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# EMPOWERMENT EVALUATION AS A SOCIAL WORK STRATEGY

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**Mary Secret, Audrey Jordan, and Janet Ford**

*This article explores the application of empowerment strategies to program evaluation within a community health setting and presents a case study to examine the policy, direct practice, and research issues associated with the plan to evaluate a community-based HIV-prevention program. Empowerment evaluation strategies were used to develop an innovative street outreach intervention that can be measured and evaluated, to transfer evaluation knowledge from the researcher-expert to the program stakeholders, and to help overcome evaluation implementation obstacles. The article addresses the benefits and risks inherent in an empowerment approach to the evaluative research process.*

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## **Key words**

empowerment  
HIV-prevention programs  
participatory evaluation  
program evaluation

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**I**ncorporation of research and program evaluation in social work practice is a recurring issue in social work literature. Program evaluators and researchers continue to search for ways to engage program stakeholders in the process of designing, implementing, and maintaining evaluation activities that have both scientific merit and practical use (Loneck & Way, 1997; Staudt, 1997). Administrators, practitioners, and consumers constitute a primary group of stakeholders in health care settings, and their knowledge of and investment in program evaluation can determine the nature and usefulness of evaluative efforts within health and social work programs. Teaching program stakeholders how to generate valid, reliable, and meaningful evaluation findings and how to incorporate ongoing evaluation activities in practice settings are major thrusts of empowerment evaluation (Fetterman, 1994a). This article reviews current notions about empowerment evaluation and presents a case study of its application in developing a pilot evaluation plan for an HIV-prevention program. The case study provides an opportunity to examine the practice, policy, and research issues encountered in the development of an evaluation plan, using empowerment evaluation strategies, in a community health setting. The benefits and risks inherent in an empowerment approach to the evaluative research process are addressed.

## **EMPOWERMENT EVALUATION**

Empowerment is a central theme in social work practice and policy (Lee, 1994), particularly in programs that primarily serve "women, people of color, and other oppressed groups" (Gutierrez, GlenMaye, & DeLois, 1995, p. 249). In practice settings, one of the goals of empowerment is "an increase in the actual power of the client or community so that action can be taken to change and prevent the problems clients are facing" (Gutierrez et al., 1995, p. 250). In the policy arena an empowerment approach strives to "take policy practice and advocacy to the state and local levels so that providers, consumers, and volunteer leaders can actively influence and shape local services, build stronger community collaboration, focus on family outcomes, and develop community governance and ownership of programs and initiatives" (Weil, 1996, p. 494).

Empowerment evaluation is a natural extension of the social work empowerment perspective and can be considered within the genre of collaborative and participatory program evaluation models common to social work program evaluation. Stakeholder ownership in the evaluation process and product as well as the use of participatory group techniques to encourage program involvement are integral aspects of empowerment evaluation. However, empowerment evaluation, similar to other social work empowerment strategies, is particularly applicable to programs that serve oppressed peoples (Mertens, 1995; Whitmore, 1990) or in programs that attempt to further social justice (Chen, 1994). Empowerment evaluation fosters in these agencies the capability of using research findings to improve their service delivery systems and to shape their own programmatic destinies (Fetterman, 1994a). Thus, the intent to transfer research evaluation knowledge from the researcher-expert to program stakeholders for the explicit and ongoing use and benefit of the programs serving disenfranchised populations is a major distinction between empowerment evaluation and other collaborative or participatory models.

Proponents of empowerment evaluation emphasize the multidimensional, multimethodological quality of the approach. According to Fetterman (1994a), "Empowerment evaluation is the use of evaluation concepts and techniques to foster self-determination. The focus is on helping people help themselves. This evaluation approach focuses on improvement, is collaborative, and requires both qualitative and quantitative methodologies. . . . It is a multifaceted approach with many forms, including training, facilitation, advocacy, illumination, and liberation" (p.1). Empowerment evaluators perform many traditional social work roles in conducting an evaluation: teacher, facilitator, and advocate. First, evaluators teach program stakeholders to conduct their own evaluations by introducing them to and helping them use a number of program self-evaluation workbooks and other research training tools. Such tools are designed to help program staff and participants implement a systematic process of program evaluation. Second, "evaluators can serve as coaches or facilitators to help others conduct their evaluation" (Fetterman, 1994a, p. 4). As facilitators, evaluators help program stakeholders identify intermediate and long-term evaluation goals and objectives and the measures or indicators used to establish baseline levels of performance with which future

progress may be compared. They also assist program stakeholders in specifying activities that will be needed to achieve intermediate and long-term goals and objectives. The evaluation remains in the hands of the program stakeholders; as coach or facilitator "the empowerment evaluator simply provides useful information, based on training and past experience, to provide direction and keep the effort on track" (Fetterman, 1994a, p.6). Third, evaluators serve as advocates, taking "an active role in making social change happen" (Fetterman, 1994a, p. 6) by presenting evaluation findings in public forums, providing information to policymakers, and otherwise participating in legitimizing and disseminating the results of empowerment evaluations.

Empowerment evaluation also is "illuminating" and "liberating" to program stakeholders, because it encourages them to examine their programs from differing perspectives and to redefine their own roles within the program structure. Ideally, the process results in stakeholders being better able to document program effectiveness to clients and appropriate policymakers, solve their own management and service problems, secure their own resources, or promote social change on behalf of the populations they serve.

In the following case study, a plethora of community health issues necessitated the delivery and integration of multiple services to a population at high risk of HIV/AIDS. Within the framework of the empowerment approach described earlier, research and evaluation professionals skilled in group process and negotiation worked together with program stakeholders to articulate program goals, to operationalize program objectives and outcomes, and to implement a quasi-experimental design to assess program effectiveness. All participants in this effort were committed to the promotion of the health and well-being of a vulnerable population by improving the programs that serve them.

## **CASE STUDY**

### **Decision to Use an Empowerment Approach**

A statewide HIV-Prevention Community Planning Committee was convened to develop policies, priorities, and plans for the expenditure of state and federal HIV-prevention monies. Part of the mandate was to produce outcome-based program evaluation findings in a pilot evaluation. The committee selected one of its member HIV-prevention programs for the pilot and recommended that the program develop an evaluation model that could

provide the basis for a systematic statewide evaluation of HIV-prevention programs, provide data-collection mechanisms that could be incorporated into routine service delivery, process information to assist in ongoing policy and program development, and provide ongoing outcome information to document program effectiveness. The selected program was a community-based HIV-prevention outreach program targeting low-income African American women at risk of HIV because of either their own or their sexual partners' intravenous drug use. A team composed of the staff, consumer representatives, and program director of the pilot program; members of the state committee; staff of the state and local departments of health; and staff of a university-based survey research center, including a social work research evaluator, was formed to design an evaluation plan and to do the groundwork for implementation.

The goal of the HIV Planning Committee and, subsequently, of the selected program evaluation team was to develop a credible and practical evaluative design for HIV-prevention programs. To achieve this goal the team chose an empowerment evaluation approach because such an approach could provide HIV-prevention program stakeholders with a product, namely an evaluation plan, that, once implemented, could be maintained and appropriately modified by the agency with minimal dependence on research experts; encompassed the criteria set by the statewide committee for a pilot evaluation plan; reflected the social work values and tradition brought to the project by the social work research evaluator, who was the evaluation team leader; and was consistent with the goals and structure of the umbrella agency, the Urban League, which administered the HIV-outreach program and which has long been regarded as one of the strongest enablers of empowerment in African American communities.

### **Critical Review**

The evaluation team began the pilot evaluation effort with one of the first steps in empowerment evaluation, a critical review of the program's strengths and weaknesses known as "taking stock" (Fetterman, 1994b). The current outreach efforts consisted of a basic "shotgun" approach—outreach workers distributed materials (information, condoms, bleach kits) to any consumer who interacted with them. The program staff and consumer representatives expressed dissatisfaction with the program's indiscriminate outreach ap-

proach and agreed to seek and implement a more focused outreach strategy. Team members investigated various street outreach programs and decided to develop an innovative outreach strategy that was currently being tested in a demonstration site by the Centers for Disease Control (CDC) (O'Reilly & Higgins, 1991).

The new outreach strategy was based on the "stage of change" model of behavior change, advanced by Prochaska and DiClemente (1986). This model, developed primarily in programs for smoking cessation and applied recently to HIV harm/risk reduction (Windsor, Middlestadt, & Holtgrave, 1993), hypothesizes that individuals move sequentially through five stages of "readiness to change" behaviors as they progress from addictive behaviors to sustained abstinence. The five stages are (1) precontemplation or no intention to change; (2) contemplation or awareness of the problem but reluctance to change; (3) preparation or intent to take action (make a change) in the near future; (4) action, or the actual process of modifying behaviors; and (5) maintenance, or prevention of a relapse (Prochaska, DiClemente, & Norcross, 1992).

In the case example the stage of change strategy required street outreach workers to assess the "stage of readiness to change" for each client and to provide interventions tailored to that particular stage. For example, an outreach worker interacting with a client assessed at the precontemplation stage would stress the causes and consequences of HIV/AIDS. A client at the contemplation stage would receive one-on-one risk-reduction education (that is, the need for and use of condoms or sterile drug paraphernalia), whereas a client at preparation would work on skill development (that is, how to talk to a sexual partner about the need for protection). Providing condoms or bleach kits would be an appropriate intervention for a client in the action stage, and supportive counseling, referral, and follow-up would be appropriate for someone in maintenance.

### **Development of the Evaluation Plan**

Consistent with the empowerment model of program evaluation, the social work evaluator facilitated the development of the new outreach strategy and encouraged the program stakeholders to develop, concurrently, a scientifically acceptable evaluation method. Several evaluation team meetings were held during a four-month period. During these meetings the social work evaluator orchestrated brainstorming sessions and participatory

group processes and, with the use of the *Prevention Plus III* workbook (Linney & Wandersman, 1991), helped the stakeholders formulate process and outcome objectives for the new outreach services and identify and design the appropriate measurement tools and procedures.

The outcome objectives for the new street outreach program translated into two hypotheses: (1) individuals at high risk of HIV/AIDS who are assessed and receive interventions based on the stage of change model will demonstrate a greater reduction in risk behaviors than high-risk individuals who receive general outreach services; and (2) individuals at high risk of HIV/AIDS who receive specific behavioral change interventions will move from one stage of change to the next stage—for example, from contemplation to preparation for change.

These hypotheses were to be tested by measuring the risk behaviors of two groups of high-risk individuals: (1) an experimental group in one housing project site who were to receive the model program of stage of change assessment and interventions; and (2) a comparison group in another housing project site in the same city who were to receive the basic “shotgun” style outreach services. Comparability of the two groups was determined by demographic profiles.

Operational definitions and data collection instruments used in the CDC demonstration project were reviewed by the stakeholders and modified for the pilot evaluation. Two instruments were selected from the CDC project. The first was the Risk Behavior Screening Instrument (personal communication with Carolyn Guenther-Grey, Centers for Disease Control and Prevention, December 8, 1994), which identified and collected data on individuals engaged in high-risk behaviors at the start of the new project. High-risk individuals were designated as those who self-reported having used intravenous drugs or having engaged in sexual activity during the past 30 days. Individuals who agreed to be approached again or to talk further with an outreach worker became clients and constituted the study participants.

The second instrument was a Risk Assessment (personal communication with Carolyn Guenther-Grey, Centers for Disease Control and Prevention, December 8, 1994) instrument that measured the dependent variables of client risk-taking behaviors (frequency and duration) during the preceding six months and the stage of readiness to change behavior. High-risk behaviors were operationalized as engaging in unprotected sex or using unclean

drug equipment at any time during the past six months. The risk assessment instrument was to be administered to the high-risk individuals at both sites when the new outreach strategy was initiated at the experimental site and at subsequent three-month intervals for a one-year duration. Outreach workers were to use an interview script to collect self-report data in face-to-face discussions with clients and to record the data on index cards carried in purses or jacket pockets. The script also included directions for the outreach workers to discuss informed consent and confidentiality issues with clients.

Outreach workers trained to identify the risk behaviors and change stage of each client and to interact with the client according to the protocol specific to that stage delivered at the experimental site the independent variable, for example, the specific behavioral change interventions. These outreach workers recorded detailed information about each client interaction on a client log, which served as the data collection instrument for the independent variable. Outreach workers at the comparison site used an activity log to record their general outreach activities.

Before the implementation of the actual study, outreach workers pretested the data collection instruments and procedures in a third housing project. This pretest allowed outreach workers to practice identifying high-risk clients, assessing readiness for change stages, and implementing the protocols (that is, matching behavior interventions with the corresponding stages). The evaluation plan was reviewed and approved by the Urban League Executive Director, the state HIV Committee, and the University Internal Review Board.

## **IMPLICATIONS FOR SOCIAL WORKERS**

### **Practice Issues**

In the case example, practice implications of the empowerment approach first surfaced during the critical review of the pilot program’s strengths and weaknesses. The decision to adopt the new outreach strategy based on the stage of change model evolved as the program stakeholders on the evaluation team worked together to identify program goals for their street outreach. Subsequently, the stakeholders were able to develop an intervention approach that was consistent with their program goals and agency values, one that could provide measurable program outcomes.

A major practice implication to be addressed in the application of the empowerment evaluation

model is the difficulty in maintaining the distinction and the balance between program implementation and program evaluation. Although this complication is not unique to empowerment evaluation, the increased emphasis on collaboration that is a feature of the empowerment model makes it more difficult to maintain clear boundaries between service provision and evaluation (Kondrat, 1995). Furthermore, we can assume that during the course of the transfer of evaluation knowledge from the evaluator to the program staff, modifications in the actual service delivery system will occur. As illustrated in the case example, program staff members' participation in the design and adoption of the program evaluation protocol, including modification of the data collection instruments, contributed to the improved quality of the data collected. However, it also affected the overall service provision by defining and limiting the types of intervention strategies that could be applied to each of the change stages.

It is important that both the service provision and evaluation interests of the program remain distinct and protected so that the evaluation component does not drive the program implementation or vice versa. An equal partnership between the evaluator and the program director, the person generally responsible for the programmatic aspects, is essential in ensuring this distinction and ultimately the integrity and progress of both the intervention and the evaluation.

### **Policy Issues**

In the case example, representatives of the target population participated as consumer volunteers on the evaluation team and emerged as stakeholders in the process. They not only provided relevant insights into the receptivity and effect of the outreach effort in the community but, along with other program staff members, developed a voice in the decision making on state and federal HIV funding and service delivery.

Many of the policy implications of the case example are related to the stigma associated with the populations at high risk of HIV infection. The unpredictability of the physical health status of the consumer stakeholders was a potential barrier to their empowerment. Individuals in community groups generally have to be physically healthy before they can be mobilized for political action. The actual securing of financial resources for the HIV-outreach program was, arguably, in and of itself a political process. The hope and expectation of ev-

eryone connected with this pilot project were that the evaluation findings would help the program be more successful in stopping the spread of HIV in their community and, at the same time, provide empirical evidence to further their struggle to obtain funds for HIV prevention and treatment services. The empowerment evaluation model encourages program stakeholders to recognize that evaluation results should be applied to program and policy development and implementation.

### **Research Issues**

The transfer of basic research knowledge from the evaluator—expert to program and consumer stakeholders is a critical feature of an empowerment approach to evaluation. In this case example the social work research evaluator introduced the methodological, ethical, and practical considerations involved in experimental design to other members of the evaluation team and encouraged them to debate the value of each aspect for the program. A quasi-experimental design with repeated measures was chosen, because, as in many community initiatives, ethical and practical considerations preclude the random assignment of clients into an experimental and a control group. Although limited in its ability to determine causality, a quasi-experimental design nonetheless can provide some evidence that behavioral interventions tailored to client stages are responsible for reducing high-risk behaviors.

An appreciation of the factors that contribute to internal validity helped the stakeholders make decisions that preserved the scientific credibility of the evaluation project. For example, when outreach worker staff turnover created suspicion about the consistent and appropriate delivery of the independent variable, the team decided to institute ongoing training sessions to monitor the behavior interventions and data collection protocols. Staff turnover problems, coupled with the adoption of a new computer system, extended the data collection, entry, and feedback process beyond the three-month interval intended as the measurement points for the dependent variables. This delay increased the attrition rate of clients and the likelihood of confounding events occurring at either the experimental or the comparison site. Despite the time and money involved, the team decided to “restage” all clients, essentially restarting the project rather than permit further threats to internal validity. We speculate that this evaluation effort would have produced a less-useful and less-credible product

had the stakeholders decided to forgo the staff training and program restart.

Implementation problems are common in real-world program evaluations (Perry & Backus, 1995). When only an external evaluator is involved in the evaluation, these problems can lead to staff distrust of the external evaluator, sabotage in the data collection efforts, or even termination of the entire project. However, this pilot evaluation team addressed these real-world challenges with the previously discussed strategies. The evaluation team continued to function and completed the data collection and analysis process for a full year of the project. In total, 498 individuals had been "staged": 246 at the experimental site and 252 at the comparison site. Follow-up rates, however, were low: only 15 percent (38) of the experimental group and 13 percent (33) of the comparison group were staged more than once.

Although the evaluators and program staff were disappointed in the low number of individuals who completed the total staging process, they nonetheless felt successful in developing a method capable of actually measuring the intervention and the stages of behavior change during the entire course of the pilot program. The program continues, with the focus now on improving the tracking of participants. Outcome data are forthcoming. Team members also are sharing the program and evaluation knowledge generated from the pilot project with the HIV Planning Committee and state and local officials.

## CONCLUSION

The empowerment evaluation model appears to be a useful strategy for incorporating program evaluation activities into service provision and for investing practitioners and other program stakeholders in the process of developing meaningful and useful measures of program performance. Programs serving disenfranchised or populations of color have found empowerment evaluation increasingly attractive because of its capacity to "link evaluation results to political action" (Mertens, 1995, p. 92).

The case study presented in this article illustrates some of the benefits and risks of applying the empowerment evaluation model. First, the case shows how an empowerment process, consistent with social work's basic values, was used to help program stakeholders develop a scientifically acceptable evaluation model. The program staff of this HIV outreach project were able to articulate

the program's goals, objectives, and outcome measures. They also became skilled in data collection, in interpreting essential program evaluation principles, and in developing proposals to compete successfully for additional program funding. Determining whether the stakeholders developed these evaluation skills as a direct result of the empowerment model was, unfortunately, beyond the scope of the pilot evaluation project but is an intriguing question. The extent to which these skills and commitment to evaluation are maintained by empowered program stakeholders in the long term is also a question of interest to researchers. At the very least, future empowerment evaluation efforts may want to measure stakeholders' perceptions of empowerment and their evaluation knowledge and skills before and after the pilot evaluation to provide insight into the capability of empowerment evaluation to empower program stakeholders.

Second, although the project confirms what many researchers and program evaluators already know, that is, the difficulty of implementing program evaluation in community health and social services settings, the case nevertheless illustrates how an empowerment strategy can help overcome some implementation obstacles. It can be argued that the active participation of program staff and consumers in the evaluation planning process contributed to the motivation and persistence necessary for them to resolve data collection problems in a real-world setting without the fear of compromising intervention strategies.

The application of empowerment strategies to program evaluation is not without criticism (Whitmore, 1990). Many critics question the extent to which objective conclusions can be derived from empowerment evaluation, arguing that program stakeholders may be more invested in positive results to ensure continued funding and support (Scriven, 1994; Stufflebeam 1994). On the other hand, it can be argued that program stakeholders, particularly those who are consumers of program services, may be more invested than "professional evaluators" in obtaining objective information about the strengths and weaknesses of those services if the ultimate goal is to improve services and service delivery. The objectivity of any evaluative approach is less likely to be questioned, particularly by outside constituencies, if the evaluator's method can be demonstrated to be scientifically sound and rigorous. Thus, it can be argued that the use of a quasi-experimental design, coupled with the use of validated instruments

(such as those generated from a CDC demonstration project), would deflect some of the general criticisms directed toward empowerment evaluation strategies.

Another concern raised by empowerment evaluation critics is that of professionally trained evaluators "giving away" their professional knowledge to program stakeholders (Scriven, 1994; Stufflebeam 1994). There is some concern that sharing research-based program evaluation skills and knowledge, as well as the responsibility and authority for implementing the evaluation, may weaken the position and authority of a professional evaluator and devalue that professional's expertise in the area of program evaluation. However, even the major empowerment evaluation critics "acknowledge that this position [giving away evaluation knowledge] is professionally sound if its thrust is to help groups institutionalize evaluation processes that adhere to the standards of sound evaluation" (Stufflebeam, 1994, p. 324). Institutionalization of the evaluation process and maintenance of the evaluation procedures were primary goals of the evaluation project described in this article; sharing of evaluation skills and knowledge was imperative to achieving these goals.

Empowerment evaluation strategies are not feasible for all social work services and programs. Funding bodies may require professional evaluation by outside evaluators for specific projects or programs, researchers may attempt to replicate previous projects, and time constraints may prohibit the collaborative efforts required of empowerment strategies. The empowerment process is an endeavor that is both resource and time intensive. For more than two years, a major portion of the social work evaluator's time, as well as large blocks of time from the technical and administrative staff of the research organization, was committed to facilitating the development of program services that were evaluable. The budget demands of the outreach project and the increasing involvement of staff and volunteers from other agency projects consumed considerable resources of the parent organization and led to confusion about the roles of the project director and the agency executive director. Additional time and effort from the evaluator and the program stakeholders were required to reach a successful resolution.

Successful collaborative participation in the evaluation process, a key component in empowerment evaluations, depends to a large extent on the willingness and ability of the evaluator to share

research expertise, to communicate the value and relevant strategies of evaluation skills, and to devote the required time to staff training and team activities that result in an agency's being able to implement and continue a scientifically credible program evaluation. In particular, social workers bring to the empowerment evaluation process the unique contribution of relationship skills necessary to establish and cultivate the trust required to optimally conduct this type of evaluation (Whitmore, 1990). In the case of this HIV outreach project, the program staff remains enthusiastically involved in the project and recognizes the value in completing the study for what the evaluation can tell them about their program, for the contribution that completion of this study can potentially make to the understanding of community outreach for hard-to-reach individuals, and for the promotion of empowerment strategies in health programs serving vulnerable populations. **HSW**

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