Clinical Sociology Review

Volume 4 | Issue 1 Article 16

1-1-1986

The Clinical Approach to Successful Program Development

Elizabeth J. Clark

Jan M. Fritz

The Clinical Approach to Successful Program Development

Elizabeth J. Clark
Jan M. Fritz

ABSTRACT

To more adequately meet the needs for the decade ahead, it is essential that sociology departments evaluate their existing curricula and plan new programs or concentrations that will interest and attract students. Using the example of clinical sociology, this article focuses on general guidelines for developing a variety of program models in sociological practice. The guidelines are divided into the three parts of assessment, planning, and implementation, and an inventory of ideas and suggestions are given for each phase. Relevant issues of the importance of labels, leadership and independence, and rationales for program development are discussed.

There are over 90 graduate programs in sociological practice in this country (American Sociological Association, 1985) and a growing number of undergraduate ones.[1] Over the last five years, we have served as consultants to many departments and conducted study visits to other colleges and universities to learn about their sociological practice programs, their plans, and their problems. We also have been involved with a variety of experiential education and adult learning program models. On the basis of this work, we have developed some guidelines for departments interested in starting a new program or concentration in sociological practice or improving an existing one. One of the first concerns of these departments is understanding the similarities and differences between clinical sociology and applied sociology.

DEFINING THE FIELD

Sociological practice has been part of American sociology since the beginning of the field in the late 1800s (Fritz, 1985), and many of the early sociologists

Correspondence to: Elizabeth J. Clark, Department of Health Professions, Montclair State College, Upper Montclair, NJ 07043.

were reformers interested in social progress and intervention. The "practical sociology" of the early 1900s (Barnes, 1948:741) has influenced the two contemporary areas of sociological practice—clinical and applied sociology.

Clinical sociology is sociological intervention. It is the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization from the micro to the macro. Clinical sociologists have specialty areas—such as organizations, health and illness, forensic sociology, aging, and comparative social systems—and work as action researchers, organizational development specialists, sociotherapists, conflict interventionists, social policy implementors and administrators, to name but a few. Many clinical sociologists, depending on their level of training, also have the skills of an applied sociologist and use qualitative and/or quantitative research skills in assessment and evaluation in their intervention work. The field is humanistic and interdisciplinary.

Applied sociology refers to methodology and "includes the research model of problem solving, the research model of formulating and testing options, and the research model of evaluation" (Mauksch, 1983). Olsen and DeMartini (1981) suggest that applied sociology uses five general research methods: problem exploration, policy analysis, needs assessment, program evaluation, and social impact assessment. The applied sociologist, then, is a research specialist, and not necessarily a direct interventionist, who produces information that is useful in various kinds of problem solving.

The comparison of the two approaches of clinical and applied sociology is not meant to say that one is a better approach than the other. It is meant to emphasize that the two approaches have a somewhat different, but compatible focus. Sociologists tend to have early knowledge of emerging social problems. Research about these problems is essential; so is the development of specific intervention strategies that relate to these emerging social problems.

Sociological practice programs may emphasize one area or the other, but it is our hope that programs will realize the importance of providing training in both clinical sociology (intervention) and applied sociology (research). A program that provides this combined training will offer students broader career options as well as train better researchers and intervention specialists.

Before providing program planning guidelines, we would like to identify several important issues that need to be discussed by a department before it begins a planning effort: the importance of labels, leadership and independence and a rationale for program development.

THE IMPORTANCE OF LABELING

Does it matter whether your practice program is identified as *sociological*? Yes, it does. Your label—sociological practice, clinical sociology, or applied soci-

ology—will let potential students know what you offer and will let employers know that it is sociology—not criminal justice, business or allied health—that provides the training in this area. The generic label should be paired with a functional specialization, such as policy development, forensic counseling, or program design. This combination of labels lets the community know that sociology provides the education and training and pairs this discipline with well-known functional job titles. If we don't begin to pair the discipline with the functions, other disciplines, departments, and organizations will, and they will be offering the education and training in a number of years rather than sociology.

LEADERSHIP AND INDEPENDENCE

A lot of time is spent talking about the value of leadership with regard to program development. Leadership, in this case, means assessing what is going on in the national and local community and making some decisions about what your department would like to be doing now and in the future.

More than likely, your department will be interested in what other departments, fields, and organizations are doing in your areas of specialization or in trends that would affect your program. Studying these developments is interesting and rather comfortable for departments. Leaders know, however, that a study phase (or avoidance phase) should end at some point, and that new directions need to be established. What would happen if every department waited to see how sociological practice programs fared somewhere else? Take up the challenge and break new ground. It's exciting for a department to test a national model.

While working cooperatively with other disciplines and being interdisciplinary is stressed in sociological practice, too often this has meant that sociology departments decide to "cooperate" in a venture in which the other discipline or group controls the jobs that are available at the end of the education period. A sociology department needs to recognize that there are times to be independent. Controlling or housing the interdisciplinary program and being a primary influence on the targeted job market can be very beneficial for the maintenance and growth of the department and of the discipline.

RATIONALE FOR PROGRAM DEVELOPMENT

During this difficult economic period, students are becoming increasingly practical about their approach to a college education. They look for assurance regarding the use of their education and skills in the job market after graduation. This concern is coupled with declining enrollments in the social sciences—a decrease of 19% since 1977 (National Institute of Education, 1984). Additionally, the employment of sociologists is expected to increase more slowly than the average for all occupations through the mid-1990s.

According to the 1986-87 edition of the *Occupational Outlook Handbook* (U.S. Department of Labor, 1986):

> Bachelor's degree holders will find few opportunities for jobs as professional sociologists . . . [and] persons with a master's degree will find few, if any, academic positions, even in junior and community colleges. They also will face strong competition for the limited number of nonacademic sociology positions open to them . . . [at the doctoral level], an increasing proportion of Ph.D.s will enter careers in sociological practice.

The *Handbook* says there is expected to be a strong demand for those with clinical and/or applied training in criminology, environmental sociology, medical sociology, social gerontology, and demography.

Demographic shifts also will necessitate some program revisions. The number of college students in the 18–24 year range will continue to decrease throughout this decade, and there has been a steady increase in the number of older, returning students. Clinical and applied sociology courses often appeal to these older students, who want to combine their college education with their already established career plans and experiences.

Given these facts, it is essential that sociology departments evaluate their existing curricula and add new or revise existing programs or concentrations to interest and attract students to sociology. The following suggestions are for faculties who want to refocus their offerings and ensure the success of their new and revised programs.

PROGRAM PLANNING GUIDELINES

We have found it helpful in working with teaching units to provide some general guidelines for program development. The following suggestions are intended to be of use for a variety of program models. The guidelines presented here emphasize the development of a program or concentration in clinical sociology.

We have emphasized clinical sociology, in part, because any kind of grounded example will help to enliven a general discussion. But mainly we have been concerned that most of the sociological practice programs now in place are not labeling, and in some cases not even recognizing, the clinical components of their programs. We hope, by providing this example, to facilitate and strengthen the development of these programs.

The guidelines are divided into three major sections—assessment, planning, and implementation—and are intended as an inventory of ideas and suggestions for each of the phases.

GUIDELINES FOR ASSESSMENT

Futuring. Imagine what you and your department would like for the future.

Assessment of Occupational Trends. Look at national and international developments in other fields and assess how these affect sociology. Study trends in sociology enrollments and occupational prospects.

Assessment of Community Needs. Identify the community you are serving or would like to serve, and assess the needs of this community.

Employer Needs. Understand employer needs. What are the competencies employers expect? These competencies are often in addition to traditional skills and techniques in social research.

Student Survey. Ask your students what they would like. What would be helpful to their career goals? Remember that the audience for a clinical sociology program does not have to be restricted to sociology majors.

Inventory of Faculty Strengths and Weaknesses. What are the current capabilities and what would faculty like to do in the near future?

The program areas that can be covered successfully by the available faculty should supply the direction and foundation for the program or concentration.

It would be very difficult for a clinical program to cover all levels of intervention. It is generally useful to specialize in one or two (e.g., organizational development, conflict intervention, sociotherapy).

Any new program should begin in an area of strength.

Areas to check include: substantive experience, interdisciplinary training, qualitative skills, quantitative skills, practice experience (including consulting, contract research, direct delivery of services, community networks), availability.

Assemble and Review Available Resources. While it is important to individualize your program, do not omit checking resources that are already available such as syllabi sets, textbooks, and journals. Order these for your department and your library.

Set a Firm Date to Move out of the Assessment Phase.

GUIDELINES FOR CLINICAL PROGRAM PLANNING

General Considerations for Program Development

Program should match the basic values of the field. This means, at least, content should be humanistic and interdisciplinary.

Program should not be purely utilitarian. It also should have a strong theoretical base in sociology.

Program should be developed in light of any existing program standards.

Program Content

1. Sociological Core

Provides program unity for majors no matter what their program options.

Identifies the discipline and its concepts.

Includes separate or combined courses in sociological history, social theory, methods (qualitative as well as quantitative), stratification, and other courses covering the major areas of sociological concern.

2. Clinical Sociology Track

Fundamental sociological concepts, theory and methods should be part of each course.

Separate or combined courses should be offered covering:

- Clinical sociology (survey course including some information about each of the major levels of practice).
- History of sociological practice (clinical and applied).
- Social theory for practitioners.
- Methods (including hiring and evaluating a research consultant, video techniques, report writing for different kinds of audiences, executive summaries).

Courses in selected areas of specialization such as sociotherapy and counseling, organizational development, community organizing, conflict intervention or policy development and implementation.

Practicum (internships).

Ethics.

3. Internships

Supervised training ideally should be provided by a certified clinical sociologist.

Experiential learning in a practice setting should have the roles of the intern, faculty supervisor and immediate supervisor clearly defined.

One or more internships should be included in each area of specialization.

4. Special Techniques and Skills

The intellectual process of application should be part of each course.

Courses should include the following skills:

Problem-solving skills (e.g., problem framing, impact or needs assessment, case-study analysis, program design, grant proposal writing).

Communication skills (e.g., appropriate language skills, report writing, interviewing, in-service education, group dynamics, formal presentations, providing expert testimony).

Intervention skills in specialty areas (e.g., consulting, sociotherapy, organizational development, community organizing, mediation, administration, policy implementation).

Qualitative skills (e.g., listening, observing, interviewing).

Quantitative skills (e.g., evaluation research, research design and instrument construction, data analysis, computer skills).

Integration skills (e.g., integration of social science theories, recognition of different levels of focus).

5. Interdisciplinary Component

This requirement may be met in a variety of ways:

Student may complete a second degree or a certificate program in a related field.

Student may have one area of specialization in a related field.

Required interdisciplinary course(s) may be part of the sociological core.

Required course(s), structured alternatives or electives may be part of each area of specialization.

Course(s) may be interdisciplinary in nature.

GUIDELINES FOR PLANNING IMPLEMENTATION

Operationalize goals and desired outcomes.

Determine sequence and realistic timeframe for implementation.

Identify personnel for specific tasks, and if necessary, do the following:

Retrain some current faculty (e.g., encourage attendance at workshops and training events, taking part in guided consultancies).

Include faculty from other departments (this adds to the interdisciplinary nature of your program).

Hire additional personnel (sociologists in practice settings often make excellent adjunct faculty).

Develop a strong support system:

Establish both intra- and interuniversity linkages.

Locate community support. You may find it useful to establish an advisory committee composed of internship supervisors or potential employers of

your graduates. Or you may agree to offer continuing education for selected professional groups.

Be creative in seeking financial resources:

Check foundation funding for developmental activities and/or apply for small grants for start-up activities such as printing of new brochures or advertising.

Assess potential for organizational backing for such activities as establishing an endowed chair for a visiting professor of sociological practice.

Anticipate resistance and develop strategies for employer and university acceptance.

Establish plan for data collection and design both process and outcome evaluation measures.

Design faculty evaluation to match program building efforts.

CONCLUSION

Successful program planning depends on a variety of factors. It should be based on need and must be comprehensive and multifaceted. Support for the program needs to be developed and this should be done, in part, by documenting positive change and disseminating this information.

The guidelines presented here focus on the development of a clinical sociology program or concentration and are based on the experiences of a variety of programs and practitioners. As such, they are intended to be used as an aid for sociology departments that want to develop programs which will more adequately meet the needs of their students during the next decade.[2]

NOTES

1. This figure is based on the programs listed in the "Index of Specialties" in the *1985 Guide to Graduate Departments of Sociology,* Washington, DC: The American Sociological Association, 1985.

2. The authors would appreciate receiving any suggestions you may have about these guidelines. They particularly would like to hear from any department that uses the guidelines as part of their development process.

REFERENCES

American Sociological Association.
1985 Guide to Graduate Departments of Sociology, 1985. Washington, DC.

Barnes, Harry Elmer, ed.
1948 An Introduction to the History of Sociology. Chicago: The University of Chicago Press.

Fritz, Jan M.
1985 The Clinical Sociology Handbook. New York: Garland.
Mauksch, Hans.
1983 Opportunities and obstacles to teaching applied sociology. Pp. 2–8 in Carla Howery, ed., Teaching Applied Sociology: A Resource Book. Washington, DC: American Sociological Association Teaching Resources Center.
National Institute of Education.
1984 Involvement in Learning. Washington, DC.
Olsen, M.E. and J. DeMartini.
1981 Pre-doctoral and post-doctoral training in applied sociology. Paper presented at the American Sociological Association Workshop on Directions in Applied Sociology, Washington, DC.
U.S. Department of Labor.
1986 Occupational Outlook Handbook, 1986–7. Washington, DC.