This chapter discusses the concept of empowerment, defines empowerment for the purposes of this book, and provides a context for understanding the selection of the four broad intervention goals. The goals are to enhance social resources, to acquire economic resources, to increase self-determined behavior, and to influence macro decision making. Common criticisms of CB methods are considered, and consistency of these methods with empowerment and social work practice is discussed.

EMPOWERMENT AND SELECTION OF INTERVENTION GOALS

Empowerment is one of the most frequently used, yet variously and ambiguously defined, concepts in the social work and related literature. Empowerment has been referred to as a practice, a set of strategies, a process, a goal, a product, a feeling, a capacity, a life force, a reflective activity, a potentially unifying approach to practice, and the central task of the profession. The concept of empowerment has been applied to both micro and macro levels of practice and to multiple client groups. Vulnerable populations, such as the poor, women, elderly, lesbians, gays and bisexuals, racial/ethnic and cultural minorities, and individuals with mental, developmental, and physical disabilities, have been the main target groups of empowerment practice (Browne, 1995; Carr, 2003; East, 2000; Hasenfeld, 1987; Kondrat, 1995; Lee, 1996; Saleebey, 2002; Simon, 1994; Staples, 1990).

Definitions of the term empowerment also vary. Solomon (1976), credited with introducing empowerment practice to social work in her book Black Empowerment: Social Work in Oppressed Communities (Browne, 1995; Lee, 1996), defined empowerment as a “process whereby persons who belong to a stigmatized social category throughout their lives can be assisted to develop and increase skills in the exercise of interpersonal influence and the performance of valued social roles” (p. 6). Solomon also believed that empowerment can be an “appropriate goal” (p. 21). Gutiérrez (1990) described empowerment as “a process of increasing personal, inter-
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personal, or political power so that individuals can take action to improve their life situations” (p. 149).

From a social work strengths perspective, Saleebey (2002) defined empowerment as "the intent to, and the process of, assisting individuals, groups, families, and communities to discover and expend the resources and tools within and around them” (p. 9). From a behavioral perspective applied to intervening with clients diagnosed with severe mental illness, Corrigan (1997) defined empowerment as “individuals making decisions about their treatment, work, recreation, and living arrangements” (p. 49). Community psychologists have defined empowerment as a process “by which people, organizations, and communities gain mastery over their lives” (Rappaport, 1984, p. 3) and “of gaining some control over events, outcomes, and resources of importance to an individual or group” (Fawcett et al., 1994, p. 472). Lee (1996) provides still more definitions of empowerment. A central theme in all of these definitions is that individuals or groups develop a sense of power, control, or mastery over important aspects of their lives.

So as not to add to the ambiguity and confusion by providing yet another definition of empowerment, Yeheskel Hasenfeld’s (1987) definition is adopted for use in this book. Hasenfeld defines empowerment as “a process through which clients obtain resources—personal, organizational, and community—that enable them to gain greater control over their environment and to attain their aspirations” (pp. 478–479). This definition is appropriate because it emphasizes accessing a variety of resources that assist individuals in increasing control over their lives and in attaining their own goals, outcomes that are consistent with social work values.

It can also be assumed that empowerment is more than a process or the acquisition of empowering skills. Research must provide some evidence that the process or acquired skills result in vulnerable individuals or groups enhancing their power. This is indicated by increases in social and economic resources, personal decision making, and input into the macro decisions that affect the lives of vulnerable populations. This latter assumption is related to what Rosen and Proctor (1981) define as instrumental versus ultimate outcomes or goals. Instrumental goals, such as enhanced social, employment, or self-advocacy skills, are designed to achieve clients’ ultimate goals, such as forming friendships, finding employment, and securing legal rights. This book focuses on CB interventions for which research has provided some evidence that the interventions can assist vulnerable populations in achieving their ultimate goals.

Consistent with other scholars, Hasenfeld also argues that empowerment must occur on at least three levels: the practitioner-client, organizational, and social policy. At the practitioner-client level, social workers should increase clients’ power resources by providing information on community resources and by teaching self-advocacy and other skills for assisting clients...
in securing their rights, obtaining social and economic resources, and achieving personal goals. At the organizational level, practitioners should use the power of their agency to address client needs. At the policy level, social workers should ensure that clients directly affected by social policy decisions have opportunities to influence the formation and implementation of those decisions. The evaluations of the CB interventions presented in this book suggest that the interventions can assist vulnerable populations in increasing their power resources and in influencing organizational and policy decisions that affect their lives.

CRITICISMS OF COGNITIVE-BEHAVIORAL METHODS AND THEIR CONSISTENCY WITH EMPOWERMENT AND SOCIAL WORK PRACTICE

The use of CB methods in social work practice has been directly criticized, or criticized for particular procedures that are shared with other approaches, such as focusing on clients’ problems instead of their strengths. Criticisms have come primarily from scholars and practitioners who share a humanistic philosophy or orientation. These include feminism, empowerment, and the related strengths perspective. Criticisms of the use of these methods also have come from CB researchers and practitioners themselves. Among the most frequent criticisms of CB methods is that they are expert driven and controlled and thus constrain individual freedom. Second, CB methods identify and change individual deficits and assist clients in adapting to current unjust or unfavorable environments. Thus, the interventions are inconsistent with a social justice perspective. Third, CB methods assess and change narrowly defined behaviors, establish quantitative intervention goals, and use standardized procedures, all of which lack social relevance. The next three sections address each of these criticisms in turn and discuss the consistency of CB methods with empowerment and social work practice.

Do Cognitive-Behavioral Methods Constrain Individual Freedom through Expert Control?

CB interventions are expert driven in the sense that they are derived from experimentally tested theory and intervention research. Opposition to expert control of the intervention process has been voiced by empowerment, feminist, and strengths-based scholars (e.g., Hurst & Genest, 1995; Rappaport, 1981; Saleebey, 1996). Scholars and practitioners have argued that expert-driven methods constrain individual freedom in two main ways. First, practitioners or other experts in charge use the techniques to control individual behavior. Second, the practitioner, not the individual or group, defines the target behavior and chooses the assessment, intervention, and
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Many social work scholars and practitioners acknowledge that the profession frequently serves a social control function (e.g., Gambrill, 1997; Rothman, 1989), regardless of the approach (e.g., feminist, strengths-based, or CB) used by social workers. That is, social workers frequently intervene to decrease or eliminate certain problems and to assist individuals or groups in conforming to social norms. This is particularly the case with problems such as child and spouse abuse, other forms of violence, substance abuse, and a variety of other illegal behavior. Assisting individuals in controlling such behavior, however, does not necessarily decrease but can enhance individual freedom. Decreasing or controlling certain behaviors, such as substance abuse, can increase choices, such as in employment and interpersonal relationships. Having alternatives to choose from is an important element of freedom. Thus, even this type of behavioral change can be consistent with empowerment.

Despite this argument, multiple examples of “experts” misusing behavioral techniques to control behavior, particularly the behavior of vulnerable populations, certainly exist. Examples include using inappropriate and unnecessary aversive techniques, establishing reinforcing or punishing consequences that encourage submissiveness and discourage independent decision making, and requiring clients to earn reinforcers to which they are legally entitled for engaging in identified behavior, such as working for meals (Corrigan, 1997). Although behavioral interventions have been misused to inappropriately deny individual freedom, this book demonstrates ways in which such applications can be used to enhance individual choice and freedom.

In response to early criticism that behavior therapy was undermining clients’ autonomy and freedom of choice through external control, even in circumstances in which clients set their own intervention goals, CB scholars developed a variety of self-control assessment and intervention methods (Browder & Shapiro, 1985; Goldfried & Castonguay, 1993; Rasing, Coninx, Duker, & Van den Hurk, 1994). Self-recording, in which clients observe, record, and assess changes in their own behavior, is the main assessment method. Examples of self-control interventions include self-instruction, using other personalized prompts, self-reinforcement, problem solving, and cognitive restructuring. In addition, as this book suggests, CB interventions can assist vulnerable clients in increasing and accessing resources from their environment, enhancing self-determination, and influencing macro decision making and practices affecting the services they receive and other important aspects of their lives. Thus, CB interventions can be used to empower people, rather than control them.

A related criticism of CB methods is that the practitioner, not the client,
is in control of defining the behavior to change and selecting the assessment, intervention, and evaluation procedures. Regardless of the practitioner’s philosophy or theoretical orientation to social work practice, selection of the client’s problem and goals and the assessment, treatment, and evaluation procedures are constrained in some way (Rothman, 1989). Society (e.g., social norms and funding sources), characteristics of practitioners (e.g., ethics, beliefs, knowledge and training, personal biases), and organizational or agency mandates, policies, and resources all constrain these aspects of practice. Admittedly, even when clients are offered a choice among ways to define problems and goals and assessment and intervention procedures, CB applications can be more constraining than other approaches. For example, problems and behaviors are precisely defined, assessment methods consist of a limited range of options, interventions are frequently technical and directive, and because interventions are based on empirical research, they frequently are standardized. These aspects of CB applications clearly place much of the control of the assessment and intervention process in the hands of the expert, which can be inconsistent with an empowerment approach.

Fawcett and his colleagues (Fawcett, Seekins, Wang, Muiu, & Suarez de Balcazar, 1984) recognized the apparent contradiction in using social technologies (defined as a replicable set of procedures designed to change participants’ socially relevant behaviors under a variety of real-life circumstances) to empower individuals. They acknowledged that by choosing to use and participate in standardized interventions, the practitioner and participants must give up some freedom or control. However, if using standardized interventions gives participants increased options and more control over their lives, then the use of such interventions can increase personal freedom and empowerment. For example, if a practitioner chose to use social skills training to teach clients with disabilities self-advocacy skills, the practitioner would necessarily give up some control of the intervention process to teach the skills. If the clients agreed to this intervention, they also would give up some control over the choice of methods to learn the skills. But, if by using the standardized intervention the clients acquire the self-advocacy skills, the clients would have increased options to obtain resources and influence decisions made about their lives. Moreover, if using the skills resulted in clients’ increasing their social or economic resources, participating in decision making that affects their lives, or securing individual rights, these outcomes would be consistent with empowerment. As this book demonstrates, CB applications can be used to assist vulnerable populations in achieving such outcomes.

In addition to the argument that CB interventions can empower clients by assisting them in achieving their goals (or by making it more likely that clients will achieve the goals or achieve them in a shorter period of time, compared with other interventions), these methods are consistent with an
Empowerment and social work practice in other ways. First, the defining characteristics and values of CB approaches include a commitment to empirically evaluating interventions, to offering clients research-based therapies, and to evaluating the effectiveness of the interventions when used with individuals or groups. These characteristics are consistent with the educational policy and accreditation standards for social work programs (CSWE, 2001), as well as with the NASW (1999) Code of Ethics. CB interventions are well represented among effective interventions for a wide range of client problems in the social work and related literature (e.g., Kazdin & Weisz, 2003; MacDonald, Sheldon, & Gillespie, 1992; O’Hare, 2005; Reid, Kena-ley, & Colvin, 2004).

Second, as the intervention chapters suggest, CB applications also can assist vulnerable groups in achieving outcomes for which traditional psychotherapies might be inappropriate or not particularly helpful. Examples include assisting clients with mental retardation in increasing social interactions, clients with severe mental illness in actively participating in the medication decisions made about their psychiatric condition, and students with learning disabilities in defining and achieving their own goals. CB techniques also are particularly relevant to vulnerable populations because they can be implemented in settings, such as school and work, where traditional psychotherapy might be difficult to use.

Third, problem and goal selection, assessment and intervention procedures, and tracking progress are individualized, described, negotiated, and agreed upon with the client. Prior to treatment for a particular problem, the practitioner can describe the viable alternative interventions to the client and/or others involved in the intervention procedures. The description can include the underlying rationale, details of the interventions, the expected activity of the client and significant others, an estimate of the duration and success rate of the interventions, and the advantages and disadvantages of the intervention options. This transparent process puts the clients and/or significant others in control, because it provides them with the opportunity to ask informed questions and to make informed choices. This process is unlike other therapies or approaches that use deceptive interventions (e.g., paradoxical interventions); cannot or do not adequately describe their assessment and intervention procedures; establish vague goals that the client and practitioner would find extremely difficult to determine if they were achieved; provide no clear intervention options with information on their advantages, disadvantages, and estimate of duration and effectiveness; and use CB interventions without even realizing or informing their clients (Hudson & Macdonald, 1986; Spiegler & Guevremont, 2003; Thyer, 1991).

Thyer (1991), for example, argued that social workers who are trained in and use behavioral techniques are guided by learning theory and use interventions, such as positive reinforcement, in a deliberate and profes-
Social workers use reinforcers to motivate clients to remain committed to the therapeutic process, to actively work on their problems during the sessions, and to complete homework assignments related to their goals. Thyer also cited research suggesting that positive reinforcement is commonly used in psychodynamic and client-centered therapy, such as that practiced by Carl Rogers. However, as Truax (1966) demonstrated, Rogers was unaware that during treatment he used verbal and other forms of reinforcers (e.g., eye contact) contingent on the client’s self-disclosures and displayed emotions. Principles of learning also likely apply to the activities of practitioners who engage in traditional empowerment or strengths-based approaches. That is, social workers withdraw attention from (extinguish) client statements of problems or deficits and pay attention to (reinforce) behaviors that the “expert” practitioner defines as strengths or as legitimate means to resolve problems. Perhaps traditional empowerment and strengths-based approaches are not as client-based versus expert-based as some scholars and practitioners might believe.

Are Cognitive-Behavioral Methods Inconsistent with a Social Justice Perspective?

Promoting social justice, particularly with and on behalf of vulnerable and oppressed populations, is a core value of the social work profession. Interventions aimed at ensuring that all people have equality of opportunity, access to needed information, resources and services, and meaningful participation in decision making are consistent with the pursuit of social justice (NASW, 1999). Some social work scholars and practitioners contend that CB interventions, or practice methods that focus on individual problems or deficits, are inconsistent with a social justice and/or a person-environment perspective. That is, practitioners using such interventions frequently identify and focus on changing individual deficits, thereby assisting individuals in adapting to, instead of changing, unfavorable or unjust environments that cause the problem.

Representing a strengths-based perspective, Cowger (1994) argued that assessment, evaluation, and intervention procedures that focus on individual problems or deficiencies inappropriately place the cause of the problem on the client. Such practices can reinforce the powerlessness that the individual is already experiencing, thus placing additional obstacles to the client’s exercising personal and social power. In addition, such practices do not change the inequitable social and economic structures that are the cause of the problem. Cowger also agreed with Goroff (1983), who argued that social work practice itself is a political activity, and that attributing individual deficiencies as a cause of human problems is politically conservative and supports the status quo.
CB methods are problem focused, and they identify and track individual behavior before, during, and after intervention to determine if goals are met. However, during assessment and intervention, client strengths and adaptive behavior, not just deficiencies, are identified and frequently reinforced. In addition, diagnosing or labeling individuals is not the primary focus of CB assessment. Reinhard (2000) objected to labeling cognitive therapy “victim-blaming” because it locates the need to change within the individual. He argued that cognitive therapy can empower clients by teaching them that they frequently can choose how to respond to situations. Thus, clients do not have to be victims of their past or current situations. In addition, accepting responsibility for one’s problem can be appropriate and even therapeutic for many problems, such as sexual abuse and addictions.

Other CB therapists and researchers (e.g., Goldfried & Castonguay, 1993) acknowledge that assisting clients with a history of frequent invalidating reactions from others in changing their own behavior can send the message that the clients are indeed deficient. Goldfried and Castonguay suggest that establishing a therapeutic relationship based on unconditional regard prior to intervention might avoid such a reaction. CB interventions then can assist clients in perceiving that they do have choices, and they do not have to accept others’ definitions of themselves. Feminist scholars also suggest that victim blaming can be avoided by CB practitioners validating clients’ experiences and interpreting their problems as the result of adapting to negative situations, not as pathology (Hurst & Genest, 1995). Finally, empowerment and feminist scholars frequently distinguish between the inappropriateness of accepting responsibility for the cause of the problem and the appropriateness of accepting responsibility for attempting to change the problem, which frequently involves learning new knowledge and skills (Gutiérrez, 1990; Gutiérrez & Ortega, 1991; Hurst & Genest, 1995; Lee, 1996; Lewis, 1994; Wolfe, 1995).

As some empowerment and feminist scholars advocate, and as this book suggests, assisting vulnerable populations in gaining knowledge (e.g., about their legal rights and political processes) and in learning skills (e.g., self-advocacy, job seeking, interpersonal, political) can result in their making informed decisions, achieving personal goals, and influencing the macro decisions and practices that affect their lives. Balcazar’s (1993) observation concerning traditional community organizing strategies, such as those used and advocated by Alinsky (1971) and Kahn (1970), also is applicable to interventions described in this book. The successes achieved by these well-known organizers appeared to be the result of their own skills, abilities, and personalities. Because they failed to use a systematic method to train community members in the skills for continuing their work after withdrawing, community members alone rarely were able to continue the activities.
Learning and using relevant skills to attain personal or group goals after professionals withdraw are essential to empowerment.

Despite the previous arguments that CB methods are not necessarily in conflict with social justice values, other scholars have presented contrasting views. Social work researchers (Gorey, Thyer, & Pawluck, 1998) contrasted “personal” social work methods (including CB interventions), which assist clients in adapting to their environments by emphasizing the need for individuals to change, with “systemic-structural” or more “progressive” social work interventions (e.g., feminist and person-in-environment approaches), which target the environment. Other social work scholars (Berlin, 2002; Wodarski & Horme, 1981), as well as feminist and Marxist scholars (Hunter & Kelso, 1985; Kantrowitz & Ballou, 1992; Ulman, 1995), also have observed that the goal of most CB interventions is to assist clients in adapting to current environments, leaving untouched the socio-political environments that are the source of many problems. CB interventions frequently are used to change covert behavior (e.g., using exposure therapy to decrease fear of public speaking and cognitive restructuring to decrease depression) and overt behavior (e.g., using child management training to increase child compliance). Even when the environment is changed, for example, when parents are taught to prompt their children to obey, then reinforcing the children when they comply, the goal still is for the client to adapt to social norms or to cope with situations more effectively within certain social contexts.

Of course, goals related to improved adaptation and coping can be appropriate and consistent with social work values and the goals of clients, significant others, and society. This is particularly the case for illegal and harmful behavior and for situations that cannot be changed (e.g., a family death or terminal illness), that cannot reasonably be expected to conform to the unique problems of each client (e.g., giving public testimony for an individual who suffers from extreme anxiety), or that involve the actions of others over whom clients have little or no control (e.g., being rejected because of an individual characteristic, such as a disability). In many cases, especially for vulnerable populations who frequently lack social and economic resources, face discrimination and denial of their legal rights, and have constrained opportunities to set and achieve personal goals and to influence macro decision making, establishing other or additional intervention goals is appropriate.

As Berlin (1980) noted almost three decades ago, and summaries of other behavioral applications demonstrate (e.g., Fawcett et al., 1984, 1994; Mattaini, 1993; Thyer, Himle, & Santa, 1986), the fact that CB interventions have been used most frequently to assist clients in adapting to current socio-political environments does not mean that the interventions must be limited to these types of goals. As the many examples in this book demonstrate, CB
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interventions are not necessarily politically conservative or inconsistent with a social justice or empowerment perspective. Social workers and other professionals can use CB interventions to assist clients, especially vulnerable clients, in achieving other types of goals. Goals include accessing and increasing social and economic resources; enhancing self-determination by increasing personal control and input into decision making, increasing choice making, and securing legal and personal rights; and influencing the macro decisions that affect the lives of vulnerable groups.

CB models of practice are value laden, as are all practice models and approaches. However, scholars, particularly feminists (e.g., Kantrowitz & Ballou, 1992; Van Den Bergh, 2002), have critiqued CB approaches and their underlying theories because they are not explicit regarding the practitioner’s or societal values that are embedded in defining when a problem exists and in selecting the problem, intervention, and goals. Even though the problem and assessment and intervention procedures are precisely defined in CB applications, because of the social power differential between practitioners and clients, this transparency does not prevent societal and practitioner values from unduly influencing the treatment process (Leslie, 1997). Such undue influence is particularly applicable to vulnerable populations. For example, using aversive techniques to change a client’s sexual orientation. Feminists (e.g., Fodor, 1988) also have pointed out that given the instructional nature of CB therapies, practitioners are in a powerful position (e.g., in using cognitive restructuring) to impose their values and worldviews on clients. But imposing personal values and views on clients is a risk regardless of practitioners’ theoretical orientation or chosen methods. Indeed, as Hurst and Genest (1995) cautioned, feminist practitioners must themselves be careful not to impose their views on women who choose traditional goals in therapy.

Contemporary CB therapists and researchers recognize that using rigorous research methods, good intentions and motives, and transparency of process cannot answer the value-laden questions inherent in clinical applications and social policy decisions (Evans, 1997; Peterson, 1997). Applying CB strategies to assist any client, particularly the vulnerable populations identified in this book, involves the perspectives and values of the clients, significant others, society, and professionals. A further examination of values follows.

Do Cognitive-Behavioral Methods Lack Social Relevance?

Feminist scholars have critiqued CB assessments, interventions, and outcome measures and the traditional scientific methods used to determine treatment effectiveness because they reduce complex human processes to narrowly defined behaviors that can be observed and measured (Kantrowitz & Ballou, 1992; Van Den Bergh, 2002).
witz & Ballou, 1992; Van Den Bergh, 2002). Feminist scholars further argue that those practices fail to consider the interpersonal sociocultural context in which behaviors are performed and individual differences as a result of gender, sexual orientation, culture, race/ethnicity, socioeconomic class, developmental status, and personal experiences. Similar views have been shared by CB researchers and practitioners, some of whom also are feminists (Casas, 1988; Delamater & McNarma, 1986; Iwamasa, 1997; Mathur & Rutherford, 1996; McNair, 1996; Norman, 1996; Olmeda & Kauffman, 2003; Purcell, Campos, & Perilla, 1996). Two main strengths of CB approaches partially address these criticisms. First, the treatment procedures are grounded in theory that should have application across populations. Second, CB therapies are based on a functional analysis in which the practitioner identifies the relationship between a presenting problem and events in the individual’s sociocultural environment (Hansen, Zamboanga, & Sedlar, 2000).

Based on studies of applications of CB methods (Clarke, Dunlap, & Stichter, 2002; Van Acker, Boreson, Gable, & Potterton, 2005), and as the interventions described in this book demonstrate, individual functional assessments, unfortunately, are infrequently completed and standardized interventions are commonly used. Although precise definitions of behaviors, goals, and assessment and intervention procedures can contribute to an accurate assessment, evaluation, and replication of the results, scholars also acknowledge problems with such procedures. Failing to assess and to incorporate factors such as cultural influences, past experiences, and socioeconomic contexts can affect treatment in at least three main ways. First, such factors might influence the acceptability of CB methods. The explanation of the cause of the problem and the assessment and intervention procedures might not be congruent with clients’ worldviews, their life experiences (e.g., poverty, discrimination, rejection), and their current situation.

Second, when identifying a behavior or skill for change, particular sociocultural contexts and individual characteristics define what is considered a skill deficit or a functional skill. Third, intervention or instructional materials might be inconsistent with the cultural or socioeconomic context in which the skills or behaviors are to be performed. In such circumstances, the behaviors might meet with unexpected adverse consequences. This is particularly the case for vulnerable populations, many of whom lack economic and social power and are dependent on others for their care. For example, teaching assertiveness or self-advocacy skills might elicit unfavorable evaluations from others, threaten or damage interpersonal relationships, or risk other social or economic benefits.

CB researchers frequently refer to the relevance of the identified behavior or skill, assessment and intervention procedures, and intervention goals and results as issues of social validity. Three decades ago, Wolf (1978) acknowl-
owed that behavioral therapists and researchers cannot simply assume that their behaviors targeted for change, intervention procedures, and intervention goals and results are important and socially appropriate. Since social importance and appropriateness are subjective value judgments, such judgments must be made by clients, caregivers, and other individuals involved in or affected by the intervention process. Wolf and others (Baer, Wolf, & Risley, 1987; Foster & Mash, 1999; Kennedy, 2002; Meyer & Evans, 1993) have articulated five main areas in which CB procedures must demonstrate social validity.

First, the social significance of the intervention goal must be determined. That is, the goal must be important, desirable, acceptable, and viable from the perspective of the client and others involved in or affected by the intervention. Second, the effects or results of the intervention (including both negative and positive ones) must be satisfactory. That is, the extent of change must be meaningful, relevant, or sufficient for clients and significant others to conclude that a difference has been made in an important aspect of clients’ lives. Third, the intervention procedures must be socially appropriate. That is, the treatment procedures must be acceptable and feasible to those involved in the intervention process. This includes taking into account culture and values, costs, special resources and training, ease of administration, and compliance with the intervention procedures. More recently some researchers have argued that two additional areas that have caused concern among CB practitioners and researchers are related to or are important components of socially relevant interventions (Hansen et al., 2000; Kennedy, 2002; Meyer & Evans, 1993). These two areas are maintaining intervention gains after formal intervention and transferring the gains to other settings, contexts, materials, and individuals different from the intervention conditions.

Baer et al. (1987) challenged researchers and practitioners to develop methods for consumers of CB therapies to provide feedback after intervention, as well as for actively involving consumers in program development, thus increasing the chance that the interventions will be accepted and will achieve their goals. As the evaluations of the CB interventions discussed in the next ten chapters demonstrate, many methods for evaluating the social validity of intervention goals, results, and procedures have departed from traditional scientific methods. Instead, they rely more on subjective and qualitative evaluations. Evaluations of the interventions examined in this book provide multiple examples of using such methods with clients, caregivers, family members, educators, peers, and others involved in the intervention process before, during, and after intervention. A variety of strategies for maintaining and transferring intervention gains also are discussed in subsequent chapters of this book.
Summary

CB applications are consistent with empowerment and social work practice in important ways. Practitioners establish a collaborative relationship with clients in which clients are active participants in selecting problems, goals, interventions, and evaluation procedures. The assessment and intervention processes are individualized, transparent, and informed by research and emphasize the individual, environmental processes, and client strengths. Finally, CB interventions can be used to assist vulnerable individuals and groups in attaining goals consistent with social justice and empowerment perspectives. Many such applications are demonstrated in the next ten chapters.

This is not to say that CB methods cannot or have not been misused or applied inappropriately. As is the case with other types of interventions, CB strategies have been used to control behavior unnecessarily, constrain freedom, and assist individuals in adapting to adverse social and economic environments. Practitioners and researchers sometimes have ignored individual characteristics and the context in which behaviors are performed, and they simply have made assumptions regarding the social significance of their goals, interventions, and treatment results. Some of the interventions described in this book exemplify some of the latter problems. However, in this book a distinction is made between how CB methods have sometimes been used and how they can be used. As this book demonstrates, socially relevant CB interventions can be developed and can assist vulnerable clients in achieving goals that are consistent with an empowerment perspective and with social work values.

In addition to issues of social validity, which are addressed in the subsequent chapters of this book, two aspects of CB methods are considered that may be thought to contradict some definitions of empowerment. First, practitioners serve in the role of “expert” in the sense that they offer and use interventions that have empirical support. Second, many of the interventions are directive and didactic in nature. If, however, the interventions are explained to clients (and to others involved in the interventions) in enough detail for them to make informed decisions, and they choose the interventions to meet their own goals, there is no inconsistency between the use of the interventions and an empowerment perspective. Indeed, only when practitioners explain and provide intervention options to individuals and groups from which they can choose to meet their goals is empowerment possible. Presuming to know what is best for clients based on a particular ideology or philosophy, then declining to offer clients certain types of interventions that conflict with that ideology or philosophy (e.g., interventions that are based on research, relatively directive, or problem focused) is the antithesis of empowerment. As Cowger (1994) argued, social work practice
based on empowerment assumes that individuals must have available options and must make their own choices.

OVERVIEW OF PARTS II THROUGH V

The next four parts of this book describe and critically review CB interventions that assist vulnerable populations in achieving four main types of goals consistent with an empowerment perspective. In part II, the goals are related to accessing and increasing social resources. The target goals include increasing the number and quality of social interactions; increasing leisure, recreational, and other community activity; and recruiting assistance to enhance social support, meet medical and emergency needs, perform routine activities, and attain individually defined goals. In part III, empowerment goals are related to increasing economic resources. The specific outcomes include obtaining employment by learning job-seeking skills; maintaining and advancing in employment by increasing on-the-job productivity, work quality, and related social skills; and acquiring economic assistance from members of social support networks, social benefits programs, and other community sources.

In part IV, empowerment goals are related to increasing self-determination. More specifically, the outcomes include enhancing personal control and input into decision making in academic, home, and work settings; increasing choice making in daily activities and longer-term decisions; and securing legal and personal rights. The final intervention chapter in part V focuses on CB interventions that assist vulnerable populations in influencing macro decision making and the community and organizational practices that affect their lives.

Finally, chapter 14 in part V reviews the effectiveness of the CB applications discussed in the previous ten chapters. This chapter returns to a discussion of the consistency between CB methods and empowerment, including issues of personal freedom and control, social justice, and social validity. Suggestions for practitioners and recommended directions are provided for future research on CB interventions that empower vulnerable populations.

ADDITIONAL READINGS AND RESOURCES


