

Organizational Change for Community Well-Being

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Introduction

In this paper we outline a conceptual framework based on strengths, prevention, empowerment and community change as an alternative guiding paradigm for human services. We present qualitative data from an organizational change project involving five health and human service organizations. We focus on the identified organizational challenges that get in the way of effective transformative practice and how each of the organizations in this study is attempting to change these internal conditions. Finally, we highlight the implications of this and suggest how this type of organizational learning and development can build capacity for more effective strengths-based, prevention, empowerment, and community change practice to benefit the larger community. This paper contributes to the empirical and theoretical literature on organizational change in the nonprofit human service milieu.

Background

Most human service practice is designed to be ameliorative rather than transformative. The term *ameliorative* refers to an approach to health, human, and community services that cares for individuals who have already been afflicted by some psychological, physical, or social ailment. This paradigm is a composite of several values, beliefs and practices that predominate in helping professions and attendant institutions (Nelson & Prilleltensky, 2005). Ameliorative, individual-level interventions can do little to address the larger social and economic forces that influence

the well-being of individuals (Marmot, 2004; Smedley & Syme, 2000; Syme, 2000). Yet, as Crosby, Kegler and DiClemente (2002) have pointed out, “individual-level theories have dominated health promotion efforts” (p. 5). Instructively, these authors identify a number of factors that account for the dominance of individual-level theories, including: “(1) they tacitly posit that individual as the key decision maker responsible for his or her health and, as a corollary, they posit that individuals can implement changes to enhance their health; (2) they assume that people value good health and will make the necessary changes to reduce behaviors associated with adverse outcomes of poor health; (3) they assume that behavior is under volitional control; and (4) they assume that cognitive predisposition, such as beliefs, attitudes, and perceptions, drives health behavior” (pp. 5-6). These premises, while not always valid, dominated the field of health promotion for many years. The authors point out that in the last decade or so, we have seen a shift from individual level theories of change to ecological ones. As they accurately note, “the trajectory of theory, then, can be viewed as moving from a paradigm that places emphasis on the individual as the primary agent of change to a paradigm that conceptualizes the individual as enmeshed in a complex system of influences that ultimately shape health behavior” (p. 7).

In line with the latest thinking, a *transformative* approach to human services suggests a role for human service organizations in promoting community, equality, and solidarity (Mullaly, 1997). Under this paradigm, human service organizations are agents or mediators of community and social change through prevention, empowerment approaches, community building, policy advocacy, and social action. A shift from amelioration to transformation in the human service approach is sorely needed as a "focus on services will never be sufficient to address fundamental societal issues" (Himmelman, 1996. p. 25). This shift can also make economic sense. A recent

report suggests that every dollar invested in advocacy and organizing work (\$20.4 million total), returned \$89 in benefits for North Carolina communities (Ranghelli & Craig, 2009).

As we have described in previous papers (Prilleltensky, 2005; Evans, Hanlin, & Prilleltensky, 2007), traditional human service practice is limited due to problems with the timing and targets of interventions and the level of affirmation and engagement of clients and community members. Too often, human service funding and the practice it supports is too little (focused on individuals while ignoring social context), too late (reactive), deficit-oriented, and disempowering. We seek fundamental change in HSO's so that practice is strength-based, preventative, and empowering with strategies focused on social change as well as individual change.

The SPEC Framework

The SPEC project is based on the premise that a comprehensive approach to the promotion of well-being must attend to four complementary intervention domains: capabilities, time, participation, and ecology (Prilleltensky, 2005; Prilleltensky & Prilleltensky, 2006). These domains are respectively represented in the acronym SPEC, which refers to strengths (capabilities); prevention (time); empowerment (participation); and community change (ecology). These domains can be used to analyze community organizations' efforts to promote well-being. The SPEC framework can help tear down the "conceptual wall" described by Delpeche and colleagues (2003) by offering a conceptual model of integrative practice that has real utility for human service practice.

[Insert Table 1 about HERE]

As can be seen in table 1, the four SPEC domains range from least desirable (low) to most desirable (high) and can provide a snapshot of the current state of affairs in HSO's. The

resulting SPEC profile of an organization can serve as the basis for designing interventions that will build on existing strengths and resources and work to address gaps and barriers. A myriad of factors operating at the individual, organizational, and extra-organizational levels affect the SPEC profile of an organization. Employee skills, organizational climate, and level of funding are examples that can act as either barriers or facilitators to SPEC. This paper focuses on organizational conditions leading to SPEC practice. This study highlights the fact that the ability of organizations to practice SPEC in the community is predicated on certain organizational conditions. For example, it is difficult to imagine how an organization can empower community members when its own employees lack voice and choice in their daily work. Constructing an organizational SPEC profile and identifying the specific barriers and facilitators that impede or promote SPEC practices can help organizations move in a desirable direction.

Transformational Change in Human Service Organizations

Although we know a great deal about planned change in organizations in general, there has been very little research on this specific type of organizational change in human service systems in a community context. One recent project that is helping to fill this gap is the Building Movement Project (Brady & Tchume, 2009). Like the research presented here, this group is interested in working alongside HSO's to support and promote their involvement in transformative practice. Their report *Making Social Change: Case Studies of Nonprofit Service Providers* (2009) profiles five organizations that are integrating social change activities into their work. They discovered some common themes in these case studies that help organizations do this: (a) strong relationships with clients, constituents, and other organizations, (b) constituent participation and voice so they can identify their own needs, (c) dedicated time, support, information and new skills for staff, and (d) a shared set of organizational guiding principles and

values. They also found that lack of sustainable funding for this type of work was a consistent barrier.

One study by Nelson and colleagues (2001) with three effective mental health organizations shifting towards an empowerment-community integration paradigm found the following ingredients for success: (a) changes in values and philosophical foundations, (b) increased consumer participation, (c) a more participatory and inclusive management style, (d) changes in types of services and approaches, and (e) changes in staff roles and practices. Their findings attribute the changes to organizational readiness, effective leadership, and the use of external consultants and teaching tools. They also cite such additional facilitating factors as commitment to change, willingness to respect and involve consumers, a learning climate, the growth of the consumer/survivor movement, and increases in available government funding.

The research group at the Center for Community Research and Services at the University of Delaware (Delpeche et al, 2003) conducted an exploratory study of the nexus between building community and the wellbeing of families. Their findings suggest that fundamental changes are needed in the mission and implementation of practices in each field. They note that both community development and family support organizations are reaching a “conceptual wall” and operate in traditional models that are too limited to have real community impact. The barriers they see are (a) a lack of conceptual models of integrative practice, and (b) practical limitations of funding, staffing, and time.

In a recent landmark study of not for profit organizations in the United States, Crutchfield and McLeod Grant (2008) identified six practices conducive to transformational impact. In their study of twelve major nongovernmental organizations (NGOs), including Teach for America, City Year, Habitat for Humanity, and the Heritage Foundation, they found that they all “(a) work

with government and advocate for policy change, in addition to providing services, (b) harness market forces and see business as a powerful partner, not as an enemy to be disdained or ignored, (c) create meaningful experiences for individual supporters and convert them into evangelists for the cause, (d) build and nurture nonprofit networks, treating other groups not as competitors for scarce resources but as allies instead, (e) adapt to the changing environments and be as innovative and nimble as they are strategic, and (f) share leadership, empowering others to be forces for good.” (p. 6). Their investigation is very rich in detail about the external impact organizations have in society, but it is not as complete in articulating the internal changes organizations undergo in order to achieve large and lasting societal impact. Our study contributes to an understanding of the inner workings of not for profit organizations in the United States.

While these few examples give us some insight into change in human service organizations, more research is needed to fully understand the process and outcomes of organizational change in these settings and the unique organizational conditions that support transformative practice. In addition, the studies cited above list ingredients for successful practice, but do not necessarily build theory in this domain. This study aims to contribute to this literature base by closely studying the organizational conditions and change processes of these critical cases.

The Project

The SPEC Learning and Changing by Doing project is a three-year action research partnership between university researchers and five community organizations. The five participating non-profit organizations either fund or deliver services to children and families in a large metropolitan area. They vary in several ways including size, budget, scope and the services they offer. We work closely with these organizations to evaluate the extent to which their

practice and policies align with SPEC principles and then plan and implement organizational change. We engage the men and women working in these settings in a process whereby they learn SPEC principles and lead a process of change aimed at making their agencies and the field in general more aligned with SPEC principles and practices.

The Intervention and Theory of Change

Figure 1 portrays our intervention components and theory of change. We believe that there is a set of organizational preconditions for transformative practice. These preconditions include generic organizational conditions such as a healthy organizational climate and sufficient resources. Additionally, there are specific preconditions in organizations that promote critical practice, such as an orientation towards social justice and empowerment and the necessary enabling structures and human and financial resources to support critical practice. To help build on or create these preconditions in our participating organizations, our research team utilizes training, consultation, organizational development, action research, and professional development strategies.

[Insert Figure 1 about HERE]

SPEC training. Each organization has 2-4 staff participating in a training cohort for graduate credit from the University of Miami School of Education. Classes are held twice a month for 3 hours each over 13 weeks (semester). Each class session includes lectures, group discussions and activities that allow participants the opportunity to reflect on SPEC principles and practices in their daily work and in the larger community. Their learning is supplemented with regularly assigned reading, presentations and written assignments. Members of this cohort also play key roles as part of the transformation teams (t-team).

Transformation teams (T-teams). Training cohort members have formed t-teams in each organization that are diverse and representative of the organization as a whole. The role of the T-team is to assess the SPEC profile of the organization, identify targets for change, and guide efforts to create and sustain change. On average, these groups meet every other week for 60 to 90 minutes.

Consultation. A research team member meets regularly with each organization's T-team to provide support related to implementing SPEC principles and practice. We also consult with leadership and others individually or in small groups. As consultants, we help the organizations reflect on their processes and practices and offer useful resources to help in the change effort.

Action research and professional development: One of the core features of this project is the belief that organizational practice can be improved through ongoing learning and problem solving. By engaging collaboratively with organizations through collecting and feeding back organizational data with their T-teams, we help develop practical solutions to challenges of specific organizations. Furthermore, we partner with the t-teams to develop and implement professional development activities to help diffuse knowledge, principles and practices throughout our participating organizations.

Research Approach

This project uses an action research framework to contribute to and learn from this local effort and to reveal the nitty gritty of organizational transformation and community systems change. By focusing on settings from which major organizational change is most likely to emerge, we can maximize the chances for understanding how this type of change happens.

Research Questions

The three-year project seeks to learn how these organizations change over time and what internal and external factors promote or inhibit change. For this formative evaluation, however, we are focused on the following two research questions: (1) What is the current state of affairs (pre-intervention) within each of the partner organizations related to organizational conditions and SPEC practice?; and (2) What is changing in each organization?

Methodology

The central methodology driving this project is action research: inquiry that transactionally arises from the very practice of intervention (Schon, 1983). The investigators have joined with the five participating organizations to facilitate and understand organizational change so as to better promote community development and wellbeing. Fundamental to the action research methodology is the attempt at using action and research to increase understanding of the research situation and at the same time to pursue change. Action research promotes and learns from a cyclical process of change, understanding, action and critical reflection (Roberts & Dick, 2003). The understanding and change enrich each other.

Case Study Approach

In order to fully capture the complexity of change, this project utilizes a case study approach where the researchers are full participants in the change effort. The change efforts of these organizations serve as critical cases for learning about this specific type of organizational change towards community wellbeing. Additionally, by treating each of the organizations as unique cases for study, we can learn about how the process and outcomes of change may be slightly different in different organizational contexts.

Participants

Sixty-seven employees from the five organizations participated in the study. Employees from across departments (e.g., program delivery, IT, human resources and accounting) and of various level of responsibility (e.g., front-line workers, administration, middle- and upper-management) were included.

Methods

This research project employs a mixed method approach that allows for the close examination of complex organizational processes and facilitates validation of the data through triangulation (Denscombe, 1998). For this formative evaluation, we are focusing on the qualitative aspects of the research to paint a rich picture of the early stages of this project. Ten focus groups and eighteen interviews were conducted across the five participating agencies. Two focus groups and 2-4 interviews were conducted at each organization. The focus groups, which were held at the respective agencies, included staff in various positions of responsibility and across departments. Interviews were conducted with staff members in middle- and upper-management positions. Interviews were approximately 60 minutes in length and focus groups were approximately 120 minutes in length. Additionally, researchers documented their ongoing involvement with the SPEC class, t-teams, and other organizational contexts through field notes.

Approach to Data Analysis

Data analysis was ongoing during data collection, using the constant comparative method (Glaser & Strauss, 1967). Data were analyzed and reduced to identify central themes, ideas, beliefs, values, concerns, and other issues. Initial categories were developed using the SPEC conceptual framework and other categories were developed as they emerged. From there, categories were collapsed and working models were developed and refined. Member checks and

peer debriefings were utilized throughout to test working hypotheses and examine alternative interpretations.

Formative Findings

Applying SPEC Principles within the Organizations: The Current State of Affairs

In order to track change in organizations over time, we need to get a sense of where these five organizations are starting. The next two sections highlight the baseline state of affairs in our participating organizations internal and external practices.

We are interested in how internal organizational conditions promote or inhibit SPEC practice in the community. The following is a description of several of the salient themes that emerged from the qualitative data across the five partner agencies within the domains of effective, reflective and affective organizational environments. These are our initial coding categories used to help organize our emerging themes. Although each domain is examined separately, they are interrelated as organizational well-being requires attention to all.

The effective domain. Across the five organizations, there are a number of themes that emerge describing many of the essential components of effective organizational environments. Among those noted as being important to an organization's internal functioning are good communication and consistent protocols and policies.

Many of the organizations identify good internal systems (e.g., decision-making, information management and technology) as being important to the overall functioning of the organization. Communication between individual staff members and communication across departments are seen as being essential to their ability to respond to clients and to function effectively.

Participants also describe other factors that are associated with organizational effectiveness including sound fiscal responsibility, having a skilled workforce, efficient use of workers' time and manageable employee workloads. Overall, participants have no difficulty identifying aspects of the effective domain and how they relate to organizational well-being.

The reflective domain. Being effective does not automatically mean that an organization is reflective (Prilleltensky & Prilleltensky, 2006). In other words, an organization can deliver in a very effective way, an inappropriate service. By taking the time to reflect on its goals and mission, and to think about its role and function deeply and in the context of larger systems issues, workers in organizations are engaging in reflective practice.

Although efforts aimed at reflective engagement are occurring in organizations, barriers to reflective practice exist. Lack of available time and demanding workloads are mentioned as hindrances to meaningful reflection by staff on organization goals and practices. Other participants also speak of the inefficiency of going from one meeting after another without having time to reflect on how they are related. The overarching message conveyed by respondents was that they are so busy trying to meet the demands of the day-to-day responsibilities, that there are few resources left to stop and ask questions about the larger purpose of it all.

Overall, while there is evidence to indicate that organizations are supportive of reflective activities that promote organizational improvement, there is less evidence to suggest that there is widespread engagement in second order reflection or activities that interrogated more meaningful issues such as social justice and power. At one of the organizations where their discussions indicated an awareness of issues of injustice and systemic barriers, staff also report feeling overextended to such a degree that they are not able to reflect as meaningfully on issues

as would be expected of an organization for which advocacy and issues of poverty are central to their mission.

The affective domain. Overall, many of the respondents have favorable perceptions of their overall organization or the specific department in which they worked. However, across most of the organizations, staff members express the need to improve some aspects of their work environment.

The extent to which workers feel they could participate in and have some say in organizational decision-making varies across agencies and within agencies. For example, in some organizations staff members report that they are able to share their ideas freely. In contrast, other staff members indicate that while they are given opportunities to share their ideas with their managers, their suggestions are often ignored.

Overall, the issue of voice and choice is very salient across the five participating agencies. There is less dissatisfaction among those in managerial positions compared to those in non-managerial positions (e.g., front-line workers and administrative staff). Non-management staff members are more inclined to speak of power differentials and its effect on worker productivity. Managerial staff, on the other hand, place emphasis on ‘improving staff buy-in’ without delving into its root causes. Differences in decision-making among non-managerial staff also vary across and within departments in a single organization. Staff members report that failing to have control over aspects that are most germane to their job functioning adversely impact the affective climate of the organization (e.g., feelings of demoralization and disengagement) and levels of productivity and efficiency. Staff members want to be recognized for their efforts and to be given latitude to use their skills and talents to better serve their organizations and their communities.

Applying SPEC Principles in Community Practice: The “Current State of Affairs”

The capability domain: Strengths versus deficits. Many participants across organizations note the merits of a strength-based approach to working with clients and service providers. In one organization in particular, it is described as a shared organizational value and consistent with the strength-based approach that supervisors use with employees. Participants also report overhearing their colleagues compliment clients and give them credit for resolving issues. Some also speak of their attempts to identify and mentor clients (service recipients and service providers) who can then serve as exemplars and role-models for best practices.

Whereas many participants endorse a strength-based approach in theory, there is some acknowledgment that practices are at times inconsistent with this orientation. It is interesting to note that interviewer queries about approach to clients was at times followed by participants describing their attempts to educate clients, empower them, and provide needed supports. This is found across a number of organizations where participants equated listening to clients and providing supports with a strength-based approach. Strength-based is thus interpreted as strengthening clients, often in the absence of any recognition of existing strengths and resilience in the face of difficult circumstances.

The temporal domain: Prevention versus treatment. Prevention is noted as core to the mission and the work of most participating organizations. From facilitating access to health screenings to providing current information on needed resources, to educating on the ins and outs of navigating complex bureaucracies, participants across organizations voice a shared commitment to prevention and promotion. While the focus of prevention is somewhat different for each organization, the need to engage in it is strongly endorsed.

In an organization that provides healthcare to the uninsured and underinsured, participants speak of the staff's commitment to preventing problems before they occur (e.g. cancer screenings) and their desire and dedication to improving the quality of health for the community as a whole. This is done by removing barriers to access and welcoming anyone who requires healthcare.

Members of another organization note a shared commitment to preventing problems before they occur and working to minimize the adverse impact of problems on individuals and families. This is done in multiple ways, the most common of which is connecting clients to needed resources and working to remove barriers to health-enhancing services. In addition, participants describe various programs that directly target capacity building such as family communication, assertiveness, and problem-solving skills.

Notwithstanding the shared commitment to prevention and promotion, most programs target *individuals* at risk and those already showing markers of deficiency. Thus, most preventative efforts can be classified as indicated and targeted rather than universal (Gordon, 1983).

Participants from an organization that focuses on early learning indicate that prevention is at the very core of their organization's mission. Participants describe various levels of prevention and promotion, from indicated prevention with children who are already showing below-average competencies to targeted, income-based early childhood programs, to universal prevention in the form of voluntary prekindergarten programs for all four-year-olds. Rather than working directly with children and parents, efforts are largely focused on supporting and monitoring childcare providers and educating the public at large about the merits and availability of early education.

The participation domain: Empowerment versus disengagement. Study participants were asked about the level of voice and choice community members have in their organization and their ability to inform and affect organizational practices. This resulted in a wide range of responses, from examples of efforts to empower clients by providing information and facilitating access to resources and services, to enumerating existing mechanisms for soliciting client input, to pondering about the uneven distribution of power in society. A number of participants note their commitment to providing options while ensuring that the ultimate decision lies with clients. Expanding client options can take different forms. For example, an organization that focuses on early learning has begun implementing a rating system for early childcare providers. They work with providers to strengthen their programs and attain a higher score with the ultimate goal of improving the quality of care and education provided to the youngest of citizens. Feeding this information back to parents allows them to make more informed choices about the providers they entrust with caring for their young children.

Participants across all five organizations concur with the importance of community members having voice and choice and some describe their respective organizations' active solicitation of client input. While this is widely ascribed to as a shared value, the data indicate varying beliefs regarding how much power community members have in practice. Different understandings of empowerment as it relates to voice, choice, power and control account for some of this variation. Some participants speak about empowerment in the most narrow sense of the word (i.e. patients have control because they can pick up the phone and change an appointment), while others have a much broader, ecologically grounded and systemic understanding. Not surprisingly, the latter is associated with a more nuanced perception of voice and choice.

One focus group in particular was characterized by a shared agreement that clients served by the organization have various options for exercising voice and choice. These span the individual (come in or not; change appointment; go somewhere else), the organizational (fill out satisfaction surveys) and systemic (can sit on the Board; vote for or against the funding agency). No connection is made between the enumerated options and the actual demographics of the population served by the organization (largely poor, uninsured, uneducated and at times undocumented).

For the most part, and depending on the particular vision and mission of the organization in question, empowerment efforts are largely focused on “helping clients help themselves” by connecting them to services and resources; helping them navigate systems and barriers; and educating them about benefits they may be entitled to. Furthermore, various mechanisms exist to both solicit client input on the quality and usefulness of services and (less frequently) collect information on unmet needs that the organization should consider. In organizations that carry out the bulk of their work with service providers, there is a shared concern that the voice of community members is filtered through providers who often have their own perceptions and agendas. These participants express a desire to “get closer” to the source and hear directly from those who are most affected by the programs.

The ecological domain: Changing community conditions versus individuals. The data suggest that to a greater or lesser extent, staff members across participating organizations understand that their clients are adversely impacted by poor community and living conditions. However, ecological understandings of problems are not necessarily matched with interventions that truly target multiple levels. Thus, many programs are conceived, designed, and funded to help individuals rather than to change community conditions. For example, one focus group was

marked by various references to the systemic, macro-level barriers that impact the lives of the most vulnerable members of the community. Despite a level of shared understanding of the systemic nature of problems, most organizational efforts are focused on assisting individuals. Participants largely describe a caring, empowering and client-centered approach that is more ameliorative than transformative in nature.

Some participants also describe funding barriers that stand in the way of advocating for policy change. Their way to bypass this restriction is to encourage consumers to lobby their local representatives for the changes they desire.

Themes of “economic justice” and “social justice” emerge as central to the vision and mission of one organization in particular. In addition to a clear and shared understanding that social and economic conditions are at the root of people’s struggles, their organizational efforts include attempts to affect policy and/or systems change. Thus, the focus is not only on helping individuals meet their own needs and become better self-advocates, but empowering them to become more active and engaged citizens.

Conclusion

We frame the discussion in terms of three gaps: (a) the gap between needed and actual resources to promote SPEC within organizations and in the community; (b) the gap between ideal and actual practices; and (c) the gap between understanding and action.

With respect to the gap between needed and actual resources, we note that organizations require many resources than they have available to promote an agenda of prevention and community change, the P and C of the SPEC model. Human service organizations are traditionally underfunded and struggle to reconcile what needs to be done in the community with the few resources available to them. This theme emerged in the data.

The second gap deals with the chasm between ideal and actual practices. Many professionals interviewed for this project realize that there is an ideal way to practice and an actual way to doing business. Some of the barriers to achieve the ideal stem from meager resources, as noted above, but others pertain to organizational habit and lack of reflection time and space. In more than one participating organization, the T team served the function of the reflective enabling structure that they have been yearning to have. The T team in effect catalyzed many desired practices, such as better communication among departments that were dormant prior to this project. The project facilitated the emergence of issues that were just beneath the surface of the organizational collective.

The final gap pertains to the gulf between understanding and action. Many participants readily identified the community sources of individual problems, such as poverty or discrimination, but their practices focused mainly on changing individuals and not environmental conditions. This chasm between understanding social origins and creating social solutions is very common in the not for profit world. Instead of targeting societal conditions, services are built around the need to improve the individual wellness of clients.

These gaps are the bread and butter of our partner organizations. We marvel at how much they are able to do with very few resources and we greatly appreciate their commitment to this project, which does not bring to them any new financial resources. We are very appreciative of their enthusiasm for learning and for moving their organizations and the entire field from an ameliorative to a transformative paradigm. We are using the lessons learned in this research to plan effective, reflective and affective strategies that will help our partners become more aligned with the SPEC philosophy within their organizations and in their efforts to reach out to the community and partner with them in creating a healthier and more cohesive place to live for all.

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Table 1: SPEC Conceptual Framework

Conceptual Framework		
Domain	Low	High
<i>Strengths-Based</i> The capabilities domain	Deficit orientation	Strengths-based
<i>Prevention</i> The temporal domain	Reactive	Proactive
<i>Empowerment</i> The participation domain	Detachment	Empowerment
<i>Community Change</i> The ecological domain	Individual	Collective

<i>Barriers & enablers</i>	Individual	Organizational	External
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Figure 1: Miami SPEC Project Theory of Change

