding, look no further than the proliferation of lists that catalogue research-backed programs. Such lists are kept now by federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA), state programs like the California Evidence-Based Clearinghouse for Child Welfare, and nonprofits like the Coalition for Evidence-Based Practice.

In theory, a careful list of programs is a great way to ensure that government and philanthropic funds only support projects that are demonstrated to work through rigorous research. Some lists even give better grades if the research included a double-blind study, and in some states, a program must be on the list to be supported.

Some prevention experts are questioning how well the lists work in practice, though. "My concern is that the standards of evidence for effectiveness of a program vary considerably across the lists, and yet the lists are used as if they are interchangeable. And I'm concerned about watering down standards to increase the number of programs that can make a list," says Deborah Gorman-Smith, who nevertheless says she's glad to see evidence standards are requiring the field to "take a serious look at what we are doing and make the case, with data, for continuing to do it."

Neil Guterman argues that if there are only a few approved programs on a list, it can limit the consideration of new ideas, and he adds that the lists can oversimplify a complex situation. "Because these lists are so user-accessible, policymakers can potentially overlook a lot of the other factors that should be taken into account to match a program with the specific needs of a given community," he says.

"I understand the intent, and it's a good idea," Guterman concludes. "But the reality of how such clearinghouses are being used in practice can raise concerns."



Policymakers need to look for hard data and know that what they're doing works or will have the potential to work.

— DEXTER VOISIN

youth avoid getting into a bad situation in the first place.”

One of the fascinating aspects of prevention work is how one strategy can potentially lead to a cascade of multiple positive outcomes. By avoiding the criminal justice system, a young man who has gone through BAM can remain in school and stay on a much better track for future employment. With improved socio-emotional skills he may lower the amount of stress in his life, which can impact mental health and substance abuse issues, and he may do better in school because he can avoid confrontations with teachers in the classroom.

Measuring all of these outcomes is currently beyond the scope of most studies, although the Crime Lab’s research of BAM does include an assessment of the basic academic success of participants. “This is one place where the University of Chicago has a real advantage to gather this wide set of data because of our relationships with Chicago Public Schools, the Illinois State Police

and on-campus organizations like Chapin Hall,” Pollack says.

The work of Jennifer Bellamy, an assistant professor at SSA, is focused on how to help young first-time fathers become more positively involved with raising vulnerable children in order to prevent child maltreatment. Even though Bellamy’s research won’t explicitly measure all the ways the program helps secure a better life for the children, the existing body of research can build a case for the program’s potential range of positive long-term impacts. For example, the National Institute of Mental Health is interested in preventing abuse and neglect because research has shown that child maltreatment is a factor across the lifespan for a wide variety of mental and physical health outcomes, and the National Science Foundation is interested in the issue because of documented links between violence prevention and educational outcomes.

Bellamy’s research is also an example of where prevention research is heading—closer inspection

PREVENTION IN THE CLASSROOM

PREVENTION RESEARCH IS A GROWING FIELD, and with the continued expansion of home-visitation and other early childhood programs, prevention is a career option for more and more practitioners as well. So how are the next generation of social workers learning about the state-of-the art in prevention thinking?

At some level, preventing social problems is already woven into the social worker mindset and training. “The old notion of seeing a ‘red flag’ in a clinical encounter—that’s another way of saying that the practitioner sees a risk factor for some future problem in a client’s life, and such thinking naturally triggers planning about preventive strategies on the worker’s part,” points out Neil Guterman. “When we teach clinical skills, we are often teaching about ways of preventing further problems in our clients’ lives.”

At SSA, some courses are explicitly aimed at preparing a social worker for work in prevention. For instance, for three years, adjunct faculty member Victor Bernstein has taught “Strategies for Working with Infants, Toddlers, and their Parents,” where students learn how to build a relationship with a family in a home visitation model.

“The class is applied learning—the students have to find a family to work with and learn how to build a relationship. We work a lot on self-awareness of what they’re feeling in the process and how to manage those feelings,” Bernstein says. “The model for helping prevent problems is important, but the students have to learn how to make it really work in practice.”

Three years ago, SSA made a deeper commitment to prevention education with the creation of the Beatrice Cummings Mayer Program in Violence Prevention, making the School the first school of social work in the U.S. with a curricular concentration expressly devoted to the prevention of interpersonal violence. The program offers a specialized seminar, organized colloquia of prominent leaders in the field and more than 30 field placement opportunities for students. Program graduates are working in the field in a wide array of settings, from early childhood centers that prevent child abuse to advocacy programs that aim to reduce domestic violence to public schools that identify and serve children that are at high risk of youth victimization.

“Chicago is one of the most active hubs in the nation carrying out work in violence prevention, and that has allowed us to partner with an exciting array of agencies for field placements,” Guterman says. “The students in our program are coming at this issue from the clinical, the administrative and the policy levels, and they’re learning about the many ways that social workers can work to effectively prevent violence.”



of how to influence specific sub-populations. “There has been research about a number of programs that support young mothers, but not as much for young fathers,” she says. “I’m looking at what would have that impact for a 16-year-old father—what are the needs, what will get him involved, what will help him parent.”

Alida Bouris, an assistant professor at SSA, is also focusing on a specific population for her research: How the parents of Latino adolescent gay and bisexual males can be supported to help prevent HIV infection among their children. “Research shows that parents can have an important influence on their child’s sexual decision-making and behaviors,” she says. “But the majority of this research has focused on heterosexual youth. Historically, there’s been an assumption that parents don’t matter for LGBT youth, or that they only matter in negative ways. However, research is starting to show that parents can be an important source of support for LGBT young people and that they want assistance. At the same time, there isn’t a lot of evidence-based guidance for parents and practitioners to draw upon, and most of the research has been conducted with white families.”

Like Bellamy, Bouris is developing an intervention that can be evaluated in the context of a randomized controlled trial. Rather than finding an existing social service program and applying research methodologies to determine if it’s been effective—as Guterman is doing with Parent Aide Services and Hans is with the Doula Home Visiting Initiative—researchers who are doing this kind of “social R&D” are using evidence-based findings to create intervention programs from the ground up, from identifying the best methods to recruit and retain participants to determining the kinds of services offered.

“Increasingly, prevention researchers are also the innovators themselves. Researchers can use scientific methods to guide the development of a novel strategy as well as to evaluate it,” says Guterman, who has used this approach to design and test a program that provides peer

support among young mothers to help prevent child maltreatment.

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N 50 YEARS, Stanley McCracken likes to tell his students, we may look back at this era and find it barbaric that an individual would even have an episode of severe mental illness—that early screening and prevention methods may have progressed to the point that mental health service is an entirely different profession. McCracken, a senior lecturer at SSA, also points out, however, that the field of mental health is far behind substance abuse in applicable prevention research.

“In some ways, prevention has been the holy grail in mental health. Just now a pre-clinical level of psychotic disorder is being proposed for the DSM-V [the Diagnostic and Statistical Manual of Mental Disorders],” McCracken says. “And the path to realize real prevention in mental health is filled with tough ethical questions: What level of false positives are you willing to live with in identifying people who are at risk of mental illness and given a treatment? Is there a preventive intervention available with an acceptable risk/benefit profile? If you identify people early in life as susceptible for mental illness, would that end up stigmatizing them?”

And even if fields where prevention research is well-established, funding remains hard to come by, and there are real-world issues about how to bring a program that has been successful in one context to scale. Bouris points out that the rates of smoking have dropped dramatically in this country over the last 30 years, but it took a combination of policies, programs and approaches to accomplish that change—health education for children and adolescents, policy changes such as higher taxes on tobacco products and restricted access to cigarettes, public health campaigns and more.

“Behavior change is a complex endeavor,” she says. “There’s not necessarily a magic bullet—but each intervention, especially when it’s evidence-based and targets multiple systems, can have an important impact.”



By strengthening socio-emotional skills, we can help youth avoid getting into a bad situation in the first place.

— HAROLD POLLACK



Exploring India

SSA students learn about poverty and community in the classroom and in the field in Mumbai

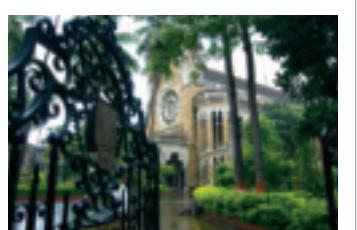
AS THE MONSOON SEASON BEGAN to wind down, a small contingent of SSA students arrived in India this August. For more than three weeks they studied in the classroom and in the field in Mumbai, the largest city in India and an intense urban setting of vibrant streets and startling poverty.

The program, “Poverty, Marginalization, and Challenges to Community Practice in India” introduced the eight master’s students to how social welfare is organized in India, the nature of its urban poverty, key issues confronting vulnerable populations, and the intent, organization and implementation of local models of community practice. Organized by Associate Professor Robert Chaskin, the program included reciprocal peer learning with master’s students at the Tata Institute of Social Sciences (TISS) and field work at a number of community agencies and organizations.

“I think it went remarkably well,” says Chaskin, who accompanied the students for the program. “The goal was to throw into relief and begin to question what we think we know about poverty and the responses to poverty at the community level. What is different, what is relevant to our work in the U.S., what are the possibilities and limitations and challenges to our assumptions that working in these other contexts suggests?”

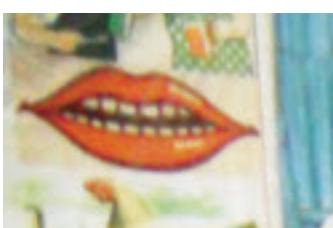
The students participated in two full days in the field each week, observing several different local NGOs at work, and engaged in classes, seminars, reading assignments and reflective writing, all in a comparative framework of community organizing and development practice in India and the United States. Chaskin points out that even the pedagogy was different: At TISS, students spend much more time in the classroom, where coursework can routinely run from 9–6. However, the biggest eye-opener was experiencing first-hand the deep deprivation that exists in pockets of the city, especially in the poorest slums. “We did readings and orientation before going, but you don’t really begin to understand until you experience it,” he says.

The program was a milestone for SSA’s growing international program, providing the first opportunity for SSA students to study overseas. “It really exceeded our expectations, and it certainly served as a very concrete example of the development of our programming,” says Cristina Gros, the manager for





The International Students Office at TISS provided four weekend cultural immersion trips, including one to the village of Versova.



international programming and continuing education at SSA.

Gros says that the program also was a great learning experience for her and the partners who made it possible, helping to pave the way for ongoing opportunities. Chaskin is planning to replicate the program for next summer, and he hopes similar courses, perhaps with different academic focuses, can also be developed. "The intent is to continue to build experiences such as this as part of a broader set of opportunities at SSA that are focused on social work internationally," he says.

The following pages are filled with thoughts and descriptions of the experience from the SSA students who participated, excerpted from their daily field journals, e-mails and blog posts during their time in Mumbai.

Meeting in the Market

Katie and I were paired with three TISS students to explore the informal and formal components of the Chembur Market, and the ways in which we witness and understand the manifestation of poverty and inequality. Katie, Avad, Saumya, Ujjwaal and myself split into two auto rickshaws and headed to the market. Jumping out, we were immediately surrounded by children asking for money. There is a similar hand gesture that most children display when they are asking for resources—they gather the tips of their fingers, as if holding a small wad of rice between them, dragging them from their imaginary plates drawn in the air toward their lips, looking up at you with round, deep brown eyes.

We weaved in and out of traffic, the students grabbing our hands telling us the optimal moment to make a dash and how to carry ourselves. In the market, we talked to an "auntie" (a word commonly referring to a woman in informal conversation) who was selling onions. She sat on the ground with a knife, separating the white bulbs from the green stalks. She was in her sixties, widowed, telling us that she had been doing this work since she was 10 years old. She likes it, she told us, it makes her happy, because it is through this work that she is able to provide for her family.

— Kirsten Dickins

Life in a New Building

Today was the first day of field placement. I am placed at an agency called the Slum Rehabilitation Society. Basically, the agency works with the governments to place people who are forced out of slums (due to land use for infrastructure projects, etc.) into permanent housing and organizes the people in housing projects. Today, we went to the field site with our student hosts, Ashish and Pradeep. The goal is to organize women in one of the projects to develop groups devoted to gaining some type of livelihood, such as embroidery, sewing or running a canteen serving food.

We first were welcomed into the home of Sumitra, the president of the women's group at one of the buildings. The flat was essentially in two rooms, a small kitchen in the back and a main living room with beds that double as sitting spaces. The dimensions may be around 200 square feet. Sumitra had set up her space beautifully, with brightly colored sheets on the beds, decorative art such as a small glass chandelier, and plants in the kitchen. The space was comfortable, orderly and immaculately clean.

When asked about her feelings about her flat, she choked up. She was so happy to have moved in, she said. In the slum housing where she lived, there were 16 toilets for 2,000 people and now she has her own toilet. In her flat she has running water for 15-30 minutes a day. She told us she was used to fighting to get water with hundreds of others in the short time period the taps were on. She

laughed when she talked about the fights that she witnessed at the water taps and the toilet lines. It amazes me that so many people struggling for survival have such a good sense of humor, but I guess, how else do you survive? Other women and children came to the flat to talk with us, and we discussed families and marriage and laughed with each other.

– Katie Gambach

Living without Resources

Today we visited a different part of the settlement—Rafi Nagar, which is located much closer (or directly on top) of the garbage dump, as new migrants act mostly as scavengers within the dump. Made out of wooden sticks and tarps, the housing seemed less sturdy and it had a sense of illegitimate establishment, as if at any moment there may be a family moving in or out. It is becoming more and more apparent that the migrant pull to Mumbai for work is a large contributing factor to the unyielding growth of this community at the macro-level.

Other environmental factors added to the feeling of worsened quality of life: even worse sanitary conditions, the location directly on top of the dump, and the general feeling that these “homes” were dropped and could be removed just as easily, contributed to the unsettling feeling and overall difficulty of the day. Aside from my own, perhaps selfish, concerns with my own health, I had a hard time grasping that these conditions (no running water, no public toilet, high levels of pollution, use of rain water for bathing and washing) were the reality of so many individuals. I struggled to understand how one might attempt to survive in these dismal conditions, and the idea of basic home needs came back to mind. Without access to proper nutrition, running water, and health security, then education and awareness may be difficult points to stick within the community.

– Allison Yura

The Dilemma of the Poorest Slums

Visiting Rafi Nagar helps me understand a bit better the policy dilemma lawmakers in India must face. On one hand, the migration from rural areas is not going to stop while people cannot make a living there. On the other, the government will condone the migration and possibly make it worse if they create the necessary infrastructure to support the influx of people. In a harm reduction world, it seems like the most humanitarian policy would be to try to accept the migration and provide services and sanitation as quickly as possible, but I also understand that may not be politically feasible.

Though 60 percent of the population of Mumbai lives in slums, only a small portion of that are undeveloped slums like Rafi Nagar, and the people who live here are not a population that I perceive to be easily mobilized. The load they carry just to survive seems to preclude that. From my experience here, I get the sense that people who live in the developed slums are not too keen on the arrival of the new migrants, even though they themselves may have been migrants at one point (though, according to the TISS students, this could be as much as 20 years ago). With more people comes more pressure on resources, and this area is already resource poor to begin with.

It's amazing how your concept of poverty can change in a very short time. Before I'd been to Rafi Nagar, the recognized parts of Shivaji Nagar seemed poor and run-down, but now that I've seen the unrecognized slums, I am able to see the resources that are clearly available to the people who live here: water, electricity, drainage, social services, community, commerce, etc. These are thriving communities, despite their poverty.

– Elizabeth Siegel

Children with Special Needs

One of the day cares at Apnalaya [an organization that provides education, health services and a variety of other social supports, primarily in the slums of



Katie Gambach with TISS students in Mumbai.





The students received henna tattoos called mehndi, a traditional hand decoration, from a women's vocational training center.



Govandi] is for developmentally disabled children. It provides a safe environment, education, and health care to help them gain either employment or to help them matriculate into a school specifically for developmentally disabled children.

Children often start coming to the day care after the developmental disability clearly manifests in physical appearance, when the child fails out of school, or when the family is unable to care for the child and they cannot be left alone (this would be something like a behavioral or emotional disorder where unlike the other slum children, who can be taken care of by siblings or who can play communally, the developmental disability prevents these options). There are often no means or resources to identify developmental disabilities at birth or during early onset.

— Amanda Wilson

Social Work and Empowerment

I have been struck from the very beginning of our time at TISS by the overwhelming foundation of self-empowerment that exists in notions of "social work." Rather than playing the role of the trained expert coming in to "help" these communities, they are seen much more as facilitators of local, community-centered, self-empowered autonomous choice; giving people a space to have their voice heard and listening to what they are expressing as their needs. That's clearly not to say this happens all the time in India, but it's something I have found far too often missing in notions of "social work" I've encountered in the States, and I find this gravely problematic.

— Roanna Cooper

Wives, Mothers and Infant Mortality

In the afternoon, we were exposed to a program that is researching the high prevalence of infant mortality in the slums. Along with Kirsten, I joined a TISS student and community worker in visiting two different homes of women who had lost infants recently. Both women were suspected to be victims of domestic abuse, and at the second home we visited there was a second wife living on the other side of the wall/tarp. Both women would like to stop having children, and in one case the husband agreed. Both women seemed exhausted, and unable to provide their living children with the love and attention they need.

After the second home visit, the TISS student explained to us some of the issues in the infant mortality rate. She linked the lack of education and awareness as a large contributing factor; many of the families, she found, did not know how to treat a sick child and were generally unaware of the importance of hygiene. Additionally, she felt that the emphasis on the man's happiness and satisfaction led to an uneven distribution of the family's food resources in favor of the father and other older males. She hoped that the findings of her research would reach the organization and call for further education of mothers.

— Allison Yura

The Human Touch

I often think about how the culture in the United States, particularly in settings such as schools, hospitals, and various other social service organizations are becoming increasingly "touch-phobic"—we seem to fear what human touch might suggest, and moreover, the repercussions that we may incur from provoking these interpretations. Legal and social ramifications are constantly at stake.

I don't see that being the case here in India, but rather the opposite. People are inclined to touch, to rub your shoulder, to put their arm around your back, to stroke your hand. The comfort I feel expressed through human touch is astounding, and I wonder how expressing affection and care through these means may aid in the strengthened development of micro level community ties.

— Kirsten Dickins

LESS MONEY, MORE PROBLEMS

The Illinois budget crisis continues to overwhelm social service agencies—and social workers—across the state



BY CHARLES WHITAKER

IN THE SPRING OF 2009, as Illinois Gov. Patrick Quinn attempted to plug an estimated \$9.2 billion budget hole, a cloud of dread and despair hovered over a wide swath of the state's social workers and therapists. The announcement of possible massive funding cuts caught many social service agencies off guard. Already reeling from chronically delinquent payments by the state



"People just weren't sure if they'd walk in one day and their job would be gone."



for existing agreements, they struggled to come to terms with an even more uncertain future.

At the time, Eric Foster, A.M. '03, was working at The South Suburban Council on Alcoholism and Substance Abuse in East Hazel Crest, Ill. He recalls the difficulty of soldiering on in his job as director of outpatient services with the prospect of losing colleagues and turning away clients looming over the organization. "While we were one of the agencies that was in better shape, there was still this general sense of dismay," says Foster, now chief operating officer of the Illinois Alcohol and Drug Dependence Association. "There were all these rumors and speculation. People just weren't sure if they'd walk in one day and their job would be gone."

Foster tried to steel himself from the stress of the budget morass by plowing deeper into his work managing clients and staff. But even that took a toll. "I kind of shut down emotionally," he says. "I didn't sleep well at night. I didn't do all those things that you do when you're feeling really good. I didn't go to the gym. I wasn't eating right. I was always tired. But I knew I had to make the environment as comfortable as possible and relieve as much stress as I could for the staff and clients I was responsible for."

Many American workers in this shaky economy take a head-down, nose-to-the-grindstone approach at work, and that's especially true for individuals in the human services sphere, where a deep dedication to helping the most vulnerable members of society is a prime professional motivator. "People in the human services sector are caregivers," says Gina Guillemette, director of policy and advocacy for the Heartland Alliance for Human Needs and Human Rights. "They're very committed to this work, and they understand resiliency, so they're particularly adept at continuing on in the face of difficult situations."

Following the announcement of budget cuts in 2009, thousands of protesters rallied in Springfield to convince legislators to reconsider the dramatic reductions. The result was the restoration of some funds for fiscal year 2010 to 2009 levels. But today, cuts are once again in the news, as Illinois officials have a budget deficit projected to be in the range of \$13.1 billion for fiscal year 2011, according to the Center for Tax and Budget Accountability. And once again, social service providers are wondering what impact the measures will have on their clients, their agencies and themselves.

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THE STATE OF ILLINOIS is a major funder for human services across the state, providing much of the support for the Illinois social service sector, which has a workforce that is 400,000 strong. In fiscal year 2010, Illinois spent nearly \$5.5 billion on social services through the state's general fund under the umbrella of three departments: Human Services, Children and Family Services, and Aging.

Advocates say, however, that the modest increases in state social service spending that took place between 2002 and 2009—roughly \$1 million a year—did not keep pace with the needs. The Illinois Department of Commerce and Economic Opportunity estimates that when new census figures are released, they will show that per capita spending on social services, when adjusted for population growth and inflation, declined by 10.5 percent.

Yet facing the bleakest financial picture in decades, Illinois Gov. Patrick Quinn has proposed cuts to the budgets of the three overarching social service agen-



cies for fiscal year 2011 that are both deep and wide: \$567 million to the Department of Human Services, \$28.4 million to the Department of Aging and \$34.5 million to the Department of Children and Family Services.

The impact of such cuts will be felt by agencies as large as Catholic Charities, which serves more than 1 million clients in Cook and Lake counties and was forced to layoff close to 25 percent of its staff, and smaller nonprofits like Ada S. McKinley Community Services, Inc., an organization on the South Side that provides childcare, vocational care, mental health care and adoption training. The agency struggled through fiscal year 2010 with a \$6 million hole in its budget due to nonpayment of funds owed by the state (about \$3.5 million) and federal government. The agency laid off staff, borrowed into its line of credit and exhausted its reserves, but still had to slash programs.

“I’ve been in this business 37 years, and I’ve never seen anything like the last five or six years,” says George Jones, Jr., A.M. ’73, executive director of Ada S. McKinley. “We’ve had to send people home without services. It’s terrible. The need is there, but the

United Way of Illinois, nearly half of the respondents said more than half of their funding comes from the government. In some sectors, the dependence is even greater. Many Illinois health and human services agencies rely on the state for 97 percent of their funding.

The proposed cuts come on top of prolonged periods of non-payment by the State of Illinois, which is up to seven months in arrears to a variety of organizations and service providers. More than 120 groups in the state are owed as much as \$1 million each, according to data collected by the Illinois Partners for Human Services. Often, contracts have been amended on the fly as state officials juggle bills and attempt to hold creditors at bay. According to a national survey of 9,000 human service organizations conducted by the Urban Institute, Illinois is the worst state in the nation for late payments to human service providers and is the third worst when it comes to changing the terms of contracts and grants midstream.

“The uncertainty of when to expect payment or if you’ll be paid what you agreed to has been most detrimental to a lot of programs,” says Samantha Aigner-Treworgy, A.M. ’10, M.P.P. ’10 (Harris), policy

Illinois is the worst state in the nation for late payments to human service providers and is the third worst when it comes to changing the terms of contracts and grants midstream.

funding isn’t there to keep programs going. It’s going to impact the entire community.”

What makes the cuts so devastating is the overwhelming dependence that most Illinois social service organizations have on state dollars. In a recent survey of nearly 500 nonprofit agencies conducted by the

associate with the Ounce of Prevention Fund, an umbrella agency devoted to improving the quality of life for children born into poverty. For example, the Ounce subcontracts with a number of community-based nonprofits to provide home-visiting services to new parents. “They lost a lot of families because they



"My fear is that these individuals whose treatment is now unfunded will wind up in the criminal justice system."



just couldn't find out from the state where they really were in terms of funding," Aigner-Treworgy says. "That makes it impossible to plan."

At some agencies, chief executives have exhausted their lines of credit with lenders and vendors, and at some small nonprofits, executive directors have even used their personal credit cards to make payroll and keep the doors open. About 54 percent of Illinois' nonprofits have laid off staff and imposed furlough days, according to the Urban Institute report. Counselors and therapists, in turn, have often continued working full-time schedules on part-time salaries. Some are even performing their jobs on a volunteer basis, working without any pay to help the agencies stay afloat and maintain the continuity of client care.

Nancy Chertok, SSA's director of field education, works with more than 400 agencies in a wide variety of fields across the city, giving her a wide-angle view of the impact of the state's budget woes. "I have observed that our students are learning professional skills in more complex environments," she says. "Some agencies are in transition; more agency staff work with the uncertainty of job cuts. We have lost some field placements because agencies have had let go of staff due to budget cuts."

Of course, at the same time budgets are being cut, the recession has increased the need for social services. With the ranks of the unemployed swelling to nearly 10 percent nationally—close to 10.4 percent in Illinois—more individuals and families are seeking the care and counsel of the agencies whose staffs and programs are in jeopardy.

"A lot of the providers who I've spoken with in the Chicago area are dealing with a lot of stress," says SSA Associate Professor Scott W. Allard, who recently completed two surveys of more than 2,000 governmental and nonprofit social service providers in seven rural and urban communities. "They're facing the daunting

challenge of having more and more people coming through the door but not knowing whether [their staff] are going to have jobs the next week, next month, next year."

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THE FISCAL TROUBLES buffeting Illinois are not exactly unique, but the state does have one of the worst budget crises in the country, with longstanding structural problems that have made the financial difficulties more intractable (the state's pension fund alone has an unfunded liability of \$74 billion). The problem, according to the Center for Tax and Budget Accountability, is not spending. Illinois is a relatively low-spending state, ranking 42nd nationally. But for decades revenue has not kept pace with the state's expenses, and the loss of tax income from a sputtering local economy has only made it worse.

"Illinois is really significantly behind the eight ball in relation to the rest of the country," says Judith Gethner, coalition manager of Illinois Partners for Human Services, a statewide network of social service organizations. "Other states experienced a recession in 2000, but they also experienced a recovery. Illinois never did. If we'd had a recovery like other states, we wouldn't be where we are now."

Allard points out that policy changes over the last decade or more have changed the impact of state budgets. "Part of it is that we simply have more people with need than we've seen in some time," he says, "But it's also that our safety net is much different now than it was during the recessions of the early 1980s when the federal [welfare reform] work



Weathering the Storm

UNCERTAINTY, FINANCIAL STRAIN, STRESS, LOW MORALE: The collateral damage from the state budget crisis is being felt in the offices of social service agencies across Illinois. But social workers are problem solvers—so how are they tackling this enormous problem?

Jacob Dancer at UCAN says that as an administrator, he has to face the issue head on: "When I, as a supervisor, know that you might lose your job, I have to find a way to help you go through all the emotions that go along with that. At the same time, I have to make sure that you're still there for your clients while all this is going on. It's very draining for everyone—clinicians, supervisors and clients, who might hold back because they don't know how long that therapist is going to be there."

Communication is key to getting through the crisis. "For people on the ground, what can be the most damaging is not knowing what is going to happen," says Ireta Gasner, senior policy associate with the Ounce of Prevention Fund. "If supervisors can keep the staff engaged and informed about the whole budget process, it helps with morale."

Of course, supervisors need care and nurturing as well. Many of the CEOs of financially strapped agencies are struggling to maintain their composure in the face of the intense pressure of budget and personnel crises. "I have one CEO who is so emotionally desperate he can barely put a sentence together," says Judith Gethner with Illinois Partners for Human Services.

For release and relief, administrators gather in meetings convened by coalitions like Illinois Partners for Human Services and the Illinois Alcohol and Drug Dependence Association. These groups are working to galvanize the agencies and public opinion in support of social service providers, which can give a much-needed sense of positive, forward momentum. But they're also a place to commiserate and share strategies.

"Sure, there's a little bit of the fear of what's happening that goes on," says Marvin Lindsey, public policy social worker for the Community Behavioral Healthcare Association of Illinois. "But we try not to let that go on too long. Mostly, we want to provide a forum for these CEOs to meet to talk out their problems and bounce ideas off of each other. It's a place for them to repair before they have to get back in the trenches."

If any good has come from the budget crisis it is how it has forced social service administrators to rethink their roles and their business models. "It has placed a greater premium on better strategic planning and revenue diversification," says SSA's Scott Allard. "Many administrators are talking about not relying so much on state funds. A lot of nonprofits are trying to turn more to private giving and foundations." And many agencies have stepped up their fundraising efforts.

Dancer says that as a matter of self-preservation and emotional well-being, more providers have to think bigger—beyond their programs and even their individual clients. "I think it's important to think systematically about how to impact change," says Dancer, "not just for yourself, but for the area you're involved in. If I think about how I can impact change by doing collaborative work, discussing not just the client's needs, but the broader picture, then I'm making connections and partnerships that take me outside of the day-to-day funding problems. I'm coming up with solutions that enable me to keep impacting change. And that's what social work is all about."

UCAN's Jacob Dancer confers with master's student Robyn Offenbach, who has her second-year field placement at the agency.



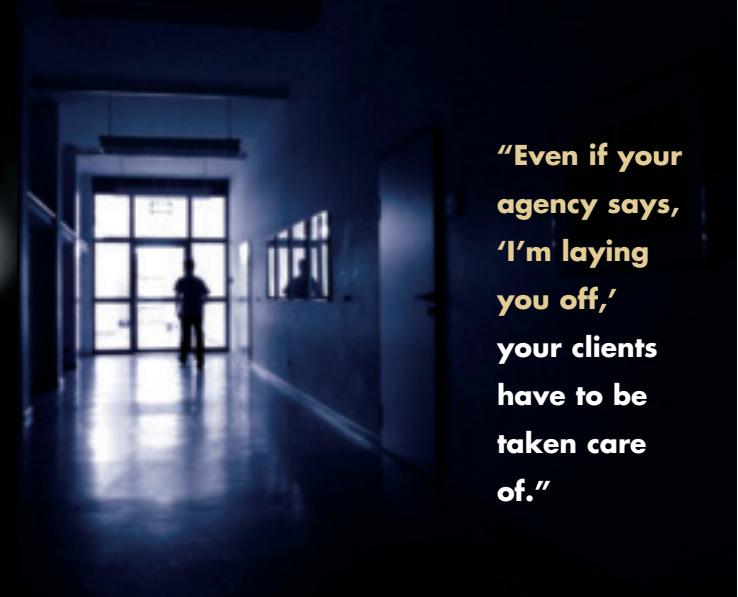
requirement wasn't in place. So much of our safety net assistance is tied to work activity today. Now, if you can't find work, the safety net isn't there for you. That makes the current recession very different. It has very different consequences."

The rules have also changed for providers and those in need of services, particularly in the areas of mental health and substance abuse, the two categories of treatment that many say have been most adversely affected by the budget crisis. For substance abuse, as dollars are shrinking there is an increased demand for services due to escalating heroin and prescription drug use, particularly among youth. For mental health, in an effort to contain costs, the state has narrowed the population eligible for reimbursed services, targeting only those individuals who have particular diagnoses such as anorexia or bipolar disorder. Agencies must demonstrate that treatment of these individuals is a medical necessity, usually by documenting at least two in-patient hospitalizations, and if they can't, they are often unable to maintain relationships with clients.

"They're targeting a group of people for whom illness is not only severe, but persistent," says SSA Senior Lecturer Stanley McCracken, who has taught courses in adult psychopathology, mental health treatment and substance abuse. "My fear is that these individuals whose treatment is now unfunded will wind up in the criminal justice system. A lot may end up just freezing to death."

In many cases, agencies are still able to provide service to the very poor clients who qualify for Medicaid. But individuals whose expenses are not covered are shunted aside, leaving the brunt of service cuts on the working poor. "So treatment decisions wind up being made based on eligibility for funding," McCracken says, "rather than acuity."

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"Even if your agency says, 'I'm laying you off,' your clients have to be taken care of."

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ARVIN LINDSEY,
PUBLIC POLICY
SOCIAL WORKER
for the Community
Behavioral Healthcare
Association of
Illinois, shakes his
head sorrowfully as

he recounts a meeting convened in August with a coalition of executives from mental health and substance abuse agencies in Southern Illinois. "It was one of the most depressing meetings I've ever been to," he says.

The proceedings started with the director of a clinic from Cairo, Ill. standing to tearfully relay the dire straits her agency was in. "She said she had 15 days of cash left," Lindsey recalls. "She had run out of all of her ability to borrow cash, including on her personal credit cards. The bank would no longer lend her money, and she was going to have to close her facility. This is one of the poorest communities in the state, a community that really needs these services, but these are the communities where services are being cut back and cut out."

Larger nonprofits and advocacy groups that represent human service agencies are working to get the word out about the impact of the state's budget on clients and on agencies. But in some ways, the culture of social service work thwarts these efforts.

For instance, with so much of social service work—particularly in the areas of substance abuse, mental health and domestic violence—devoted to protecting the identities of individuals in counseling or treatment, providers are reluctant to ask clients to go public with the importance of services. "A lot of providers are rooted in the 12-step philosophy," says Eric Foster of the Illinois Alcohol and Drug

Dependence Association. "But when that's your base, it's hard to figure out how to rally the support of the community."

Then there is the issue of providers' devotion to clients. While shutting down services might dramatically illustrate to the public and media how dire the situation is for the state's social service agencies, such a move is unfathomable to many providers.

"What is important to all of us is work ethic and professional responsibility," says Jacob Dancer, A.B. '89, A.M. '04, program supervisor at UCAN (formerly the Uhlich Children's Advantage Network), an agency devoted to the empowerment, education and healing of youth and families who have suffered trauma, abuse or neglect. "As a clinician, you're governed by certain ethics as part of your licensing. So even if your agency says, 'I'm laying you off,' your clients have to be taken care of in some form or fashion. So I inform my clients that in the event that I'm laid off, we're still going to take care of you—off the clock if I need to."

But such devotion masks the true nature of the crisis. "It then gets perceived by the public and the press as a false alarm," says Ireta Gasner of the Ounce of Prevention. "As an administrator, you do everything you can to keep the funding decisions from impacting clients, but from the advocacy perspective, you need that pressure to let people to know what will happen if these services are not provided. So that's really a moral and ethical dilemma."

"These are people who are rooted in social work," says Judith Gethner of Illinois Partners. "They're mission-driven and struggle as business people to manage their limited resources, not wishing to turn away any client in need of help. Their instinct is to take care of people. The notion that we're not going to take care of our clients even for a day is foreign to them." 

Jarrett Award to Hans

Samuel Deutsch Professor **Sydney Hans**

received SSA's Valerie Jarrett Award for Faculty Mentorship and Leadership at the 2010 Hooding

ceremony in

June. Hans

teaches

Human

Behavior in

the Social

Environment,

the introductory course

in the family support

program and

doctoral courses in life course development theory and research. She is chair of the doctoral program at SSA and the director of the Irving B. Harris Infant Mental Health Training Program at the University of Chicago.



Sydney Hans

Ludwig Honored with Award, Scholar Status

McCormick Foundation Professor of Social Service, Law, and Public Policy **Jens Ludwig** received a 2009 Robert Wood Johnson Foundation Investigator Award in Health Policy Research for a study that he is co-authoring, titled "Neighborhood Effects on Health." Ludwig has also been named a Russell Sage Foundation Visiting Scholar. He is on sabbatical from SSA for the

academic year while a scholar, writing a book about how neighborhood environments affect the life chances and well-being of

low-income families, using data from the U.S. Department of Housing and Urban Development's Moving to Opportunity residential mobility experiment.



Jens Ludwig

New Professors Join SSA Faculty

Mark E. Courtney

Professor Mark Courtney has returned as a faculty member at SSA after three years serving as the Ballmer Endowed Chair for Child Well-Being at the School of Social Work at the University of Washington, where he was also the founding director of Partners for Our Children, a public-private partnership devoted to improving child welfare services. POC received the 2008 American Public Human Services Association Award for Academic Excellence.

"I moved to Seattle in large part to start the center, and that worked out well," says Courtney, who was on the faculty at SSA for seven years before moving to Seattle and also served as the director of Chapin Hall from 2001 to 2006. "But the center is at the stage where it primarily needs a manager, and I found I missed Chicago. I'm very glad to be back."

A national expert on child welfare issues and policies, Courtney is the author of several books and numerous academic articles, many based on the Midwest Evaluation of the Adult Functioning of Former Foster Youth ("The Midwest Study"), a unique large-scale longitudinal examination of the transition to adulthood for foster youth who came of age after the passage of the Foster Care Independence Act of 1999. His current work also includes studies of experimental evaluation of independent living services for foster youth, reunification of foster children with their families, and evaluation of solution-based casework as a child welfare practice model.

Courtney, who received his Ph.D. and M.S.W. from the School of Social Welfare, University of California, Berkeley, an M.A. in clinical psychology from the John F. Kennedy University and a B.A. from the University of California, Berkeley, will be increasing his teaching load at SSA compared to



Mark E. Courtney



Matthew W. Epperson

years past, including a social work and policy course for new master's students and a history and philosophy of social work course for doctoral students next year.

"I'm excited to be spending more time in the classroom," he says. "SSA has great students, and I'm looking forward to exploring social work, and how it works, with them."

Matthew W. Epperson

Assistant Professor Matthew Epperson joins SSA from Rutgers University where he was a post-doctoral research fellow at the Center for Behavioral Health Services and Criminal Justice Research. Epperson received his Ph.D. with distinction and M.Phil. from the Columbia University School of Social Work, a M.S.W. from Grand Valley State University, and a B.S. in Sociology/Criminal Justice from Central Michigan University.

Epperson has more than 15 years of clinical and administrative social work experience, and his research primarily revolves around the intersecting domains of HIV, mental health and substance abuse: issues relevant to criminal justice-affected populations. "After I earned my M.S.W., one of my first jobs working in mental health was in a jail," he says. "Now that setting, and the people who are tangled in it, are my passion. Our role as social workers is to advocate for and work

with disadvantaged populations, and working in the criminal justice arena made me painfully aware of the challenges faced by people in that system. I was also faced with how to think about how social work might engage with criminal justice in meaningful ways that promote our core value of social justice."

Epperson's research includes investigating the context of HIV risk for criminal justice populations, and he is a co-investigator on a multimedia HIV prevention intervention targeting women with criminal justice involvement in New York City. This fall he was awarded a grant from the National Institute of Justice for a three-year study of three court-based programs in Cook County for persons in the criminal justice system with mental illnesses: a mental health court, a specialized probation unit and traditional probation. The comparative evaluation study will examine participants' experiences in these programs and the effectiveness of each program on mental health treatment and criminal recidivism outcomes.

"Although many hold negative attitudes about the criminal justice system, it is a system desperately in need of the presence and influence of social work," Epperson says. "I have a huge amount of respect for the School and I'm really looking forward to working with the greater Chicago community. I'm glad to be here."

Appointments for Johnson

Associate Professor **Waldo E. Johnson Jr.** was appointed to the program committee of the Twenty-First Century Foundation in New York, as well as the National Advisory Board of the National Resource Center for In-Home Services for the Children's Bureau of the U.S. Department of Health and Human Services, at the University of Iowa School of Social Work.



Waldo E. Johnson Jr.

A family research scholar, Johnson's substantive research focuses on male roles and involvement in African-American families, nonresident fathers in fragile families, and the physical and psychosocial health statuses of African-American males.

Bernstein Honored for Career Achievement

Victor Bernstein, SSA adjunct faculty member and research associate, was honored on October 5 by the Illinois Association for Infant Mental Health for career achievement in the area of early childhood infant mental health. Bernstein focuses on relationship-based practice models and use of "home movies" as tools for prevention intervention with parents of young children.

Faculty Speaking



Jennifer Bellamy

Assistant Professor **Jennifer Bellamy** gave the keynote presentation, "Intersecting Evidence-Based Practice and

Cultural Competence," at the Oregon Juvenile Department Directors' Association Annual Conference in September, where she also lead a workshop.

Assistant Professor **Alida Bouris** was one of the keynote speakers at the Latino Social Workers Organization Conference

2010 on April 7-9 at the University of Illinois-Chicago. She presented "Preventing Latino Adolescent and Young Adult Unintended Pregnancies: The Role of Social Workers."

Associate Professor **Waldo E. Johnson Jr.** presented at a national conference, "Building Healthy Communities Through A Focus on Men and Boys of Color," sponsored by the Earl Warren Institute on Race, Ethnicity and Diversity of the Berkeley Law School and the California Endowment in Los Angeles on September 28-29. Johnson also signed copies of his book, *Social Work with African-American Males: Health, Mental Health, and Policy*, at a NASW/NABSW event on October 20 and for alumni at SSA in September.

Bellamy, Bouris and Johnson also spoke at the "Fathering Urban Youth: The Roles of Fathers in Adolescent Well-Being" conference on May 6 at the University of Chicago International House.

Associate Professor **Evelyn Bodkin** was an invited speaker at the international conference

"The Global Financial Crisis and New Governance of Labor Market Policies" in Copenhagen, Denmark, June 24-26. The conference was organized by the Centre for Labour Market Research, University of Aalborg, and the international research net-



Alida Bouris

work Reform of Employment Services Quorum (RESQ). Brodkin is on the RESQ steering committee. Brodkin also spoke at the annual meeting of the American Political Science Association in Washington D.C., September 2-5 on the panels on "Interpretive Policy Analysis," and "The Changing Faces of Government: Representation, Responsiveness and Responsibility."

Associate Professor **Robert Chaskin** served as moderator for the Chicago Area Project's 75th Anniversary Conference on Community-Focused

Juvenile Delinquency Prevention at the University of Chicago's Gleacher Center in April.

Professor **Colleen Grogan** presented at the American Political Science Association's Annual Meeting and Exhibition in September in Washington D.C. At the conference, "The Politics of Hard Times: Citizens, Nations, and the International

System Under Economic Stress," she chaired the Health Politics and Policy panel: "The Aftermath of Health Care Reform."

Professor **Mark Courtney** was a co-presenter on "Research on the Transition to Adulthood for Foster Youth: Recent Findings on Employment and Crime," at Chapin Hall on August 25, which provided an update on the overall Midwest Evaluation of the Adult Functioning of Former Foster Youth ("Midwest Study").

Senior Lecturer **Stanley McCracken** and adjunct faculty member **Mary Jo Barrett** presented at the Naomi Ruth Cohen Institute for Mental Health Education Conference in May. McCracken led the discussion, "Dual Diagnosis: What Is It and What Do We Do About It?" Barrett led the discussion, "Life Style Addictions: Sex, Gambling and Beyond."



Robert Chaskin

Colleen Grogan

New Faculty Grants

SSA's faculty have recently received a number of new research and program grants.

Dean and Mose and Sylvia Firestone Professor **Neil Guterman**, for "Promoting Father Involvement in At-Risk Families with Young Children," Pew Charitable Trusts

Samuel Deutsch Professor **Sydney Hans**, for "Educare Randomized Study," Ounce of Prevention Fund/Brady Education Foundation

Assistant Professor **Jung Hwa-Ha**, for "End of Life Care Planning: Does Caregiving Determine 'Who' Plans in Advance," Wisconsin Longitudinal Study Pilot Program

Associate Professor **Julia Henly**, for "Determinants of Subsidy Stability and Continuity of Child Care in Illinois and New York," U.S. Department of Health and Human Services

Associate Professor **Waldo E. Johnson, Jr.**, for "Chicago Parenting Initiative," U.S. Department of Health and Human Services, Access Community Health

Marsh in Asia

George Herbert Jones Distinguished Service Professor **Jeanne C. Marsh** attended the opening ceremonies of the new University of Chicago Center in Beijing in September. She also



Jeanne Marsh

met with the Social Welfare faculties of Peking University in Beijing and Chinese Cultural University (CCU) in Taipei, where she gave a lecture on the history of social work education at CCU.



Reception for Jeanne Marsh

1 : Jeanne C. Marsh with David Vitale, chair of SSA's Visiting Committee

2 : Hermon Dunlop Smith Professor Melissa Roderick with Marsh

3 : Marsh shares a laugh with then executive director of Youth Guidance and alumna Vivian Loseth

4 : An attendee adds her best wishes to Marsh on a Centennial banner featuring SSA's first dean, Edith Abbott

5 : Marsh with (from left to right), Beatrice Cummings Mayer, a friend, and Shirley Brussell

6 : Marsh with University Provost Thomas Rosenbaum

Marsh's Service Honored at SSA

On May 17, the SSA community thanked **Jeanne C. Marsh**, SSA's George Herbert Jones Distinguished Service Professor, for her service as dean of the School with a reception at SSA. "Jeanne allowed me to sit in on her doctoral statistics class when I was working in the Department of Psychiatry, and it was in her class that I made my decision to apply to the doctoral program at SSA," said Senior Lecturer **Stanley McCracken**, one of several speakers from SSA and the University of Chicago who expressed their appreciation for Marsh's time at SSA as dean. "She is a wonderful teacher, colleague and boss. I look forward to her return as faculty."

New University Initiative Tackles Poverty

SSA will host a series of public discussions as part of "Poverty, Promise, and

Possibility: A University of Chicago Convening on Poverty and How to Combat It," an initiative to bring together the University's scholarly resources on issues of poverty in new, more publicly accessible and more socially relevant ways. The program is a collaborative initiative of SSA, the Office of Civic Engagement, Graham School of General Studies, Humanities Division/Civic Knowledge Project and the Urban Education Institute.

To learn more about the series, visit the Public Programs and Lectures section of the SSA website, www.ssa.uchicago.edu.

Zuckerman Gives Cafferty Lecture

On November 3, **Barry Zuckerman, M.D.**, gave the annual Pastora San Juan Cafferty Lecture on Race and Ethnicity in American Life for SSA. The Joel and Barbara Alpert Professor of

Pediatrics at Boston University School of Medicine and chief of pediatrics at Boston Medical Center, Zuckerman is a national and international leader in health and child development disparities and his research has demonstrated the effectiveness of the Reach Out and Read Program, a national effort by pediatricians to distribute a developmentally and culturally appropriate book to children.



Barry Zuckerman

SSA's International Speakers

Jeanne C. Marsh, SSA's George

Herbert Jones Distinguished Service Professor, moderated a panel discussion on "Evidence-Based Practice in Cross-National Perspective" on May 3 with panelists **Hans-Uwe Otto**, research professor at the Faculty of Educational Science at Bielefeld University in Germany, **John Pinkerton** from Queens University in Belfast, Ireland, and David and Mary Winton Green Professor **Tina L. Rzepnicki**. Otto also presented May 6 at SSA, "Social Work In a Declining Welfare State: A German Perspective." **Eileen Munro** from The London School of Economics presented "Improving Performance in Social Work and Reducing Errors" on May 5. **James Fellows**, national correspondent for *The Atlantic*, presented "Does China Exist?" on May 26 for the International Social Welfare student group.

On October 19, **Greg Marston**, associate professor of social policy, School of Social Work and Human Services, The University of Queensland present-



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At the 2010 Hooding and Graduation, SSA conferred its annual student awards. **Jerrilyn F. Black** was given the Wilma Walker Honor Award for outstanding work in the first year and promise for future achievements in social work. The Sonia Berz Honor Award was given to **Yi-Ju Chen**, a graduating master's degree student for outstanding work and promise in the field of aging. The Evelyn Harris Ginsburg Memorial Prize was awarded to **Mara H. Lindsay**, a graduating master's degree student for outstanding work and promise for work in schools. The Solomon O. Lichter Memorial Prize was presented to **Ariel B. Schwartz**, a graduating master's degree student for scholarship and professional leadership. PICTURED: 1 : Dean of students **Penny Johnson** hooded the graduates, 2 : Samuel Duetsch Professor **Sydney Hans** received the Valerie Jarrett Award, 3 : The award-winning master's students.



UPCOMING EVENTS AT SSA

Children at the Crossroads: The Over Representation of at-Risk African-American Youth in Multiple Public Systems

SATURDAY, FEBRUARY 19, 2011

A discussion of the relationship between race, poverty and children at risk for school disengagement and academic failure, juvenile justice involvement, and trauma from within the family, school, and/or community.

American Indian Urban Families Conference

APRIL 2

Migrant Rights in an Era of Globalization: The Mexico-US Case

APRIL 12-13

A symposium examining how new and expanding forms of migrant political activism have emerged out of new cross-border economic flows as they interact with various state projects on both sides of the US-Mexico border.

For more information, visit the Programs, Lectures and Conferences section at the School website, ssa.uchicago.edu.

ed "The Place of 'Fringe Lenders' in the Shadow Welfare State." **Geraldine MacDonald**, professor of social work and director of the Institute for Child Care Research at Queen's University in Belfast spoke to students on October 26 and **Ellie Vasta**, an associate professor at the Centre for Research on Social Inclusion at Macquarie University in Sydney, Australia spoke on November 1.

Early Childhood Grant Renewed

In July, the Irving B. Harris Foundation renewed a training grant to the School for three additional years. The award supports courses at SSA and workshops in the professional development program that focus on social work with infants, young children and their parents.

CWSE in Portland

SSA was well represented at the Council on Social Work Education conference in Portland, Ore. on October 14-17. Associate Professor

Waldo E. Johnson Jr. chaired the inaugural meeting of the CSWE Commission on Research, and **Victor Bernstein**, SSA adjunct faculty member and research associate, conducted a workshop with SSA doctoral candidate **Renee Edwards** and **Bart Klika, A.M. '08**

on "Video Scrapbooking: A Tool for Enhancing Students' Work with Families and Children." Assistant Professor **Jennifer Bellamy** took part in three presentations, leading two: "Strategies and Resources for Evidence Based Practice Education in Social Work" and "Toward a Sustainable Model of Evidence Based Practice Training through



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Guterman's First Fireside Chat Neil Guterman, SSA's dean and Mose and Sylvia Firestone Professor, held a fireside chat with alumni and students on November 17. Hosted by SSA and the Alumni Association, the event was facilitated by Ricardo Estrada, A.M. '93, the first deputy commissioner of the City of Chicago Department of Family and Support Services. PICTURED: 4 : Alumni Association President **Jinnie English, A.M. '99**, 5 : Facilitator **Ricardo Estrada** (left) and Dean **Neil Guterman**, 6 : Alumni talk with the new dean, 7 : Question and answer time

Agency-University Partnerships," which also included doctoral student **Erna Danita**.

Adjunct faculty member **Stephen Edward McMillin** led a paper session, "Evidence-Based Balance: Teaching Research and Evaluation Courses for Sustainable Learning."

SSA's director of career services, **Michael Jogerst**, was on two panels: "Your CV Theme: Up Front and Center" and "Research Statement Writing: Defining Direction," and the deputy dean for the curriculum, **Karen Teigiser**, was on the panel "Examining Educational Processes Among HPPAE Students: Implications for Aging Education and Beyond." Doctoral student **Tina Sacks** led a paper session, "Mobilizing Class Resources and Presenting the Self: Black Women's Reflections on Health Care."

SSA Students Shine

Doctoral student **Benjamin Roth** was awarded a U.S. Department of Housing and Urban Development dissertation award for 2010 for "Immigration Integration in Two Chicago Suburbs: Barriers and Strategies Among the Mexican Second Generation."

Extended Evening Program student **Marcus Wolfe** presented a paper, "Science in Service to Community: Building Community-Engaged Health Research and Discovery Infrastructure on the South Side of Chicago," at the Faces of Urban Health Forum in New York City on October 26.

Doctoral student **Vanessa Vorhies** was one of ten runners featured in the Bank of America's 2010 Chicago Marathon advertising campaign. The runners were chosen for their impact



Vanessa Vorhies (in blue) in the mural

through their daily contributions to the local community. Vorhies participated in the Marathon on Sunday, October 10th, as captain for Team Thresholds, which provides mental health services for patients in Chicago. 

Building Support for Field Education

SEVEN YEARS AGO, with a generous gift from **David and Mary Green, A.M. '49**, SSA launched a new model for field education for master's students. This ambitious program included field seminars led by experienced practitioners, faculty and field consultants who monitored the quality of the field experiences while mentoring, coaching and supporting students individually.



Katharine (Kitty) Mann

The model has received national recognition in the social work profession, but due to budget constraints, key elements were scaled back last year. Thanks to an alumna donation, parts of the model have been reinstated for this and next year. A new campaign, the Endowment for Excellence in Field Education is being formed to ensure that the field education program is able to continue as envisioned.

"The model was created with intensive study over the last decade of how to best structure field education," says **Katharine (Kitty) Mann, A.M. '69, Ph.D. '99**, who has served as a field consultant for the last 10 years. "Support from the School's alumni community through a field education endowment will ensure SSA students the highest quality field placement experience."

Mann is taking the lead to spearhead the campaign, and she is beginning work this winter with others to build the endowment. The fund will support key features of the current model—including field seminars, field consultants, professional development workshops for field instructors, and elective classes on integrating field work and course work—and provide resources to study new concepts in field education in the future.

"This endowment is an important initiative for insuring continued support for excellence in field education," says Nancy Chertok, SSA's director of field education.



SSA's Alumni Connections

- 1 : Everyone gathered at the "One Love Summer Social" at the Three Peas Art Lounge.
- 2 : Alumni enjoyed each others company and conversation at the 50+ Luncheon.
- 3 : Maria Bechily, A.M. '85
- 4 : Jacob Dancer, A.B. '89, A.M. '04
- 5 : Ann Alvarez, A.M. '76
- 6 : Claude Robinson, executive vice president for Diversity and External Affairs, UCAN
- 7 : Jacqueline Reed, A.M. '89
- 8 : Networking at the Wrightwood Tap
- 9 : Elizabeth Butler and Scott Petersen



Alumni Weekend Brings Back Grads

Graduates from across the decades came to Hyde Park for an array of events at **Alumni Weekend** at SSA on June 4-6. Make your plans now for the 2011 Alumni Weekend, June 3-5.

Gerry and Janet Erickson, A.M. '60, hosted the Class of 1960 dinner at their home for 15 classmates. Associate Professor **Dexter Voisin** presented "Urban Youth Living and Coping with Violence Exposure: Implications for Practice and Policy" for the Rhoda and Bernard Sarnat Lecture, and McCormick Foundation Professor of Social Service, Law, and Public Policy **Jens Ludwig** gave the Uncommon Core Presentation about

understanding urban poverty and models for optimizing federal housing assistance.

At the **SSA Stars Celebration**, which spotlighted luminary alumni making disproportionate contributions to their fields, the **Distinctive Innovations in**



Social Services Award were presented to UCAN and Casa Central. **Ann Alvarez, A.M. '76**, president and CEO of Casa Central, noted how research, education and preparation at SSA has influenced the development of Casa Central, and **Jacob Dancer, A.B. '89, A.M. '04**, highlighted the many collaborations between SSA and UCAN.

Scott Petersen, A.M. '02, was recognized with the **Elizabeth Butler Award** for his impressive career achievements with Heartland Alliance and for his extraordinary work educating the field about harm prevention. Scott's acceptance remarks emphasized the many faculty, alumni and students of SSA

who have advanced and informed his professional development and that of social systems and policies.

The SSA African-American Student Association and the Harris School Minorities in Public Policy group presented the **Alumni of Color Awards** to **Jacqueline Reed, A.M. '89**, founder, president, and CEO of Westside Health Authority, and **Maria C. Bechily, A.M. '85 (Harris)**, owner of Maria Bechily Public Relations, **Yan Dominic Searcy, Ph.D. '99**, associate professor of sociology and social work and president of the faculty senate at Chicago State University was the keynote speaker.



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Alumni Socials

On July 16, the African American Alumni Committee of the Alumni Association sponsored the "One Love Summer Social" at the Three Peas Art Lounge, coordinated by engagement subcommittee chair **Tawa Jogunosimi, A.M. '01**.

SSA hosted a networking social on October 21 at the Wrightwood Tap. Over 80 alumni enjoyed a featured chat with **Anne Wright Schmidt, A.M. '76**, from Social Work p.r.n., a nationwide professional social work firm.

Seeking Nominees for SSA Awards

Nominate an SSA graduate for the Edith Abbott Lifetime Achievement Award, or nominate a program or agency for the Distinctive Innovation in Social Services recognition award, which honors an organization that demonstrates the effective application of clinical and administrative techniques addressing client and organizational goals.

For nomination forms, visit <http://www.ssa.uchicago.edu/alumni/> or contact **Yelene Modley, A.M. '09**, associate director of alumni relations and the SSA Fund: ymodley@uchicago.edu.

Alumni Updates

Hazel Vespa, A.M. '68, has been awarded the National Association of Social Workers Lifetime Achievement Award from the Illinois Chapter. The award was given for more than forty years of dedicated service to keeping children healthy, her energy and passion for the field of social work, 25 years of building and overseeing the association's internship program, and mentorship and professional development to social workers.

Jim Henson, A.M. '69 published *Pee Up A Tree, A Mental Health Memoir* with Arborwood Press. In it, Henson draws upon 40 years of professional experience as a clinical social worker in the process of illuminating the lives of clinic employees and the individuals and families they served.

Steve Davidson, Ph.D. '74, had *Still Broken: Understanding the U.S. Health Care System*, published by Stanford University Press in April. Based on more than 30 years of study, the book argues that even



though the newly enacted health care reform bill includes the most substantial reforms since adoption of Medicare and Medicaid in the 1960s, health care reform in the U.S. is still a work in progress.

Sonia "Sunny" Fischer, A.M. '82, has been appointed by Governor Quinn to be the chairman of the Board of Trustees of the Illinois Historic Preservation Agency. Fischer is the executive director of the Richard Driehaus Foundation.

Robert Goerge, A.M. '85, Ph.D. '88, and **Erwin McEwen, A.M. '98**, participated in Chapin Hall's Thursday's Child panel "From Data To Decisions: What Is Needed For Planning Public Services?" on May 13 at the Chicago Cultural Center. The panel explored how large public agencies and small community organizations can plan better to meet the needs of the people they serve.

Peter Gaumont, A.M. '93, has been hired as the first chief of the Office of National Drug Control Policy's recently established Recovery Branch in Washington D.C.. Gaumont regularly participates in SSA's Washington Week.

John A. Niemi, A.M. '93, has had



Susan Sholl, A.M. '78, opened her home for a Book Talk featuring Frank P. Hixon Distinguished Service Professor **Charles Payne**, where he discussed his most recent publication, *So Much Reform, So Little Change*. The event, co-hosted by alumna **Joanne Medak, A.M. '74**, brought together alumni spanning six decades, many of whom practice or are retired from school social work.



SSA alumna Lynn Kim (left) with Hamilton Fellows James Miner and Melissa Slaughter.

his proposal, "Envisioning and Enacting: Dance and Social Justice in Dance Pedagogy," accepted for the NDEO October 2010 National Conference. A doctoral candidate in the Department of Dance at Texas Woman's University, Niemi is a full-time employee as a college advisor for the School of the Arts at Texas Woman's University.

Monica Whittington-Eskridge, A.B. '92, A.M. '96, was recently promoted from senior program coordinator to statewide program administrator of field support for the Supervisory Training to Enhance Practice (STEP) Program, a joint venture between the Illinois Department of Children and Family Services, Chicago State University and six public universities.

Lynn Kim, A.M. '97, helped create the U.S. Department of the Treasury Hamilton Fellows program; **James Miner, A.M. '09**, was in the first class of fellows. Read more on-line at: <http://www.ssa.uchicago.edu/publications/ssamag/HamiltonFellows.shtml>

CORRECTIONS:

In the Spring 2010 issue of *SSA Magazine*, Alumni Updates mistakenly reported that **Christopher G. Hudson, A.M. '74**, is completing an M.A. in publishing in London. The correct information is that his daughter, Elizabeth, is studying in London.

In the August/September *meSSAges* e-newsletter, it was mistakenly reported that **Laysha Ward, A.M. '03**, president of Community Relations and Target Foundation for the Target Corporation, was featured in the September issue of *Ebony* magazine. She was featured in the September issue of *Essence* magazine.

SSA regrets these errors.

Former SSA professor **Jack Meltzer, A.M. '47** (Social Sciences), died in May in Washington, D.C. He was 88. Meltzer joined the University of Chicago as director of planning for the Southeast Chicago Commission in 1954, a position he held until 1958. After serving as a planning consultant, he rejoined the University in 1963 as director of the Center for Urban Studies and professor in the School of Social Service Administration, the Division of Social Sciences and the College. He became chairman of the Public Affairs Program in the College and chairman of Social Development in SSA in 1972. He also served on the faculty and as dean in the School of Social Sciences of The University of Texas at Dallas. He was proceeded in death by his wife, Rae Libin Meltzer, also a former faculty member at SSA.

Sidney E. Zimbalist, A.M. '47, died in 2008. Zimbalist was a researcher with the Welfare Council of Metropolitan Chicago and was a tenured professor at the Jane Addams College of Social Work at the University of Illinois-Chicago.

Isabel D. Polner, A.B. '41, A.M. '48, died on August 20.

Betty Ticho, A.B. '42, A.M. '48, died on May 29 at the age of 89. She founded the Los Angeles County Epilepsy Society (LACES) in 1957 and served as its executive director for 30 years.

C. Marvin Greenbaum, A.M. '69, died in April. Greenbaum worked as a consultant to both Illinois Governor Richard Ogilvie and Lt. Gov. Neil Hartigan on social policy and was instrumental in creating the Illinois Department on Aging. Over his career he was involved in health care, social science research and business.

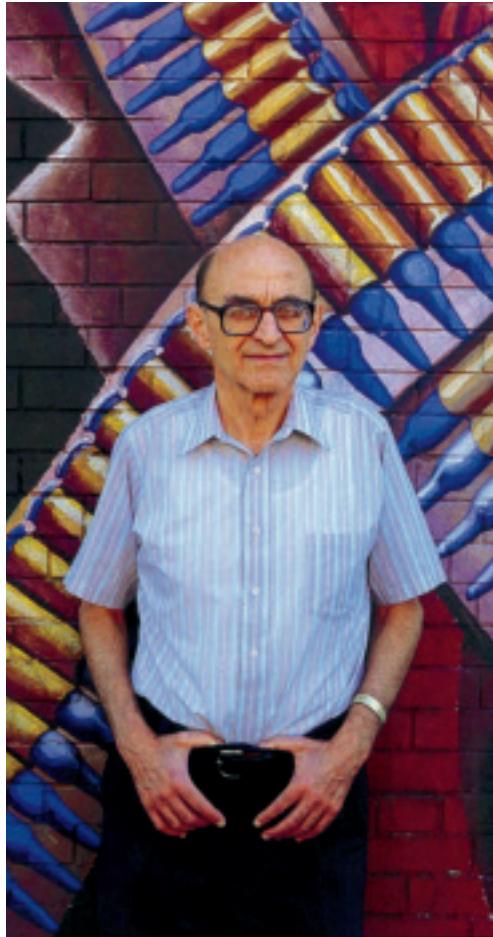
Marta White, A.M. '93, died on May 18.

Amie "Tukung" Joof, A.M. '98, died on August 14. After obtaining her master's degrees from SSA and Loyola University, and J.D. from the DePaul School of Law, Joof served as an administrator for the Department of Children and Family Services and practiced law by primarily working on pro bono immigration cases. She was actively involved in community and cultural organizations. 

Dorothy W. Runner, A.M. '53, died on July 17. A life member of the SSA Visiting Committee,

Runner was concerned with child well-being and was an early activist on behalf of women's health issues. After earning a B.A. in social work in 1941 from Howard University, she worked at Provident Hospital in Chicago where she met her husband, the late Charles Runner, M.D. Runner was a founding member of the South Side Auxiliary of Planned Parenthood and helped establish the 63rd Street Outpatient Clinic. She was also a founding member of the Hyde Park-Kenwood Auxiliary of the Illinois Children's Home and Aid Society. In 1961, Runner founded Urban Gateways, now a leading arts education organization, to help "ignite the full creative potential of all young people."





Irving A. Spergel, one of the nation's leading experts on gangs and SSA's George Herbert Jones Professor Emeritus of SSA, died on December 3. He was 86.

Spergel's comprehensive gang prevention, intervention and suppression program has been adopted by the U.S. Department of Justice and used in cities across the country to combat gang violence. He wrote

seven books and wrote, co-authored and edited more than 100 publications on street gang intervention.

After serving in the U.S. Army in Europe in World War II, Spergel studied at City College of New York and received a B.A. in social sciences in 1946. He went on to earn an M.A. in social work in 1952 from the University of Illinois and a Ph.D. in social work in 1960 from Columbia University. Spergel joined the University faculty in 1960 and was named the George Herbert Jones Professor in 1993. He also held the position of research associate (professor) in the Department of Sociology. He became an emeritus faculty member in 2002.

At SSA, Spergel helped build the school's group work program with Mary Lou Somers, professor emeritus, and Paul Gitlin, associate professor emeritus. He revitalized SSA's community organizing program by linking theory and practice through examples drawn from his grassroots activism and ongoing research in Chicago's Woodlawn neighborhood.

Though retired from the faculty, Spergel continued to do research and lecture, and he wanted to be known and remembered, first and foremost, as a social worker. "Over the course of his career, Spergel has played many roles—youth worker, scholar, teacher, program designer, evaluator, mediator, activist," said Robert Chaskin, associate professor at SSA, who recently edited *Youth Gangs and Community Intervention: Research, Practice and Evidence*, which was created from papers presented at a 2006 conference honoring Spergel's retirement. "He embodied the commitment to bridge scholarship and action, and was remarkably successful in concretely translating his research findings and theoretical arguments into policy and practice that could be empirically tested."



Bishop Arthur M. Brazier, a powerful force for change in the Woodlawn community and a partner with the University of Chicago and SSA, died on October 22. He was 89.

A prominent leader on civil rights, education, housing and urban development issues, Brazier's influence reached across the South Side, including a long and complex history of relations with the University of Chicago. After serving as a U.S. Army staff sergeant in India and Burma during World War II, he began training for the ministry in 1955, while still a letter carrier for the U.S. Postal Service. In 1960 he became pastor at the Apostolic Church of God, where he eventually became bishop and built a congregation of 22,000. Expressing his condolences, President Barack Obama called Brazier a "dear friend, a stalwart of the city of Chicago and one of our nation's leading moral lights."

Working with legendary community organizer Saul Alinsky, Brazier successfully limited the University's building plans in Woodlawn in the 1960s. But his commitment to the community ultimately led to an array of fruitful partnerships with the University, especially on issues of education, job creation, security and affordable housing. Brazier served as a consultant in the design of the University of Chicago Charter School's Woodlawn campus, which opened in 2006, and recently served as chair of the Woodlawn Children's Promise Community, an effort to improve the quality of children's lives in the Woodlawn community, from birth through college and into their early careers.

"Bishop Brazier is literally among the folks who created community organizing in this country, and he's been a towering civic figure in Chicago," said Charles M. Payne, SSA's Frank P. Hixon Distinguished Service Professor and the Woodlawn Children's Promise Community's acting director. "The Woodlawn Organization was a model for a community and a generation."

We are grateful to all who make contributions to SSA.

Annual gifts are essential to SSA's mission.

With 9 out of 10 students receiving financial support from the School to offset rising tuition, every gift, large and small, makes a difference.

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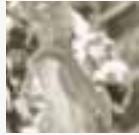
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THE MANY FACES OF DENIAL

American addiction treatment gets a makeover

MOST SCHOLARS AGREE that the therapeutic relationship between drug-using clients and the professionals who treat them profoundly affects the degree to which clients invest in addiction treatment. These relationships are built, in part, on counselors' characterizations of clients and theories about why they suffer. The simple assumption is that these ideas stem directly from clinical training and experience. But American cultural norms and values also profoundly affect the therapeutic relationship.

For my book *Scripting Addiction: The Politics of Therapeutic Talk and American Sobriety*, I spent more than three years at an intensive outpatient drug treatment program studying therapeutic transactions like group therapy sessions, attending program meetings, interviewing clients and staff, and examining program documents—all with the goal of uncovering the cultural and clinical assumptions that governed practice and program policy.

I found that it is not just counselors' ideas about addiction and sobriety that influenced their everyday practice. The staff I studied also mobilized mainstream American ideas about the nature and function of language. Counselors used slogans—like HOW (Honesty, Openness and Willingness)—to promote what they saw as healthy human communication. They even hung rules of speaking on the group room wall, which prohibited overlapping or "cross" talk, required public confession of relapses, and redirected

social commentary by obliging individual speakers to "own" expressed ideas and feelings.

Given counselors' careful attention to and direction of clients' speech, I concluded that the familiar prelude "Hi, my name is X" and the structured tale that follows are not the natural outpourings of the addict in recovery. These narratives are instead the hard-won products of a clinical discipline that assures that clients' speech refers only to speakers' preexisting inner states. Interestingly, the study of American linguistic norms reveals that the many other things people regularly do with words—such as persuade, negotiate, critique and cajole—have long been considered morally as well as clinically suspect.

The Language of Denial

The concept of denial calibrates widely shared ideas about language with the clinical regimen that characterizes mainstream American addiction treatment. Since the 1930s, denial has stood at the ideological center of the field and has enjoyed a wide range of professional adherents across otherwise distinctive theoretical orientations. As in so many contemporary addiction treatment programs, the professionals I studied believed that addicts are—by definition—unable to clearly see themselves. By extension, they also believed that addicts are unable to speak about themselves and their problems authoritatively.

Given addicts' presumed propensity toward denial, a therapeutic program of "speaking inner truths"

makes clinical sense. However, casting clients as "in denial" profoundly affects almost every aspect of treatment. Perhaps most troubling was the way denial drove a wedge between client and counselor. Counselors—assuming that addicts floundered in denial—were quite suspicious of what clients said about themselves, their problems and even their reactions to treatment, especially in the early stages. In other words, therapeutic relationships were built on radical suspicion rather than trust.

Administrative routines and relationships were also affected. Despite the program's promise to funders to involve clients in program development, administrators and line staff resisted clients' efforts to establish a representative position on the program's Advisory Board, largely on the grounds that addicts were unable to see what they really wanted and needed from treatment.

In sum, professionals' efforts to help clients hinged on the claim that they could see and intimately know the inner states that their clients, as

not-yet-recovered addicts, denied. Clients reacted in ways that, arguably, further troubled their relationships with program staff, including what they called "flipping the script"—discerning what their professionals expected them to say and saying precisely that, without necessarily investing in the content of what they said.

Collaboration and Communication

Imagine if this theory of denial was reworked, allowing counselors and clients to re-channel their analytical energies in more collaborative ways. This appears to be precisely the goal of an innovative counseling method known as Motivational Interviewing, formulated in the mid-1980s for the treatment of drug users. MI is a directive, yet client-centered approach that aims to elicit "change talk" and, hence, changed behavior from client-interviewees.

MI proponents insist that denial is not an internal property of the addicted person, but a product of interactions in which participating parties disagree about the nature of the problem. Rather than getting clients to see what they once denied, the practice of MI involves exploring the parallel interpretations of counselors and clients.

My recent study of MI documents a very different language ideology at play, one that values the ability of spoken words to produce rather than reveal realities, regardless of whether the speakers are clients or counselors. It also underscores a basic lesson of *Scripting Addiction*—that is, that clinical heuristics, like denial, are never insulated from cultural precepts and profoundly affect both how clients and counselors engage. ■

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*E. Summerson Carr is an assistant professor at SSA. Her book, *Scripting Addiction: The Politics of Therapeutic Talk and American Sobriety* (Princeton University Press), was released this fall.*

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