
Macro interventions and their influence on individual and community well-being

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Abstract

● *Summary:* Due to the focus of micro-practice interventions on clinical outcomes and macro-practice interventions on structural outcomes, limited research exists on the clinical benefits resulting from clients' involvement in macro therapeutic interventions (i.e. structural interventions that target community, organizational, systems, and/or policy-level change and which also have clinical benefits to clients or consumers). In response to this knowledge gap, the authors present four case studies of macro therapeutic interventions in the areas of social enterprise creation, community-based participatory research, transformative organizing, and community-based partnerships.

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- *Findings*: Collectively, these interventions draw from community, economic, and social development theory, empowerment theory, feminist theory, and critical theory. The authors synthesize the key intervention components across case studies that contribute to clinical and collective empowerment outcomes.
- *Applications*: The authors then offer recommendations to the social work profession for developing, implementing, and evaluating macro therapeutic interventions within clinical practice settings.

Keywords

Social work, macro therapeutic interventions, social enterprise, community-based participatory research, transformative organizing, community-based partnership

In the social work profession, improvements in clinical outcomes (e.g. mental health status, individual empowerment, well-being) have traditionally been among the goals of clinical practice interventions with individuals, families, and small groups (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2009; Swenson, 1995). Clinical interventions aim to alleviate problems at the intrapersonal and/or interpersonal levels, recognizing the relationship between the individual and the surrounding environment (Swenson, 1995). This is largely because clinical interventions are conceptualized from micro theories of human personality development that offer explanations about human behavior among individuals and small groups (Hepworth et al., 2009). In contrast, macro practice interventions (i.e. community development or organizing, social planning, social action, legislative advocacy, community-based participatory research (CBPR)) tend to measure changes in communities, organizations, large groups, and policy arenas (Ohmer, Sobek, Teixeira, Wallace, & Shapiro, 2012; Weil, Reisch, & Ohmer, 2012). Examples of the impact of macro interventions include improving economic conditions, defeating unjust policies, initiating reforms in human service organizations, and expanding human rights (Ohmer, 2008; Weil et al., 2012). These interventions largely seek structural impact due to their underlying macro practice theories, which describe, explain, and predict group behavior among communities, organizations, and large groups (Van Wormer & Besthorn, 2017). This divide between clinical interventions producing clinical outcomes and macro interventions producing structural outcomes has limited the focus on the clinical benefits that result from clients' engagement in macro practice interventions (Donaldson, 2005).

Leaders within the social work profession have recently issued a challenge to bridge the micro-macro practice divide (Burghardt, 2013; Rothman & Mizrahi, 2014). The profession can respond to this call in its educational and practice arenas by highlighting existing as well as developing new macro therapeutic interventions (MTIs; i.e. structural interventions that target community, organizational,

systems, and/or policy-level change and which also have direct clinical benefits to clients). Social workers are well-poised to develop, implement, and evaluate MTIs given their training in both micro and macro theories and methods of social work practice.

Various authors (Austin, Coombs, & Barr, 2005; Richmond, 1922) have proposed that social work interventions exist along a continuum ranging from micro (clinical) interventions to macro (structural) interventions. Yet, MTIs are difficult to position on this continuum. They do not fit among their clinical counterparts, since they are not akin to implementing clinical interventions in a macro context (e.g. administering a cognitive behavioral therapeutic (CBT) intervention to groups of individuals within a community affected by a natural disaster). Nor do they fit along the continuum among macro interventions (e.g. community organizing, community development, social planning, social action, and legislative advocacy), since in addition to structural changes, they seek direct therapeutic benefits to participants (e.g. reductions in depressive symptoms, individual empowerment, etc.), which other macro interventions seldom measure (Donaldson, 2005; Weil et al., 2012). The therapeutic benefits experienced by individuals from engagement in MTIs result not from clinical work but rather from the macro (e.g. social and political action) work itself. Thus, rather than being situated along this continuum, MTIs intersect micro-macro levels more cyclically. That is, clients experience positive individual and clinical benefits in their mental health status, self-efficacy, empowerment, critical consciousness, and well-being as a result of engaging in macro, structural work. Similarly, clients and communities who experience positive individual and clinical outcomes resulting from engagement in MTIs also have opportunities to effect structural change in communities, organizations, systems, and policies.

In light of these observations, the purpose of this article is to initiate a space in the social work profession to further the conversation regarding the role of MTIs in influencing intrapersonal as well as collective empowerment outcomes for individuals, communities, and organizations. To accomplish this aim, the authors present four case studies to illustrate how MTIs have individual and community empowerment benefits, as well as how those involved also have instigated degrees of structural change. The authors then synthesize the key intervention components of MTIs across case studies that contribute to individual and collective empowerment outcomes. Lastly, the authors offer recommendations for developing, implementing, and evaluating MTIs within clinical practice settings.

Literature review

MTIs, although conceptually new to the social work profession, overlap with similar constructs both within and outside the field of social work. For instance, empowerment-oriented social action groups combine social work values of service and social justice by both administering therapeutic services and creating opportunities for participants to engage in systemic change. These groups seek positive

individual outcomes for their members including improvements in self-esteem, self-efficacy, and political efficacy skills. In addition, the transformative nature of these groups enables collective changes in the systems with which group members interact, such as eliminating the institutional and structural barriers that affect their daily lives (e.g. improved housing conditions; Donaldson, 2005).

Another related construct, community-centered clinical practice, entails efforts to strengthen communities while concurrently alleviating the intrapersonal and interpersonal problems of their members (Austin et al., 2005). This approach draws on concepts from community and family-centered practice (Smale, 1995) including direct intervention (e.g. counseling to address family violence), indirect intervention (e.g. coalition work to address family violence), service delivery assessment (e.g. community asset maps of local problems and strengths that contribute to or protect against family violence), and change-agent activities (e.g. policy advocacy to enact legislation to address family violence). By infusing community competencies into clinical work and clinical competencies into community work, community-centered clinical practice equips practitioners with the knowledge and skills needed to effect change on multiple levels.

A third related construct, neighborhood-focused activism, refers to a form of civic engagement in which participants effect change in local neighborhood conditions (Gilster, 2012). These activities can build empowerment and enhance individual and community well-being. Previous research comparing neighborhood activism with traditional volunteerism suggests that engaging in neighborhood activism was associated with enhanced individual and collective empowerment outcomes including a greater level of both personal and neighborhood mastery, as well as increased levels of social and political capital (Gilster, 2012).

Across the disciplines of education, social work, and public health, MTIs are also related to constructs such as *healing justice*, *radical healing*, and *restorative justice*. Healing justice interventions aim to repair and rebuild the institutions and relationships that instigate harmful behavior and at the same time, facilitate collective healing and strengthen hope among victims of such harm (Ginwright, 2015). Instead of conceptualizing healing as an individual act, proponents of healing justice consider this practice to be a political action, since the need to heal from harmful behavior is linked to broader political, social, economic, and environmental issues that precipitate and perpetuate harmful behavior (Ginwright, 2015). Drawing from a healing justice framework, radical healing refers to the process of building capacity for people to become change agents in their own environments, which can enhance individual and community well-being. Through a radical healing process, individuals and communities that have experienced trauma and injustice can address interpersonal and structural issues to renew their well-being (Ginwright, 2015).

Similarly, the United Nations Office on Drugs and Crime (2006, p. 6) defines restorative justice as: "... any process in which the victim and the offender and, where appropriate, any other individuals or community members affected by a crime participate together actively in the resolution of matters arising from the

crime, generally with the help of a facilitator.” Restorative justice practices using the victim-offender format have been used with prisoners at the beginning and end of their sentences as well as in their process of community reintegration (Walker & Greening, 2010). Prisoners who have engaged in a restorative justice process—in particular when it occurs at the end of their sentence—report improvements in their social support and coping skills related to their offending behaviors (Wallace & Wylie, 2013) and reductions in recidivism (Sherman & Strang, 2007).

These aforementioned approaches to bridging micro and macro practice are distinct from MTIs in at least two ways. First, in the existing examples, the target of the interventions is the individual. These interventions originate with the private troubles of individuals, seeking redress through approaches such as therapeutic group work, individual case work, individual involvement in neighborhood activism, or restorative justice circles. The interventions subsequently (or in some cases, concurrently) expand to focus on public issues (i.e. social problems at the community, organizational, systems, and/or policy levels) that often have contributed to private troubles (Schwartz, 1980). In contrast, the target of MTIs is the community, organization, system, and/or policy arena itself. These interventions are designed to address the underlying public issues giving rise to private troubles, and in the process, have positive individual and collective empowerment outcomes.

Second, research on these extant approaches suggests that individuals and communities involved experience enhanced outcomes related to individual and collective well-being. As noted, this is also the case for MTIs. However, in addition to producing positive outcomes among those directly involved, MTIs also afford benefits to others not directly involved in the interventions. These positive externalities exist when an activity (e.g. preventive health care) creates a positive impact for society that far outweighs the value created solely to the individuals involved in the activity (Santos, 2012). Examples of resulting positive externalities include the creation of community- or agency-owned social enterprises that offer products and services to the broader community as well as CBPR efforts that lead to desired community economic development outcomes.

Case studies

The authors present four case studies of MTIs in the areas of social enterprise creation, CBPR, transformative organizing (TO), and community-based partnerships. Collectively, these interventions draw from macro social welfare theories including community, economic, and social development theory, empowerment theory, feminist theory, and critical theory. They also assume that participation in macro-based strategies will contribute to both individual and collective empowerment (Austin et al., 2005; Weil et al., 2012).

Social enterprise

Social enterprises (SEs) refer to a nonprofit organization, a socially minded business, or a revenue-generating venture established to create positive social impact in the context of a financial bottom line (Dees, 1998). By integrating business ventures with social improvement, SEs contribute to positive individual outcomes as well as collective improvement for disadvantaged populations (Cooney & Williams Shanks, 2010; Krupa, LaGarde, & Carmichael, 2003; Warner & Mandiberg, 2006). Some examples of SEs with disadvantaged populations include vocational cooperatives and SEs with homeless youth (Ferguson, 2007; Ferguson & Xie, 2008); microenterprises with female sex workers (Sherman et al., 2010; Witte et al., 2015); and consumer-run businesses for persons with psychiatric disabilities (Krupa, 1998). The SE principles that contribute to individual and collective empowerment include focusing on disadvantaged populations, applying concepts from business entrepreneurship, creating innovative solutions to challenging social problems, and emphasizing social value over business profit (Anderson, 2014).

SEs draw from a community, economic, and social development (CESD) theoretical approach in which the social business—situated in either a community or organization—contributes to overall community improvement by combining goals of individual empowerment, community development, economic development, and social development for direct participants and indirect beneficiaries (Feehan, Feit, & Becker, 2012). As a MTI that originates in the community and/or organization, SEs aim to refashion the economic landscape of the local community through the creation and regeneration of employment opportunities; the provision of clinical services, social support, and mentoring to participants; and the production of goods and services for the community (Sherraden & Ninacs, 1998). With respect to individual benefits, SEs provide clinical services and social support as well as neutralize labor-market conditions of individualism, competition, and profit that can create employment disadvantage for marginalized populations (Feehan et al., 2012; Krupa et al., 2003; Mandiberg & Warner, 2012). On a community level, they link the economic, human, and social capital of communities through job creation and job connection, and respond to local needs with community-generated solutions (Feehan et al., 2012; Mandiberg, 2012).

SEs are consistent with CESD principles in that they create economic opportunities and social supports within communities (Cooney & Williams Shanks, 2010; Krupa et al., 2003). Applying an economic multiplier effect, these community-owned or agency-run businesses started *by* and *for* the community also help maintain financial resources inside the community (Mandiberg, 2012). Given the current public funding climate, by providing empowerment opportunities, social support, and mentorship to individuals and communities experiencing social or economic disadvantage, SEs constitute a more economically sustainable approach than service provision alone. Mandiberg (2012) observes that once in existence, SEs can largely be self-supporting and assume some of the functions of the social service system (e.g. social support, leadership development, etc.).

Beyond defining SEs and explicating their underlying theoretical base, it is useful to examine their principles in a case study. The Social Enterprise Intervention (SEI) is one example of a MTI that aims to impact homeless youths' individual outcomes as well as the local community's well-being. There are four stages in the 20-month SEI model: (a) *vocational skill acquisition* is a 4-month course in which youth receive technical training concerning specific vocational skills; (b) *small-business skill acquisition* is a separate 4-month course that focuses on business-related skills needed to start a SE, such as accounting, budgeting, marketing, and management; (c) *social enterprise formation and distribution* is the 12-month phase in which participating youth establish a goods-producing SE in a supportive, empowering, and community-based setting; and (d) *clinical services* is the mental health component provided by the SEI clinician and/or case manager, which is woven throughout all stages over 20 months.¹

The first author conducted a pilot study of the SEI over 9 months at a homeless youth organization in Los Angeles. Twenty-eight homeless youth (ages 18–24) participated in the study (16 in the SEI and 12 in the control group).²

In this mixed-methods pilot study, quantitative data were collected from both groups at baseline (i.e. first month) and follow-up (i.e. last month) by the first author and research assistants. Researchers conducted a 60- to 90-min structured interview with the youth, which assessed mental and physical health, high-risk behaviors, social support, service utilization, and homelessness history. Chi-square and independent *t*-tests were used to compare the SEI and control groups. As no significant differences were observed between the SEI and control groups on baseline variables and attrition rates, change scores of outcome variables from baseline to follow-up were directly compared between groups by independent *t*-tests. The accompanying focus groups were audiotaped and transcribed. Qualitative focus group data were coded and analyzed using the constant comparative method (Strauss & Corbin, 1998) and the MAXQDA software (Kuckartz, 2001).

The pilot study answered four research questions regarding whether the SEI influenced the youths' (a) mental health status; (b) high-risk behaviors; (c) social support; and (d) service use. In comparison with the control group, SEI participants reported greater increases between baseline and follow up in total life satisfaction (change score mean = 6.45 vs. -2.25; $p < .05$), and family support (change score mean = 0.50 vs. -1.20; $p < .05$). Complementary qualitative findings from three focus groups with SEI youth during and after the intervention suggest that the SEI positively influenced their self-esteem, motivation, employability, peer and family relationships, and pro-social behaviors (Ferguson & Islam, 2008).

Improvements in CESD outcomes were assessed via two focus groups comprised of a mix of 8–10 host agency staff and community residents per group that were conducted at the end of the project. Emergent themes from the group discussions included (a) community desire to support homeless youth in exiting homelessness (e.g. through purchasing SEI goods and mentoring); (b) perceived benefits to community life (e.g. reduction of crime and idle behavior of homeless

youth in public spaces); and (c) job creation in the community for difficult-to-employ youth. In short, the SEI was associated with both positive micro and macro outcomes.

CBPR

CBPR is an approach to research that seeks both to benefit the researcher and community residents and to meaningfully address social and health-related issues (Minkler & Wallerstein, 2011). There are several guiding principles to CBPR, including cooperative partnership between researchers and community members, a process of co-learning, systematic development of community and resident capacity, empowerment, and a balance between research and action (Israel, Eng, Schulz, & Parker, 2005; Wallerstein & Duran, 2008). Within this framework, each partnership must work to define its own values and approach (Israel et al., 2005). CBPR has proven particularly effective in underserved communities and with youth in part because it deviates from the positivist scientific tradition by placing high value on indigenous knowledge, different forms of expertise, and research that has practical benefits to community members (Jacquez, Vaughn, & Wagner, 2013; Minkler & Wallerstein, 2011).

In order to better illustrate how CBPR approaches can be used as a MTI to contribute to positive individual and community development, the second author presents a case study that used Participatory Photo Mapping (PPM), a method that falls under the CBPR umbrella. This author utilized a locally relevant adaptation of PPM, based upon the methods of Dennis et al. (2009) and the Child Guides Methodology (Loebach & Gilliland, 2010), with a group of high-school-aged youth (ages 14–17) to photograph, map, and categorize community strengths and weaknesses in Homewood, a neighborhood in Pittsburgh, Pennsylvania.³ This study aimed to better understand the youths' perceptions of the impact of Homewood's environment on their own and their community's well-being.

Prior to engaging in research in the community, the second author worked with a youth-serving organization known as the Junior Green Corps (JGC) for several months to develop rapport with staff and participants. Ten youth from the JGC program participated in this study.⁴ After the second author obtained youth assent and parental consent, she engaged the youth in an 8-week participatory research process.

In the introductory sessions, participants were trained in basic map reading and discussed ethics and safety related to photography. During the next session, each participant designed a neighborhood tour that would show the most important places in the neighborhood from his or her point of view. This framing allowed youth to be attentive to both micro and macro features of importance, from their own personal experiences to broader structural features such as the city's response to community problems. Each youth participated in two tours, including the tour he or she designed and a tour where he or she accompanied another youth. The tours lasted approximately 60–90 min. Participants guided the second author on

foot through the places they deemed most important in the neighborhood and brought digital cameras to document the tour route. They also carried a paper map that they used to mark their routes and the locations of their photographs. The young people worked together to draw the routes and identified points of interest on the paper maps. The second author asked probing questions to gain further insight into the youths' perceptions. Youth were encouraged to take photos liberally and took more than 100 photos that were then printed and analyzed.

Using processes inspired by Photovoice, the young people analyzed their work through methods that included selecting, contextualizing, and codifying photos to identify key themes and community issues (Wang & Burris, 1997). In the first group session, youth examined the photos they took during the neighborhood tours and sorted them into categories to present the greatest strengths and weaknesses in Homewood. Like the youths' observations from the neighborhood tours, the themes captured in this exercise represented both micro and macro issues of importance to young people. For example, they explored the impact of abandoned housing on the neighborhood drug trade (macro) and personal feelings of sadness when abandoned buildings were torn down (micro). The second author used ArcGIS 9.0 to geolocate each photo and map the points that youth had identified on their maps during the tours. She shared these maps with the youth in the final PPM session which allowed them to explore issues in the built environment and how they cluster in different areas of the neighborhood, further contextualizing the themes and helping the youth identify structural influences on issues that affect them individually and as a community. Finally, the youth used the research they conducted as part of the JGC program as a conduit to community action and successfully gained access to several vacant land parcels in the community to create community gardens and become trained in urban gardening.

Community impact and community capacity are implicit goals of most CBPR initiatives, but relatively little research focuses on how engaging in CBPR can promote community *and* participant well-being (Viswanathan et al., 2004). Among the relevant aspects of the CBPR approach to social work is its commitment to draw upon strengths within a community and facilitate empowering processes that attend to social inequality (Wallerstein & Duran, 2008). These empowerment processes can manifest in both individual and community benefits. For example, the youth in this case study gained marketable skills including training that prepared them to be successful urban gardeners, community advocates, and youth leaders. This micro-level, individual skill development allowed the youth to engage in macro-level change initiatives in the neighborhood. Field notes and qualitative data collected during this study revealed that youth found the research process and associated community action to be personally fulfilling.

Youth reported that they enjoyed seeing that their participation changed the way that others in the community interacted with them. One youth reported, "Like, people that see us around the neighborhood like, you see a lot of them smiling. Like lookin', like thankin' us...they see young people out here from the community doing this to better it" (JGC member, study participant). The youth

also were featured in the local newspaper and received a proclamation from the mayor of Pittsburgh for their efforts.

TO

Discriminatory interactions ranging from microaggressions to harassment denigrate lesbian, gay, bisexual, transgender, and queer (LGBTQ) identities in many educational contexts (Grant et al., 2011; Higa et al., 2012; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). Further, heteronormativity and cisnormativity in school curricula and throughout the culture of a school can diminish LGBTQ students' opportunities for healthy development. Existing research has charted how these conditions are associated with disparate rates of psychological distress by sexual and gender identities (Herek, 1993; Rankin, Weber, Blumenfeld & Frazer, 2010; Woodford, Kulick, & Atteberry, 2015; Woodford, Kulick, Sinco, & Hong, 2014).

TO approaches address the realities and impacts of these processes of "complex trauma" (Ginwright, 2015). TO promotes social change by addressing the root causes of marginalization. Growing out of women of color feminisms, popular education, and transnational social justice movements, TO links social change processes across micro, meso, and macro domains, prioritizes the leadership and empowerment of marginalized communities, and works through an ongoing praxis. The result is an iterative process of building critical consciousness, developing skills, and participating in collective action (Bricker-Jenkins & Hooymann, 1986; Freire, 1999; Ginwright, 2015; Gutiérrez & Lewis, 1998).

This case is based on a study of Riot Youth (RY), an LGBTQ and allied youth group based in Ann Arbor, MI. RY began as a social group for students to meet up after school, and most RY members join the group to form interpersonal connections and gain a sense of community. Using informal activities, theater games, and facilitated exercises, youth share their stories with one another, often including experiences of discrimination, family conflict, depression, and self-harm. Starting in 2007, RY leaders designed, conducted, and analyzed a climate survey to collect experiences and stories from a broader range of students ($n = 1171$) on issues related to sexual orientation, gender identity, race, and appearance. Working with adult advisors, the youth then developed their survey findings into recommendations for policy and practice changes. To advocate for these changes and work directly toward the goal of educating students, teachers, and administrators, the youth created a set of short theatrical skits called "Gayrilla Theater".

This mixed-methods case study used multiple data sources to investigate how LGBTQ youth deployed a TO model through the combination of participatory action research (PAR) and theater. In collaboration with academic researchers, RY conducted internal surveys ($n = 105$), interviews ($n = 8$), and two focus groups to assess the impacts of participation on the group members' experiences of empowerment (Wernick, Kulick, & Woodford, 2014; Wernick, Woodford, &

Siden, 2010). They also surveyed the adults and students ($n = 832$) before and after viewing a Gayrilla performance (Wernick, Dessel, Kulick, & Graham, 2013; Wernick, Kulick, Dessel, & Graham, 2016; Wernick, Woodford, & Kulick, 2014). Further, the academic research team conducted multiple years of participant observation as well as collected field notes, organizational documents, and climate survey data.

With respect to qualitative analysis, focus groups and interviews were audio-recorded and later transcribed. Researchers created an a priori thematic coding scheme—based upon research aims—to guide the coding and analysis (Ryan & Bernard, 2003). Further, the researchers used in vivo coding and revision and clarification of codes following the constant comparative method (Strauss & Corbin, 1998). Using axial coding techniques, initial codes were grouped and regrouped to develop themes (Strauss & Corbin, 1998). Member checking was used throughout data collection and analysis as well (Erlandson, Harris, Skipper, & Allen, 1993). In the following section, the third author identifies three overarching processes that emerged, which were central to RY's organizing model: storytelling, youth leadership, and creative community activism.

Storytelling. Within their weekly meetings, RY participants engaged in storytelling through theater games, open discussions, and facilitated activities. And through this process, youth discovered their shared and diverse experiences as a community. For many young people, RY provided a unique space in their lives to be open about their identities, experiences of violence and bullying, as well as insecurities, anxieties, and difficulties. By having open and honest conversations about sexuality and gender—as well as related issues of race, class, disability, religion, and appearance—youth began to see their individual struggles as shared experiences of institutional, historical, and political contexts. One RY leader described their experience “hearing so many other people going through those same things. . . I'm not the only who's experiencing that, and that's a form of injustice” (Wernick, Kulick, & Woodford, 2014, p. 845). This shared understanding of oppression, rooted in storytelling, provided a shared understanding from which to respond to and change these conditions.

Youth leadership. LGBTQ youth led RY, designing and co-facilitating weekly programming, welcoming and developing new members, and working collaboratively to develop long-term projects. Adult advisers played a supportive role to scaffold the development of youths' leadership roles. In developing both the climate survey instrument and the Gayrilla scripts, adults brought specific professional knowledge relative to survey design and script-writing. But youth primarily used these processes as an opportunity to engage with one another and bring new members into the group. For instance, Gayrilla performances use simple blocking and performers always carry their scripts. These guidelines were put in place to allow new members to participate in direct action after attending only one group meeting

and a rehearsal. Developing inclusive leadership skills helped young people more effectively combat isolation and support one another through crises and trauma.

Creative community activism. Building from their internal group practices, RY leaders spoke out publicly and authoritatively on their personal and collective stories as LGBTQ youth. Using survey data and the theatrical format of Gayrilla helped young people overcome feelings of intimidation and assert their expertise of their own experiences to adults in school as well as other students. Performances were followed by a semi-structured conversation with participants to help answer questions about LGBTQ identities and explore ways to work as an ally. The youths' work led to immediate and ongoing tangible changes. Multiple district-level anti-discrimination policies were revised to enumerate sexual orientation and gender identity/expression. Schools expanded their curricula and engaged teachers in professional development training on LGBTQ-climate issues (Wernick, Woodford, & Kulick, 2014). Despite setbacks and resistance, the visibility of tangible wins helped youth develop a persistent sense of collective possibility.

For RY leaders, their experiences in the group often had a ripple effect through their lives. Youth developed skills and confidence to cope with intrapersonal conflicts (e.g. isolation, depression, and anxiety; Wernick, Kulick, & Woodford, 2014) and engage with interpersonal and community relationships (e.g. gaining confidence to speak in peer groups and with adults in positions of power). PAR and theater served as mutually reinforcing tactics in RY's TO model. Both enabled opportunities for storytelling that connected individuals in a community, helped youth make sense of their experiences of marginalization and trauma, allowed them to learn leadership skills, and iteratively developed their consciousness about inequality directly linked to acts of collective resistance and healing.

Community-based partnerships

Historically, the animus directed at child welfare agencies from communities has been entrenched, with staff perceived as either baby snatchers or indifferent bureaucrats (Mallon & Hess, 2014). A number of years ago, New York City's Administration for Children's Services (ACS) began a series of community partnerships to engage more community members in child welfare-related activities that could turn around such perceptions as well as better serve a wider range of community members with pressing but not necessarily child-threatening family needs.

The fourth author was engaged in community partnerships to train child welfare professionals who were new to community organizing. The training design incorporated an initial evaluation of the three partnerships, finding each one lacking in significant social capital measures (i.e. community attendance below 15 participants, no more than two parents involved in any partnership work group). The training therefore emphasized community engagement, empowerment, and strategic development skills. Such skill sets were distinctive for child welfare

workers as their protection demands expect clients to come to them; authority lay in a mandated relationship. In community organizing, such unilateral authority does not exist.

The training also emphasized developing tactical building blocks for longer-term strategic development (Burghardt, 2013; Homan, 2015). Finally, the training framework was based on Paulo Freire's problem-posing approach to education that the fourth author had been adopting to community organizing (Freire, 1999). There were three framework elements: (a) that the target families were both capable of leading change efforts and yet, in the initial phases of the partnership, would not believe they were capable of doing so; (b) that the professionals themselves had had little experience in their own empowerment; and (c) that the strategic goal of community engagement could only be achieved through the patient development of capacity of people's tactical choices and not just following agency mandates.

There were two further design elements added into the training. The first followed CBT principles of positive reinforcement as a way to build a sense of empowerment, including (a) new ideas and language *added into the work, not added on*; (b) participants were expected to practice tactics with *consistency, not constancy*; and (c) *no one had to do a lot, but everyone had to do a little* for change to occur in community participation (Ledley, Marx, & Heimberg, 2011). These elements mirror CBT emphases on changing behavior through incremental steps over time that reframe a person's attitude towards how he or she lives.

The second design element wove in attention to race, power, and privilege throughout the training. Attention to these issues affords mixed groups practice with handling the discomfort of privilege that occurs in partnerships. For example, a community coordinator who is a younger woman of color will experience over the day being in both marginalized and privileged positions as she meets with parents, attends a meeting with professionals, and holds a conference call with church leaders. Although no training can compensate for earlier lived experiences of oppression, the training's conscious weave of these dynamics between the white, older, and privileged trainer and the predominantly people of color trainees allowed for long-overdue practice with naming social issues that would appear later in partnership work.

As the training progressed, two key issues emerged. First, professionals came to respect, understand and, through their own initial resistance to more leadership responsibility in the training, more easily work *with* reluctant community members. As one community representative stated, "At first I was afraid to speak here...but (you) stayed with me so I got to see it feels good to speak here. I never did that before" (Community member, ACS training program participant). By experiencing respect for resistance rather than frustration, community members new to professional partnerships developed a mix of efficacy and self-esteem as they went about their partnership work—an example of blending the micro and macro.

The second issue that emerged was the impact of respect for the voice and ideas of people with less power both inside the training room and inside the

partnerships. This can be harder to achieve than it may seem, for one must avoid either the false affirmation of agreeing with participants' voice simply because they spoke, or, alternatively, growing impatient with people struggling to articulate their ideas in unfamiliar settings.

Over the training period, the consistent demonstration of affirmation for both actual work and real give-and-take began to impact members both personally (through greater self-efficacy) and politically (through greater advocacy actions). Partnership members commonly noted experiencing a new sense of solidarity among the group, in that members listened to each other, respected each other, and committed to working together towards a common goal.

Over time, the three partnerships involved in the training program began to grow in influence and membership in their respective communities. The professional staff approached their five partnership work groups as tactical building blocks that, if successful, grew the overall partnership. This created "strategic patience" by understanding it was easier to recruit people to the early childhood education work group than it was foster parent recruitment. As one staff stated, "I knew if we built the easier ones we'd find people for the hard ones" (ACS staff member, ACS training program participant). This testimony reflects classic CBT principles applied to a strategic purpose.

Recruitment grew over time in each partnership, where a mix of professionals joined, ranging from staff at the local library branch to a healthy food project to a crime prevention program. This represented a first in child welfare, where normal participation was confined to child welfare-related groups. This then expanded the partnerships' development of social capital (i.e. reciprocal support for projects, shared information, and an emphasis on community-building projects). Equally important, community members included parents involved with child welfare, members of local parent-teacher associations and, in one community, housing activists.

One measureable outcome of these partnerships was that meetings now have attendances of 40–50 individuals from about 30 organizations, up from an average of about 10. Agendas, serving as tools of empowerment, always have items addressed by professionals and non-professionals alike. Power is shared and multiple voices are heard around the room.

As with many preventive efforts, the results are less quantifiable than number of home visits or family team conferences conducted. But there are some quantifiable results: each partnership has at least doubled its membership; each work group has at least one community member in an active role where there had been none previously; and educational forums have doubled in attendance. At a recent forum on domestic violence and its impact on children with over 75 people in attendance, a community member put it well: "A year ago, ACS couldn't get 20 people to show up. Look at this! Maybe things are changing for the good in child welfare after all" (Community member, ACS training program participant).

Discussion

Four common principles emerged across case studies that contribute to individual and collective empowerment outcomes: (a) indigenous leadership, (b) capacity-building, (c) collective team approach, and (d) linkage between private troubles and public issues. Collectively, these principles target individual empowerment through personal development (i.e. leadership development and capacity-building). They also target collective empowerment through the use of supportive team settings and social action strategies to produce community, organizational, systems, and policy-level change.

Indigenous leadership

MTIs emphasize the identification and development of leaders who are indigenous to the communities involved. In the case of social enterprises, formerly homeless youth who had achieved stability in their housing and mental health were recruited as peer mentors to work with currently homeless youth. In both the CBPR and TO models, youth from the local Homewood neighborhood and LGBTQ community respectively were recruited to facilitate groups and activities with other youth involved in the interventions. In the community partnership model, child welfare professionals and community residents were recruited to create and administer a child welfare community partnership in various communities. Across all models, shared power and decision-making between the facilitators administering the interventions and the local indigenous leaders were key characteristics of the leadership-building process (Minkler & Wallerstein, 2011).

As a first step, the intervention facilitators used asset mapping tools and/or social network analysis to help the community identify its leaders and highlight their inherent strengths, talents, and assets (Kretzmann & McKnight, 1996; Rice, Milburn, & Monro, 2011). The self-actualizing process of identifying one's internal strengths can be empowering for individuals and communities, as these leaders in turn uncover and share their strengths with the larger community (Kretzmann & McKnight, 1996). Collective self-empowerment theory reflects this process in that individuals are empowered intrapersonally through activities that strengthen their self-confidence, which can in turn facilitate political empowerment through engaging in social action at the group, community, or societal levels (Friedmann, 1992).

Capacity-building

MTIs aim to build capacity among participants by strengthening their existing internal assets. Whereas the type of skill in each case study was specific to the local context (i.e. technical and business skills in the social enterprise, photography and mapping skills in CBPR, storytelling and theater skills in TO, and community organizing and advocacy skills in the community-based partnership), the process by which existing skills were identified and used as a departure point for the MTIs was consistent across models. The intervention facilitators held the belief that their

respective target population was capable of leading change efforts. They supported them in identifying and learning the skills needed to effect the desired change. Participants worked with the intervention facilitators to identify their existing strengths and areas of growth, as well as opportunities in the surrounding environment in which to apply their strengths and newly acquired skills. In this way, MTIs adopt a community capacity enhancement approach to help develop a community's capability to help itself (Delgado, 2000).

Collective team approach

MTIs adopt a collective team approach that benefits participants and non-participants alike. For instance, in a supportive team setting, participants received social support, mentorship, validation of their struggles, and a sense of power to address shared issues. Through informal networks, participants offered each other material and emotional aid, and encouraged each other in accomplishing life goals (Li, Edwards, & Morrow-Howell, 2004). In each case study, the group settings afforded participants support for their intrapersonal issues. Through such support, participants experienced personal growth and healing from life challenges including homelessness, living in an impoverished neighborhood, discrimination based on sexual orientation and gender identity and expression, and disempowerment in the face of a large, bureaucratic system.

In the process of supporting each other as a team in addressing their intrapersonal issues, intervention participants created social capital, which was then a resource for them in targeting community, organizational, systems, and policy-level change. Both intervention participants and non-participants alike reaped the benefits of a virtuous cycle of enhanced social capital (Putnam, 2000). The case studies also offered various illustrations of the positive externalities produced by MTIs. The social enterprise created products that were sold to the local community as well as offered the youth opportunities for constructive use of free time in public spaces (Benson, 1999; Ferguson & Islam, 2008). CBPR changed the way that residents in the community perceived and interacted with local youth. Further, through TO, teachers and students across the school district benefitted from professional development trainings and revised school curricula on LGBTQ-climate issues. Lastly, the benefits of the initial three child welfare community-based partnerships spread to other communities, as new residents became more involved in other agency forums as well.

Linkage between private troubles and public issues

MTIs foster linkage between private troubles and public issues by viewing individual problems as examples of social issues, and social issues as comprised of many individual problems (Schwartz, 1980). One assumption underlying MTIs is that intrapersonal growth and structural change are interconnected (Gonzalez Arizmendi & Ortiz, 2004). Consistent with empowerment theory, as individuals

are empowered they impact their surrounding environments. Likewise, as social contexts are transformed, the individuals within them are impacted as well (Van Wormer & Besthorn, 2017). These processes are also consistent with anti-oppressive approaches to social work practice. Anti-oppressive methods seek to challenge and change oppressive relations of power and domination that categorize individuals into superior and inferior groups. Through such dominant relations, subordinate groups' characteristics are dehumanized, their contributions are devalued, and their access to social resources is highly restricted. The goal of anti-oppressive social work practice interventions is creating non-oppressive social divisions that are based on principles of equality, solidarity, reciprocity, and mutuality (Dominelli & Campling, 2002).

Although MTIs originate at the macro level, they concurrently focus on both individual and community (or structural) outcomes. The MTIs presented here provided participants with support for their private troubles as well as an organized group of peers who could together address a shared, public issue with macro-level change (Schwartz, 1980). Across case studies, intrapersonal change was evidenced through improvements in participants' self-esteem, motivation, personal power, and coping skills. Likewise, changes in community structures were effected through the creation of employment opportunities for difficult-to-employ homeless youth. Similarly, changes in broader community perceptions occurred through organizing neighborhood youth to highlight the strengths of their low-income neighborhood with mapping techniques. Educational policy change was enacted through the revision of district-level anti-discrimination policies that enumerated sexual orientation and gender identity and expression. Systems' change was created by institutionalizing within a child welfare system the use of community partnerships that shared power and decision-making among agency professionals and community residents. Collectively, these MTI approaches sought a more equal social division rooted in shared power for homeless youth, low-income youth of color, LGBTQ youth, and community residents interacting with the child welfare system (Dominelli & Campling, 2002).

Study limitations

Each of the case studies shares several limitations, which influence the interpretation of our findings. First, sample sizes in the SEI pilot study, the PPM study, the RY study, and the ACS Community Partnership were small and drawn from one program, organization, or community. Related, the use of four geographically specific cases limits our ability to apply our findings in other contexts without careful attention to the local conditions of those contexts.

Lastly, the study participants across the four case studies differed in their roles and in their statuses of power and privilege within those roles. Although these perspectives complement each other by providing experiences of individuals across multiple roles (i.e. client vs. staff vs. community resident) and levels (i.e. organizations, educational institutions, communities), no one case study included voices

from all roles and levels. As such, we recognize that important voices were omitted when looking at each case study individually.

Recommendations for the social work profession

Three important recommendations for social work practice and education emerge for developing, implementing, and evaluating MTIs. First, the existing micro versus macro method specialization within the U.S. social work profession largely precludes clinical practitioners from engaging in advocacy and social action work (Ezell, 2001). To create and foster a culture of social justice within clinical practice organizations, schools of social work should offer courses on intervention development, implementation, and evaluation across methods, so that students are better trained to bridge micro and macro methods in their practice (Austin, Anthony, Knee, & Mathias, 2016). Likewise, the Council on Social Work Education (CSWE) could add MTIs into the required research curricula so that all students receive this knowledge and skill set. Field departments also could develop micro-macro group field placements where student teams could design and implement MTIs within clinical practice organizations.

Second, existing and newly developed MTIs that have demonstrated efficacy with individual and collective empowerment outcomes should be incorporated into the repertoire of available clinical interventions. These structural interventions are not intended to replace clinical interventions but to offer a complementary type of approach (i.e. one that originates with the community, organization, or system). Both types of interventions are needed in the profession to offer clients personalized interventions based on the best available evidence. For instance, some clients might benefit from engaging first in clinical work to develop the necessary self-efficacy and coping skills to participate in group-based, social action efforts. Conversely, other clients might find the structural change work less intimate or threatening and might instead prefer to first engage in social action efforts. It might be that engaging in social action efforts actually alleviates clients' presenting clinical issues, as was portrayed here in several case studies. It might also be that MTIs function as a portal to clinical services. In this case, clients might feel more comfortable with the group process characteristic of social justice work and through this collective work, identify intrapersonal barriers and issues that are appropriate for clinical work. By adding MTIs to the existing repertoire of clinical interventions, the social work profession will be better positioned to customize practice interventions to clients' needs and preferences.

Third, to date, intrapersonal outcomes are rarely measured in MTIs (Donaldson, 2005). It is important that clinical practitioners and structural intervention researchers collaborate to identify the most salient clinical outcomes to measure in MTIs. Since MTIs are not simply clinical interventions administered in macro settings, but rather structural interventions that originate at the community, organizational, systems, and/or policy level, the profession likely needs new clinical outcome measures that gauge the therapeutic benefits of engagement in social and

political action-oriented efforts. As a starting point, the four case studies suggest that participants involved in MTIs experienced positive individual and clinical benefits in their mental health status, self-efficacy, self-esteem, empowerment, critical consciousness, and power. Additional research is needed to develop and standardize measures to capture and longitudinally track these—and other—clinical outcomes resulting from involvement in social and political action.

Through implementing these recommendations, clients will benefit from increased access to MTIs that prioritize both intrapersonal growth and structural change. Likewise, through positive externalities, community members will benefit from the community, organizational, systems, and policy-level changes that MTIs produce. Professionals will also benefit from an enhanced skill set that traverses micro and macro methods. Lastly, the social work profession will benefit from bridging the divide between micro- and macro-practice traditions. Through designing, implementing, and evaluating MTIs, the social work profession can strengthen the inter-connectedness of these traditions, while at the same time, highlight the unique contributions each makes to individual and community well-being.

Ethics

Each of the first three authors received human subjects' approval for her study from the university at which the study took place (University of Southern California (USC; # UP-05-00041), University of Pittsburgh (#PRO11050246), and University of Michigan (HUM 00024611)). The community-partnership initiative was a training/coaching program for the New York City (NYC) ACS Community Liaison Program and thus did not require IRB approval. Findings were used for ongoing improvement of community engagement for ACS.

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Notes

1. The first author has described elsewhere the collaborative procedures for developing the SEI (Ferguson, 2007) as well as the sampling procedures and measures of the pilot study (Ferguson & Islam, 2008; Ferguson & Xie, 2008).

2. Participants were on average 21 years old ($SD=1.41$). Twenty youth were male and 8 were female. Eleven youth identified as African American, 6 as Hispanic, 6 as Caucasian, 4 as mixed or other ethnicity, and 1 as Asian (Ferguson & Xie, 2008).
3. Homewood is an economically distressed, racially segregated neighborhood that faces many challenges including community violence, failing schools, high levels of juvenile justice and social service involvement, and an environment characterized by dilapidated, abandoned buildings (Teixeira, 2015).
4. All 10 participants self-identified as African American and were current or former Homewood residents who attended school and other daily activities in Homewood.

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