From Social Services to Social Empowerment:

A Holistic Empowerment Model for Supporting the African-American Community

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HHE 5610 MA Integrative Project

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Spring 2010
Abstract

Social services programs in the United States were constructed by the dominant culture and not the populations they were designed to address. Many African-Americans are directly impacted by the theoretical differences between the dominant culture and the populations served by social services programs. African-Americans have not only become dependent upon social services to meet basic needs, but have also become disempowered by the social services model. This disempowering model implemented has had a negative effect on social services, the individuals, the community, and society as a whole. The African-American Empowerment Model (AAEM) draws upon theories from holistic health education and coaching techniques to empower the African-American community. The holistic health approach includes the individual, behavior, cultural, and collective to address individuals in each aspect of their life. The AAEM incorporates coaching methods to reframe the social services model, the deliverers of social services, and the individuals directly impacted. The AAEM seeks to change four aspects of social services programs: language, delivery of service, perspective, and outcome. The AAEM also employs community coaching techniques that will allow African-American communities to use self-assessment, behavior, community, and society to create a healthy living environment.
A community that once believed in Black power and the mantra “it takes a village to raise a child” has become stagnant and dependent on social services. The messages of pride, dignity, and self-esteem have been replaced by a social services model of disempowerment, a model that has remained essentially unchanged in over 40 years. Although social services help the poor meet basic survival needs such as food, clothing, and shelter, the programs fail to make a positive impact on individuals in the African-American community receiving the services and society as a whole. Social services are beneficial in working with clients who are unable to meet the two lower steps of Maslow’s hierarchy of needs by helping with physiological (basic needs) and safety concerns. Although a number of social services programs provide clients with the needed resources, the programs are incapable of allowing clients to see the bigger picture. The social services model disempowers families by not allowing the families the ability to trust in self-confidence and to effect the changes needed to make decisions to have a fulfilling life. By taking away the client’s ability to make personal choices the social services program are ultimately disempowering the clients. Social service programs operate from the paradigm of knowing what is best for the client. The paradigm creates a vicious cycle of a population who does not know how to create successes in their lives. Due to the social services model of disempowerment, the ability to positively influence the lives of African-Americans has been minimum and in turn, African-Americans are resistant to participation in social services programs designed to create self-sufficiency. The absence of belief in social services programs and their ability to make a difference in the lives of African-Americans has resulted in the lack of participation by African-Americans.
The social services models that are being utilized operate from a needs-based perspective. The programs do not use a holistic health approach to create self-sufficiency and empowerment to African-Americans creating a gap in the delivery of social services. The AAEM will close that gap and create health and empowerment in the African-American community through holistic health education and coaching techniques.

The AAEM will allow the African-American community to use self-assessment and awareness as a way to change behavior, community, and society to create a healthy living environment. The holistic approach will address broader aspects of the human experience and make a real difference in the lives of African-Americans through empowerment.

The AAEM will incorporate the interconnectedness of the physical body, emotions, thoughts, personal, social, and spiritual growth through healing strategies of the mind, health, body, family, and community as a foundation for empowerment. The AAEM will work with honoring individuals where they are, allowing for growth through holistic health education and encouraging changes in an environmental and cultural mindset. For the best results the AAEM will work simultaneously with social services programs that are currently assisting African-Americans to meet basic needs while including holistic health education and coaching techniques.

Holistic health education is a tool that is not abundantly being used in the African-American community; African-Americans are not being included in this area of expertise. A holistic health approach is invaluable because it address clients in all aspects of their lives. For other professionals, the AAEM is significant because the model provides a foundation to work with African-Americans from a holistic perspective versus a needs based model.
Historical Perspectives on Social Services

“If you give people fish they can eat today. If you teach people to fish they can eat forever.”
Kuan-Tzu, 720-656 B.C.

Modern American social services and the social work profession were born in the Progressive Era, two decades or so immediately preceding World War I. (Ehrenreich, 1985, p. 19). Social services programs were established in an effort to deal with economic, social, and political crisis to stabilize the American industrial society (p. 19). Social services programs were designed from a point of view of the dominant culture, not the people they were trying to help. The dominant culture is defined as the established language, social customs, beliefs, values, religion and behavior. Social services programs were established for certain individuals, families, groups, and communities who were experiencing economic crisis. However, African-Americans were originally excluded from the benefits of social services programs. In addition to helping the poor, social services have been a mechanism for the transmission of ideas or the attempt to force assimilation of the dominant culture. The transmittal of ideology, views, and morals of the dominant culture has been and will ultimately be an area of conflict.

In order to get a better understanding of the ineffectiveness of social services programs, we must first understand the history of African-American involvement in these programs and why they have failed to work for African-Americans.

In the 19th century social services were seen as key to addressing poverty, economic insecurity, education, deviance, health, health care, family structure, norms of behavior within the family and their consequences within the immigrant population (Ehrenreich, 1985, p. 9). When Ehrenreich (1985) speaks of 19th century immigrants, they are described as non-English-speaking, Catholic, Jewish, and predominately from southern and eastern Europe, Italy, Poland,
Russia, and Greece (pp. 21-22). Social services were used in an effort to merge working class and immigrant community life while introducing them to the basic fundamentals of math and English along with “appropriate” values and behaviors to immigrant children (pp. 30-31). This allowed social service agencies to impose “American” ideas of proper living habits, family patterns, and behaviors. Social services were more consistent with social control. So the focus of social work has never been to empower individuals; it has only been used to help the poor “cope” to keep revolts to a minimum and allow the rich to remain in power (Ehrenreich, 1985, p. 88). But these programs were not intended for Black involvement, and the definitive goal was consistent in the assimilation of European cultures into the American way of thinking. This exclusion of Blacks continued into the next era of American culture and social services programs.

As with the social services programs in the Progressive Era, the programs of the New Deal still failed to have a positive effect on Blacks because of continued discrimination. The National Recovery Administration (NRA), for example, not only offered whites the first crack at jobs, but authorized separate and lower pay scales for Blacks (Ehrenreich, 1985, p. 100). The Federal Housing Authority (FHA) refused to guarantee mortgages for Blacks who tried to buy in white neighborhoods (p. 144). Furthermore, the Social Security Act excluded job categories blacks traditionally filled. There were no programs targeted at the unique problems of Blacks (p. 100). This historic exclusion of African-Americans from social services programs has influenced the opinion African-Americans have about social services programs and why African-Americans often chose not to participate in social services programs.

The failure to include African-Americans in social services programs worked to increase the racial disparities among the races. In addition, once the middle class began to move to the
suburbs, there was no reason to have any sympathy or concern for the poor, leaving the poor with out the middle-class allies they may have had at one point and time (Ehrenreich, 1985, pp.145-146). The problems of the poor were now the problem of that community. This migration left the whispers of the underprivileged and poor to be unheard.

One of the most disempowering factors that have directly affected African-Americans was the breaking down of the nuclear family. The New Deal set the foundation for the new welfare state that assumed a “traditional” nuclear family with “traditional” female role (Ehrenreich, 1985, p. 101). Permanent welfare programs such as Aid for Families with Dependent Children (AFDC) assumed that an able bodied male present did not qualify for support (p. 101). A woman with children and benefits could do better without a husband than she could do with a husband and no benefits (p. 101). The new welfare state set the standard for American social policy for the following quarter century, establishing the foundation of how a black household should look.

When Lyndon Johnson took office, he directly addressed the civil rights movement through the 1964 Civil Rights Act and 1968 Affirmative Action Order (Ehrenreich, 1985, p. 163). The Voting Rights Bill of 1965 abolished literacy tests for voters and allowed voter registration for those Blacks who wanted to vote (p. 163). The 1965 Act increased voter registration by almost a million southern Blacks within three years (p. 163). Blacks were given a voice that could be heard and listened to by the federal, state, and local elections because the Black vote was now needed for the sheriffs and judges. For the first time, Blacks were given an opportunity for empowerment and their voices to be heard (p. 163). Many social services programs such as the Economic Opportunity Act of 1965 were implemented to address poverty and to involve communities in the decision making process to address the needs of the
community including the lack of power and resources. Social services programs were implemented to give communities the power in planning and directing the services selected for their communities. The social services programs were placed in the communities based on their needs which gave individuals a sense of pride and empowerment. So what happened with this opportunity? Although these programs were put into place as the first effort to empower Blacks, the acts and bills did not eliminate racism, racial discrimination, or segregation. It did not abolish racial inequality in economic status or political power.

As the programs were implemented, it was observed in 1964 and 1965 that many poor failed to take full advantage of job retraining programs and new job opportunities that became available with new economic growth. The belief was that it was not the programs that failed, but the individuals who failed to accept the help. Deliverers of social services believed the programs failed because the participants lacked education and were unaccustomed to work rhythms, time discipline, and daycare issues. When social services programs were still unable to make an impact in the African-American communities, the blame was placed on these and other individual shortcomings for not participating in social services programs, despite many factors that affected African-American participation such as crime, inadequate schools, deteriorated housing, malnutrition, poor health, and physical and mental disability. Moreover, there were many structural reasons why the programs did not work, including the fact that programs were not given enough time to be successful and the programs were not culturally competent or holistic in nature. At this point, the social services failures were not evaluated to see the inadequacies in the programs; new theories were created to validate the social services model.

In light of such social services failures, anthropologist began defining the environment as a “culture of poverty” according to Oscar Lewis (as cited by Ehrenreich, 1985, p. 164). The
“culture of poverty” concept suggested that prolonged poverty leads to poor health, inadequate education, high rates of marital instability, and ultimately to individual and community apathy, lack of self-esteem and powerlessness, all of which serve to keep people in a “culture of poverty,” where we remain today. The realization that poverty has an impact on more than the individual but also on the community and society as a whole, could have created an opportunity for change in the structure of social services programs. However, many mistook the “culture of poverty” as an additional way to blame individuals for personal characteristics based on their history.

Many understood “culture of poverty” as a problem that arose out of slavery basically indicating that it is the lack of family structure that has placed the Black family in poverty, not the community or social service programs like the new welfare state which made it easier for women to receive benefits if the household was absent a male figure. The “culture of poverty” was made popular by Labor Department Assistant Secretary Daniel Patrick Moynihan, who argued in his report “The Negro Family” that the key to the tangle of poverty was enmeshed with family structure (as cited in Ehrenreich, 1985, p. 165). The assumption was that the slave masters had disrupted the “normal” nuclear families of slaves, and in order to address this perceived historical sin, social services programs switched their emphasis to strengthening the Black family as a key to anti-poverty programs. These beliefs are still popular as reflected in the fact that many states pay low income families to marry as a way to reduce poverty; not realizing that it is these same tactics that force individuals to make choices based on their socio-economic status. Again, social services programs fail to understand the effect of not giving families options that are not based on meeting or maintaining basic needs and not seeing the picture as a whole.
Unfortunately, social service programs have not changed in over 40 years. Social service programs still operate from a paradigm where the deliverers of social services know what is best for the client. The clients are left to feel powerless in their own lives while the social services worker makes decisions for the clients. As a result, social services have been seen as an overall failure in the ability to empower African-Americans who receive social services. The current social services model fails to be holistic and culturally competent in the delivery of services to encourage empowerment for the participants, the deliverers of social services, and the community as a whole.

The Purpose and Implementation of Social Services Programs

Anne Minahan (1980) in Social Work asks, “Is the environment merely a backdrop or stage set that affects individual emotions, cognition, and behavior, and thus, should be understood by the social worker but not viewed as a legitimate target for change?” Should the social worker focus on unconscious drives and fantasies of the client? Or should a social worker focus on the conscious coping behavior of people and their aspirations and life choices? (as cited in Enrenreich, 1985, pp. 10-11). Social services as a field has often been split by values, beliefs, morals, and ideology as well as whether the focus should be on individuals or on a better society and the environments that are responsive to human needs.

Maslow’s Hierarchy of Needs and Its Influence on Social Services Programs

Structurally, most social service programs were modeled after Maslow’s Hierarchy of Needs. Maslow’s Hierarchy of Needs is a pyramid with five levels. The base of the pyramid is physiological needs such as food, water, air, shelter, and clothing. For the purposes of this paper, I will refer to Maslow’s lowest level of needs as basic needs. Once basic needs have been fulfilled individuals can move onto safety needs. Safety needs include a secure, stable
environment, and safe housing and neighborhood. Belonging and love needs follow and include love, affection, belonging, friends, family, culture, and community. The next level is esteem, which includes self-esteem, esteem of others, achievement, recognition, and dignity. The highest level is self-actualization which includes one’s ability to direct one’s own life, a sense of meaning, and fulfillment. The hierarchy indicates that one level cannot be reached until the lower level is met. The theory behind the hierarchy is that the higher levels are less important when one is focused on meeting basic and safety needs.

A basic foundational premise of most social services programs, accordingly, is to work to help individuals meet basic and safety needs, failing to address the three top levels of Maslow’s hierarchy. However, in the African-American community the three higher levels (love and belonging, self-esteem, and self-actualization) in congruence with the two lower levels are exactly what are needed to empower individuals. The basic traits that are utilized in the three higher levels are the human traits that give a sense of worth to one’s life. Without these traits one remains trapped in a life long cycle of addressing basic and safety needs.

Significantly, there have been several adaptations to Maslow’s hierarchy of needs, one of which includes lack of prejudice as part of the highest level of self-actualization. So does that mean that poor African-Americans will never reach self-actualization because one will never be free of prejudice from the stereotypes of race and poverty?

The premise of such programs based on Maslow’s hierarchy of needs is to assist the individuals with meeting needs on a temporary basis until one is fully able to care for one’s self. However, under the social services model one will fail to become independent because the structural foundation is not designed to promote growth and empowerment.
Moreover, these programs are based on a hierarchy of needs that is inaccessible to most African-Americans because of the hierarchy’s failure to incorporate culture and ethnicity. Leighton defines culture as the sum total of ways of living developed by a group of human beings to meet biological and psychosocial needs including values, norms, beliefs, attitudes, and traditions that are linked together to form an integrated whole that functions to preserve the society (as cited in Pinderhughes, 1989, p. 6). Ethnicity refers to the connectedness based on commonalities such as religion, where specific aspects of cultural patterns are shared and where transmission over time creates a common pattern (p. 6). Culture determines what clients and professionals see as the problem, how they express it, whom they seek out for help, what they regard as helpful, and the treatment strategies according to McGoldrick (as cited in Pinderhughes, 1989, p. 13). Social services workers in a program based on the dominant culture are unlikely to offer transformative help to clients with a different set of values based on culture and ethnicity, especially when those differing values go unrecognized and unacknowledged. The AAEM would create a new type of social services model that does not seek to impose a set of values upon the client but rather accepts and celebrates, as a matter of first principles, accepts the client’s values. McGoldrick states “A positive cultural and ethnical connection can lead to a sense of freedom, security, comfort, flexibility in behavior and a capacity for openness with others who are different” (as cited in Pinderhughes, 1989, p. 40). Unfortunately, even when some social services programs attempt to provide more than basic needs, they generally fail to do so from a cultural perspective.

**The Current Service Model**

The delivery of social services is designed as a model that includes a professional and a client. The professional is the expert and knows what is best for the client. This attitude is
reflected in the implementation of social services. The professional relationship is usually established in the first meeting. The duty of the social worker is to assess, plan, link, monitor, and advocate on the client’s behalf and to remove barriers, provide services (basic needs) in relation to eligibility, regulations, and policies (Pinderhughes, 1989, p. 197). The client assessment is the first step in gathering information, analyzing and assessing what is best for the client. The professional then analyzes the information by defining the problem through the lens of the professional’s beliefs and values. The professional then makes a decision based on the client’s perceived strengths and capacities. A plan is created by the professional using those perceived strengths and capacities with goals, deadlines, and consequences for non-compliance. Clients may also be referred to other community resources for additional services to address current goals.

Although the plan is being implemented for the client, clients are often not included in the decision-making process. When clients are included in goal making, the input is usually limited to the scope of the program. In other words, the client may have input, but client is still obligated to do what is required by a particular program. The professional will assess the compliance of the client. Compliance may include attendance, participation, and client observation. Non-compliance of any sort is seen as a failure on the individual to obtain self-sufficiency, not as a failure of the system. Non-compliance, more than likely, is the result of a system failure, a mismatch in the program requirements or services, mistrust in the professional and/or the program, or a lack of belief in the professional and/or the program.

Social services workers must have knowledge of culture and ethnicity and the importance of its role in social service delivery and participation. The ability of social service providers to become comfortable with those culturally different and recognizing the values, beliefs, and
morals of another’s culture is invaluable in creating empowering relationships between the provider and the client (Pinderhughes, 1989, p. 5). Understanding another’s cultural differences can have an effect on perceived attitudes, beliefs, and stereotypes. Again, this can have a large impact on how African-Americans participate or fail to participate in certain social services programs.

**Why Social Services are Ineffective for African-Americans**

Social services programs have failed to make an impact on poverty and conditions in the African-American community because the programs are culturally incompetent. Social service programs have been implemented to address deficits and not the strengths of the individuals. Although social services programs meet basic and safety needs of individuals who receive services, the services are maintained and based on ideologies, institutions, and practice put in place by persons in a superior position and implemented for people of color in an inferior position economically, socially, and politically (Roberts, 2002, p. 95). Although there is participation in services to meet basic and safety needs there is a lack of active participation in services created to impact, influence, and empower African-Americans. One reason may be initial exclusion of African-Americans from participation in social service programs, which evoked memories of the shackles of slavery from which African-Americans thought they had received freedom. Both slavery and social service programs directly or indirectly imposed morals and values of the dominant culture and undermined a sense of self (shame, self-hatred, powerless, humiliation), personal, and community identity, resulting in alienation from society and affecting family security (breaking up family and communal support) and control (Roberts, 2002, p. 234). How one feels about one’s own ethnic background very often is a reflection of how one feels about one’s self.
A sense of powerlessness pervades the relationship between social services programs and African-Americans. Dorothy Roberts (2002) accurately describes control in *Shattered Bonds*:

Perceived control is the belief that you are the master of your life, possessing the power to shape the events that determine your future. Perceived powerlessness is the expectation that you are incapable of achieving desired ends and one’s fate is determined by forces outside of your control (p. 24).

Social services programs provide a perceived sense of powerlessness by taking away clients’ ability to have control over their lives. The power dynamics in cross cultural encounters are often not discussed in social services and have a role in the professional and client relationship that affect the participation in social services programs (Pinderhughes, 1989, p.109).

Pinderhughes (110) defines power as the capacity to produce the desired effects on others. It involves the capacity to influence for one’s own benefit, the forces that affect one’s life. Powerlessness thus is the inability to exert such influence. As a way to mask the pain, individuals may chose to not participate in certain ways that are often interpreted as non-compliance by social services programs (Pinderhughes, 1989, p. 125). The reaction of the individual may have an even greater effect on the individual as a whole such as losing benefits. However, when someone is in a constant state of trying to regain power they ultimately place themselves in a revolving cycle of requiring benefits and never being given the opportunity for self-growth, self-knowledge, or even self-understanding.

**The Importance of Empowerment**

“The whole can’t be what it is unless we are truly ourselves” (Williams, 1992, p. 21).

Empowerment means gaining autonomy and control over one's life and having knowledge and awareness of one’s self. The empowered client is able to exercise choices, set their own goal
and is capable of challenging and changing their subordinated position in society. It allows for African-Americans to feel whole in a society that often only sees them as less than whole.

Empowerment influences one’s ability to control personal, social, political, and economic worlds (Sleeter, 1991, p. 125). Empowerment includes encouragement of specific knowledge, skills, and attitudes which motivates self-participation and social change. The results of critical thinking allow individuals to reflect on decision making in personal, social, political and economic worlds and is transformative and empowering (Sleeter, 1991, p. 125). Empowerment changes the relationship between professionals and people who utilize social services.

Client empowerment within social services programs will require a profound paradigm shift in which clients are allowed to make their best choices. The paradigm shift will also require a shift in the behavior and attitudes of social service workers to allow for the understanding that one’s personal values, morals, and cultural beliefs are and should be part of the decision-making process. Deliverers of social services will need to learn strategies and tools of empowerment to allow clients the ability to experience their own feelings, attitudes, and behavior thus, giving the client the power of a sense of self. The failure to share knowledge with clients about how to cope with external systems can be a way of perpetuating their feelings of dependency and powerlessness.

Until a culturally competent empowerment model for African-Americans is created, African-Americans will remain powerless within the programs that are in place. The failure of social service programs does not only affect African-Americans, but society as a whole. And as the next section will discuss, our failure to reconstitute social services as a holistic model perpetuates social service programs that fail to help individuals, families, communities and society.
Holistic Health Approach and Why It Is Needed

“Holistic covers the full scope of the human experience, encompassing psycho spiritual, biological, interpersonal, and worldly” (Dascher, 2006, p. 30). A holistic health approach is person centered, including a body, mind, and spirit approach to find what is best for the individual, tailored to his or her nature, and what met his or her specific stylistic and developmental needs (p. 31). A holistic perspective acknowledges the interdependence of the parts and their relationship to function on the whole” (Robison & Carrier, 2004, p. 56). A person-centered holistic health approach is a totally different approach from the current social service model which places the professional at the center of the model. A holistic health approach is not only empowering but also it addresses all aspects of the individual that the social services model fails to address. The social services model only addresses the worldly or collective part of one’s life, thus preventing the professional from seeing the whole picture and making any plan of action incomplete or starting at a deficit. A holistic model of social services, based on the general approach developed by holistic health educators, will address both the inner and outer experiences of the person, and also allows for personal growth. The holistic approach shows how everything is connected. The holistic model allows for the self-reflection, intentional choice, and focused action.

A holistic health approach is also inconsistent with the behavioral modification that is often utilized in social services. As with what has been seen in social services, behavioral modification often works in short term treatment, but fails to be effective for long term treatment and often leads to unintended or undesirable outcomes such as failure to participate in social services programs (Robison & Carrier, 2004, p. 137). Helping someone through a change process is about raising consciousness rather than by mandating specific changes in behavior.
Another change required by a paradigm shift from traditional social services approaches to a holistic health education approach would consist of the so-called “expert,” the social services professional, becoming a partner. However, the change from expert to partner is more challenging than many would think. Working from a holistic health approach, the professional would work with the client from a person-centered approach that meets clients where they are, resisting blame of the victim and judgment, listening, and nurturing relationships (Robison & Carrier, 2005, p. 201). A holistic health education approach that explores the connection between individual, behavior, and cultural interaction is truly needed to help people to grow and heal.

**Coaching as Empowerment**

Coaching addresses specific areas in the client’s life, including relationships, transitional periods, and discovering and examining obstacles and challenges. Coaching can help individuals to make choices that create an effective, balanced, and fulfilling life. Coaching is a self-directed journey and the client is in charge. The coach is a partner on the client’s journey, aiding in the exploration of living and learning (Bark, 2005, p. 7). The ultimate goal is for clients to have their best lives through their best choices. However, the coaching model is generally exclusive of working with certain populations who are seen as not ready for coaching. More particularly, if the clients are working intensely with meeting the three lower levels of Maslow’s hierarchy of needs (physiological needs, safety, and love/belonging) the person may need to be referred to other professionals like social services or a therapist (Bark, 2005, Chapter 2, p. 3).

The African-American Empowerment Model (AAEM), which will be described more fully below, rejects this exclusion of individuals of very low socioeconomic status from access to the powerful tool of coaching. Incorporating coaching tools and holistic empowerment approach
to social services would create a model that provides for those applicants who have not yet had successes in their lives because of deficiencies in physiological (hunger and thirst), safety, and belonging and love. Coaching can be very beneficial in the stages of preparation, action, and maintenance. Establishing a plan, moving into action, and maintaining changes can be very difficult stages and working with a coach/partner for support and empowerment is traditionally not part of social services programs. Coaching is a unique experience that encourages growth and empowerment for both the professional and the client.

The AAEM reinvents the social services model to include a holistic health approach that includes coaching techniques. The model will include a cultural approach to Maslow’s Hierarchy of Needs integrated into a holistic health coaching model of empowerment and self-efficacy for African-Americans. To many it may appear that certain skills for coaching readiness for this population may be insufficient such as insight into their own behavior and inability to see a reason for changing one’s behavior. The reason why African-Americans may seem deficit in certain skills is because individuals have never been given a chance to make decisions in their lives based on those embedded skills. Raising awareness and changing perspectives will be very beneficial to working with African-American population from a coaching perspective.

**African-American Empowerment Model**

The African-American Empowerment Model (AAEM) will facilitate growth, independence, and self-esteem through an empowering holistic health education approach incorporating coaching techniques. The AAEM would utilize the following coaching techniques:

1. Empowerment is the goal.
2. Respect for client’s beliefs, values, and practices
3. Encourage self-development, growth of individuals outside of the professional’s own belief and value system

4. Acknowledge strengths and capabilities

5. Acknowledge cultural and ethnic differences

6. Become a partner with the client allowing the clients to make the best decision based on their experience. The goal of the practitioner is to become a partner versus an expert.

The AAEM would be inclusive of the client’s cultural values and beliefs. Traditional programs have failed to work for African-Americans because they often contradict the belief and values of the culture of the client. One contradiction in beliefs and values was the new welfare state that divided a community of extended families and support to receive social services benefits. African-Americans are communal people who need to feel empowered in the world in which they live through community, family, and extended family (Williams, 1992, p. 8). Acceptance, pride, dignity, recognition, self definition, and community are essential to empowering the African-American community. In the dominant culture, African-Americans often feel invisible and unheard which often leads to feelings of powerlessness.

Working from a holistic health coaching model, clients will identify areas of interest and build skills and strengths, including decision making skills, information processing, problem solving, critical thinking, communication, cross cultural skills, self-esteem, self-identity, family, community, cultural identity, acceptance, and respect. The AAEM will use a holistic health education approach to demonstrate the importance of interconnections between individuals, behavior, community, and society. The AAEM is a model of change, namely a change of
perspective for the clients, deliverers of social services, community, and society. As people begin to change and grow, so does their perception.

Using the AAEM, the change will not occur from the usual methods used in social services. Social services programs often attempt to induce change through introducing new information or new skills. The change will not be from introducing new information or skills, but from using embedded tools such as intuition, visualization, or problem solving in a different way. In short, the change will be an enhancement and development of attributes that we all have within. Using the tools one has in a different way will shift the way one sees the world and the way one is in the world. The AAEM will provide a guide to self-awareness and empowerment.

Language

The first goal of the AAEM is to change the language used in social services delivery. Language is essential to all educational endeavors. Language shapes the way we think and to some degrees, it limits the boundaries of what is thinkable for any given cultural group (Sleeter, 1991, p. 199). Language changes the way we acquire, view, and evaluate knowledge. Language is a powerful tool in creating and sustaining a working relationship. The language that is used in social service delivery can be effectively changed to encourage skills and empowerment for those who utilize those services. The language has to be motivational to instill a sense of self-esteem and self-confidence. Language is empowerment that involves participation, discovery, persistence, dreaming, envisioning, creativity and redefining reality.

The current language used in social service delivery is disempowering and does not provide for any participation of the client. The language is a direct result of the plan created for the client by the social services worker. The language will be changed to be more person-centered in order to create a service delivery framework that includes the person as a whole. The
new framework will again utilize coaching techniques to empower the client, beginning with how social services are delivered. Traditionally, social service programs implement four main techniques to determine what is needed for the client, the plan of action, and the follow-up. The language used is standard for working with clients. The traditional four main techniques will be replaced in the new paradigm of the AAEM by coaching based techniques that honor the client’s wholeness and empower the client to direct his or her own transformation. Thus, “individual assessment” is transformed into acceptance of the individual as he or she is; “data analyzing” becomes active listening to draw the client’s own wisdom out; “goal setting” becomes collaborating as professionals shift into a partnership role; and “follow-up” becomes commitment as the responsibility for taking action belongs to the empowered client.

**Individual Assessment vs. Acceptance.** Traditionally, during an individual assessment the social services worker gathers information from the client such as demographics, education, family history, background, employment status to assess the client needs. The initial assessment is not designed to create conversation or to gather information that may give further explanation behind some of the acquired information. In contrast, acceptance establishes trust and intimacy with the client, sets the foundation for a safe and comfortable environment, relinquishes power to become a partner and not the expert, and works with the clients where they are.

**Data Analyzing vs. Active Listening.** In a traditional social services setting, once the information is gathered, the problem is analyzed and defined through the lens of the professional from their beliefs and values. The professional then makes a decision based on the client’s perceived strengths and capacities. In contrast, active listening includes asking powerful and thought-provoking questions. The professional, now in a partner role, listens to goals, values,
and beliefs; mirrors back and paraphrases answers for clarity and understanding; and encourages, accepts, and explore feelings, perceptions, concerns, and beliefs.

**Goal Setting vs. Collaboration.** Traditionally, a plan is created by the professional using the perceived strengths and capacities with goals, deadlines, and consequences for non-compliance. Clients may also be referred to other community resources for additional services in addition to current goals. Clients are often not included in the decision making process. When clients are included in goal making, the input is usually limited to the scope of the program. In other words, the client may have input, but client is still obligated to do what is required by a particular program. In contrast, in the AAEM, collaborating allows the client to decide on goals through problem solving and creativity based on what is best for client. Clients will use skills and knowledge to change perspectives. Attainable, measurable, and specific goals will be set by clients.

**Follow-Up vs. Commitment.** In current social services models, the professional will assess the compliance of the client. Compliance includes attendance, participation, and observation of client. Non-compliance of any sort is seen as a failure of the individual to obtain self-sufficiency and is often seen as a failure with the individual and not the system. In contrast, in the AAEM, commitment is a process of adjustment for the client to see what is working or not working. The client provides feedback, concerns, questions, and fears regarding process and change, while the social services provider will foster each experience and provide support at each stage.

Thus, the traditional language that is used in social services fails to include the client as an active participant in one’s life. The decisions are made by the social services worker and
leave the clients to feel powerless in the actions of their own lives. The AAEM model will change the language and create a person-centered approach.

The change of language automatically changes the relationship between the professional and the client. The change of language not only changes the relationship and is holistic in the manner that it includes the three top levels of Maslow’s hierarchy (love and belonging, self-esteem, and self-actualization) and includes all aspects of one’s life. Changing the language also leads to an easier transition in the delivery of services. Changing the language not only affects the client and social services worker, but also impacts how the services are delivered.

**From Expert to Partner**

Just as holistic health educators have found that they can best serve their clients when they take on a “compassionate ally” role (Robison & Carrier, 2004, p. 170), social services professionals will best serve their clients when they transition from “expert” to learner and partner. A non-power, non-hierarchical stance is particularly useful for the purpose of engaging African-American clients, who often measure the interpersonal competence of practitioners by their ability to diminish the perceived power between themselves and the client according to Gibbs (as cited in Pinderhughes, 1980, p. 200). Helping the client to perceive the practitioner as a peer and collaborator can be critical to success with persons from this cultural group. Soloman has documented a connection between such a stance and client improvement; treatment effectiveness with clients from a low-income, predominately African-American neighborhood was related to demographic values or non-authoritarianism on the part of the professional (as cited by Pinderhughes, 1982, p. 168).

The delivery of services will be in a safe, confident, comfortable environment that will allow the client to feel at ease. Delivery of services may be in the office, at the client’s home, or
even over the telephone. The goal is to meet clients at their level. This may even include a less professional dress to make the client feel more comfortable. The clothes that professionals wear often create a separation of power and establish a hierarchical relationship.

The delivery of services is where the social services worker becomes a partner and not an expert. In order to become a partner the social services worker has to implement the use of the new language as described above and accept the new role that comes from the language change. The social services worker is no longer the expert. The client is the expert. The social services worker is working as a partner with the client. The job of the social services worker is to incorporate the individual into the process allowing for culture and ethnicity to determine how the client may address, express, and approach a situation. This will be a very difficult task for social service workers to relinquish power because of the prevailing philosophy that the professional is the expert. However, allowing the client to make decisions and mistakes is not only reduces the pressure on the social services worker, but allows for the growth and empowerment of the client.

There are also regulations and policy that affect the delivery of services. In social services there are stipulations, time restraints, goals, and consequences. In the AAEM, the delivery of services will also need to be person-centered and not centered around time lines and grant restrictions. Growth and empowerment can not be measured according to a deadline. Clients will work on situations based on their own intuition and needs. The social services worker will provide time and space to give the client an opportunity for growth with support, respect, integrity, sincerity, and sensitivity. The AAEM method is unlike any method in social services because of the unusual methodology in relation to time. However, after 40 years of no change, we have a little time to spare.
One of the most disempowering parts of social service delivery is the consequences. Non-compliance or failure to complete an assigned goal often results in client consequences. The consequences can range from a reduction in benefits that clients greatly need or a termination of services. One can see how disempowering this can be to an individual. The consequences apply when a client fails to comply for any reason. For example, even if a client disagrees with assigned goals (goals which she played no role in creating) because they contravene her personal beliefs, the client is penalized. The AAEM does not include consequences for non-compliance. The clients make the decisions on what they choose to address based on their own self-evaluation and personal beliefs. The clients are in charge of their goals which include clear agreements, responsibility, and keeping promises. Any consequences will be a direct result of what the clients learn from making their own decisions.

The outcome of AAEM will change from measurable outcomes based on attitudes, choices, and behaviors that are in line with social service program. The outcome will not be based on completion of a program or non-compliance. The AAEM will measure outcomes through the eyes of the client. The outcome of the AAEM will be measured by the client’s ability to:

1. Create awareness and shifts in perspective.
2. Evoke curiosity.
3. Draw on personal strengths.
4. Engage and expand knowledge, skills, self-awareness, cultural awareness, relationships, commitment to self, and community.
5. Change individual and cultural thinking and choices.
6. Increase participation in a person’s individual development and the development within the person’s family and community.

**Seeing Through a Different Lens**

The change in delivery of services and language will affect the perceptions of both the social services worker and the client. The way the client perceives the received services will in turn affect the client’s behavior. If the client believes the social services worker is a partner who values, encourages and understands the client, the client will become more confident in their ability to make choices. The change in language allows an individual the ability to communicate effectively from a person centered approach. The change in language also allows bias to be placed aside changing the method of delivery. Allowing the client to be fully heard, as well as encouraging and accepting the client’s perceptions, concerns, beliefs, and suggestions, changes not only how the client perceives the services, but also changes the perception of the social service worker. The clients begins to see the social services worker as a partner who they can trust and share pertinent information. These changes in perception are necessary for empowerment in the African-American community. Using internal tools such as visualization and forecasting will allow clients to conceptualize possible realities. Seeing through a different lens is required for the incorporation of a sense of belonging, self-esteem, and self-actualization, namely the three higher levels of Maslow’s hierarchy of needs that failed to be addressed in the current social services model.

As social services programs begin to utilize the African-American Empowerment Model the sense of belonging, self-esteem, and self-actualization become part of the individual’s world. Acceptance from the social services worker begins to establish trust and a partnership. Accepting someone as a partner and as an individual regardless of background, ethnicity, or
culture fosters a sense of self-esteem, self-actualization, and belonging. This acceptance can also be seen as a lack of prejudice. The client begins to feel respected. Self-esteem is fostered from both the self and other human beings.

The process of active listening including asking powerful and thought-provoking questions shows respect and understanding from the client’s point of view. The process of active listening is often not included in the initial assessment of client participation in social service programs. When a social services worker listens to goals, values, and beliefs, it encourages acceptance, self-esteem, belonging, and self-actualization. The client begins to explore feelings, perceptions, concerns, and beliefs. The client begins to envision a future based on his or her strengths and talents. The clients can learn how to remove roadblocks and write their own story.

The collaboration between the client and social services worker through problem solving and creativity based on what is best for client increases self-esteem, self-actualization, and belonging. The collaboration allows the client to use skills and knowledge to change perspectives based on client set goals. The self-actualization of what the client can do evokes morality, creativity, spontaneity, acceptance of facts, and problem solving. The awareness of skills and knowledge increases self-esteem through confidence in one’s ability to make decisions. The awareness of the skills and knowledge change the client’s perspective.

Client commitment places accountability on the client. The client can adjust the goals to see what is working or not working. The client provides feedback, concerns, questions, and fears regarding process and change. The social services worker will foster experience and provide support at each stage. Client commitment allows for self-discovery, self-growth, and development that lead to increase in self-actualization, self-esteem, and belonging.
When the need for belonging, self-esteem, and self-actualization are not met, the person feels inferior, weak, and helpless, and worthless. Feelings of inferiority affect how one behaves in society. In order to meet these needs, there must be a change in the way the person perceives one’s self. The AAEM makes this kind of change in self-perception possible for African-Americans receiving social services by changing the language and the delivery of services.

**Change the Outcome**

In the past, the outcome associated with social services has been a dependency on the social services. The AAEM leads to individual empowerment and self-sufficiency. Empowerment and self-sufficiency lead to a confident client and confident relationships. Empowerment leads to personal and social responsibility. Empowerment changes the way the individuals interact and participate with family, community, and society as a whole. The increased participation leads to increased leadership roles, social service participation, collaboration, and grassroots efforts.

**Conclusion: A Worthwhile Challenge for Clients and Providers Alike**

The AAEM incorporates holistic health education to empower and support clients as they better understand and more skillfully cope in each aspect of their life from a person-centered approach. The holistic health approach will allow people to decide what works best for them. The holistic health approach creates a foundation to help social services workers make a paradigm shift by seeking alternative ways to work with clients, setting aside judgment, learning to interact differently, nurturing a respectful relationship, and honoring individuals for who they are and where they are. The AAEM will not only make a difference in the lives of African-Americans, but it will make a difference in society as a whole. The implication will be an empowered community that will begin to take their lives into their own hands resulting in the
development of greater family relations and community development. The hope would be an increase in community relations and a return to grassroots efforts to ensure that the needs of the community are in the hands of the community.

The challenge is to make the paradigm shift from a model of social services to a model of social empowerment. Change is not only required in social services delivery, but also in social services policy. Because social service policy is based on embedded beliefs, values, and morals it is going to be very difficult to change the mindset of those in power. The paradigm shift from social services to social empowerment will cause strong reaction and emotions but seeking understanding from a holistic health perspective allows a view of the big picture (Robison & Carrier, 2005, p. 20).

The paradigm shift will also be difficult for African-Americans. When people think of change there is always a negative connotation tied to change. Change is perceived as difficult, and usually change is unforeseen. This will be exceptionally difficult for African-Americans because changes have often been implemented at the request of others, in other words, at the request or requirements of the dominant culture. The person has no control over the change. This is disempowerment in the making. This makes change the idea of change more difficult to accept, understand, and work through.

The AAEM will change how change is implemented because change will be in the hands of the clients. The AAEM will change the way the individuals interact with family, community, and society as a whole. The AAEM increases the individual’s participation in their own life. The changes of the social services model using language, social services delivery, and perception increases understanding by the client and social services worker. It creates leadership,
collaboration, and social service participation, and grassroots efforts that will move social services to social empowerment.

In conclusion, the AAEM is inclusive of all clients who receive social services. I chose to focus on African-Americans because of their deep history of disempowerment associated with social services programs. However, the current social service model is disempowering for anyone who utilizes the services. Everyone should have the right to make their own decisions that will affect their lives. The more people who can become empowered, the better off our entire society will be.
References


