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A NEW DEVELOPMENT IN THE EDUCATION OF DIRECT CARE PRACTITIONERS

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Note: I want to thank members of the Mid–Hudson Coalition for the Development of Direct Care Practice who volunteered comments and observations on earlier drafts of this article. The material about the need for educated direct care workers, the development of the Mid–Hudson Coalition, and the generalist model are based on unpublished primary source material from the Mid–Hudson Coalition.

ABSTRACT: Residential agencies in the Hudson Valley Region of New York, NYS governmental offices, the Sociology Department at SUNY–New Paltz, and experts in Danish social pedagogy have collaborated to create a pilot project offering a B.A. in Sociology with a Concentration in Direct Care Practice. This learner–centered approach to educating "generalist" direct care workers offers a cost–effective, practical means for stabilizing the direct care work force and improving the quality of care. It also empowers students to become self–directed learners and may be replicable within other learning environments.

In September, 1992, SUNY–New Paltz initiated the first Bachelor's Degree program in the United States offering a major in Sociology with a Concentration in Direct Care Practice (CDCP) modeled on Danish social pedagogy. This innovation was the culmination of more than two years' work by the Mid–Hudson Coalition for the Development of Direct Care Practice and members of SUNY–New Paltz's Department of Sociology. The CDCP was created to upgrade and professionalize the education of direct care workers—conventionally defined as those individuals who work directly with children, adolescents, and adults in residential schools, out–of–home placements, rehabilitation and treatment centers.

This paper describes the need for such an educated work force within the State of New York and the attempts being made within the Hudson Valley Region to reconceptualize the nature of direct care work as a form of generalist practice. The paper also provides a detailed description of the CDCP and an analysis of its development.

The problems with the existing direct care work force are welldocumented and national in scope. The manner in which they are being addressed in the Hudson Valley Region is replicable and thus has social

policy implications that extend far beyond the region. Moreover, the pedagogical approach being developed in the CDCP has helped to overcome passive, dependent, and resistant student attitudes toward learning and may be generalizable to other learning environments. The ensuing remarks should be read with these points in mind.

Need

It is estimated that there are over 38,000 children with special needs in out-of-home care in New York State and that more than 32,000 persons under age 20 with substantial functional impairment live in the state (New York State Council on Children and Families, 1988, pp. 175 & 101). Most of these people live in supervised settings or require special services because of emotional problems, mental and physical limitations, and behavior disorders. Those who are placed in group care or a residential facility spend most of their time being served by direct care practitioners. These are the people who interact directly and intimately with the clients in their daily living experiences. This can include their helping to wake, bathe, and dress clients, eating with them, engaging in activities with them, setting limits for them, assisting them in handling daily pressures and frustrations, and supporting their progress as manifested in performance and developmental advancement. The direct care work force also provides services to persons with developmental disabilities and mental illness who are enrolled in day programs, family support programs, and recreational programs. While some portion of the direct care work force is made up of dedicated, experienced, caring individuals, who, regardless of previous educational training, do a remarkably good job at meeting their clients' needs, most direct care workers do not measure up to the stringent demands of the job.

Despite the fact that direct care work is multifaceted and demanding, direct care workers tend to be inexperienced, inadequately trained, and poorly paid. Most of all, direct care work lacks conceptual clarity and nonambiguous task definitions; it is, as F. Herbert Barnes aptly and succinctly put it, "an unconceptualized role for a non-trained person to do a poorly defined thing" (1983, p. 7). Although significant advances have been made in specialized treatment modalities, in practice, a minimum of treatment is actually provided because the deficiencies in the direct care work force essentially negate implementation and comprehensive delivery of treatment. Under these circumstances, developmental advancement of the client population becomes subordinated to symptom reduction, immediate resolution of problems, and custodial care.

Statistics for New York State, compiled from data on direct care staff providing residential services to adults with developmental disabilities in private community facilities, reveal a *crude separation* rate—the most commonly used measure of turnover—of 52.0 percent. The mean length of service for these workers is 16.1 months with 24.8 percent of direct care positions experiencing turnover during the year. Statistics for the nation

indicate a *crude separation* rate of 58 percent and a mean length of service of 14.5 months with 27.8 percent of direct care positions experiencing turnover during the year (Mitchell & Braddock, 1990). These figures are in keeping with a national pattern spanning the past 30 years (Ross, 1984). High rates of turnover among direct care staff deny clients the continuity and stability required for treatment, thus making the provision of quality care difficult or impossible to implement.

The absence of comprehensive education for direct care providers is glaring. Most of the necessary skills for treatment and care are expected to be acquired from on–the–job experience. But the persons responsible for training new workers too often lack formal education and may have only a few months' more experience than the persons being trained. New York State's approach to solving this problem has been narrow in scope: it consists of increasing the number of direct care workers per client and establishing minimal training requirements.

However well–intentioned these efforts at staff development may be, they appear to be seriously flawed in their implementation. For example, New York State requires of all its direct care workers annual training updates and written examinations in certain basic areas, such as CPR, first aid, safety procedures, physical intervention techniques, etc. Trainers in the Hudson Valley Region report that significant numbers of direct care workers need to be orally given these written examinations owing to their lack of literacy and, at times, prompted in their responses. Since many, if not a majority, of direct care workers throughout the State and nation have no more than a high school education, one can reasonably assume that the lack of literacy and its attendant difficulties is not limited to the Hudson Valley Region.

The current treatment system is neither efficient nor cost effective. It operates in a top–down fashion and is overly dependent for its implementation on compartmentalized specialties. In most residential care programs, specialists are responsible for treatment. These specialists (psychiatrists, psychologists, social workers, occupational therapists, special education teachers, etc.) evaluate clients and develop treatment goals and plans. Direct care workers, who spend substantial time with these clients and often know them better than anyone else, do not participate in program planning, yet are expected to carry out these treatment plans. But without a core of professionally educated direct care practitioners, these treatment goals and plans cannot be realized (Mordock, 1993). Often what appears as a lack of progress or response on the part of the clients is actually a failure on the part of the system. The system has inadequate means to assure the implementation of the treatment that has been developed by high–priced specialists. When clients do not make progress or it appears that treatment fails, further costs are incurred by the need to reevaluate clients and begin treatment anew.

The Mid–Hudson Coalition for the Development of Direct Care Practice

The Mid–Hudson Coalition for the Development of Direct Care Practice, presided over by Frank Mulhern, the Executive Director of the Anderson School in Staatsburg, New York, is presently composed of over twenty–five residential agencies from the local region serving Dutchess, Ulster, Columbia, Orange, Putnam, Green, and Sullivan counties and of a number of private and public regional colleges. There are approximately 5,000 clients and 3,000 direct care workers represented by the member agencies.

In Autumn, 1989, directors of residential agencies in the Mid–Hudson Valley of New York State met to address their serious concerns over the inability to recruit skilled direct care workers. From this meeting, the Mid–Hudson Coalition was formed in 1990 to further study the issue and search for a solution. A consensus emerged that a new approach had to be taken if the problems posed by an inadequately stable and minimally–educated direct care work force were to be addressed: a plan was developed to increase the quality of care by (1) reconceptualizing the role and practice of the direct care practitioner and (2) setting professional educational requirements and standards for direct care work.

In 1990, the executive directors of the agencies associated with the Mid–Hudson Coalition submitted letters to SUNY–New Paltz requesting support for the development of a comprehensive education to increase both the quality and quantity of the direct care work force in the region. It was suggested that a need existed for direct care providers educated at the baccalaureate level as generalists. Professors Harold Jacobs and William Philliber responded by initiating the development of the CDCP as a pilot project within the Sociology Department.

The "Generalist" Mode

The education of generalists within the CDCP is modeled on the European training of *social pedagogues* or *educators* (Barnes & Kelman, 1974; Ginger, 1990; Traber, 1990; Barnes, 1991). To evaluate the validity of this approach, several agencies in the Mid–Hudson Valley have employed graduates of those European programs through an organization known as the International Learning Exchange in Professional Youthwork (ILEX), directed by F. Herbert Barnes. Owing to the participation of more than a dozen ILEX Fellows in the Anderson School and the presence of ILEX Fellows in other agencies, the concept of social pedagogical practice was introduced in the Hudson Valley Region. From discussions with these ILEX Fellows about their schooling and from the study of educational programs for social pedagogues in France, Switzerland, Norway, Sweden, and Denmark, it was inferred that social pedagogical education contains six essential elements:

1. a liberal arts foundation,
2. a concentration in the social sciences,
3. the development of skills in physical education, health, and fine arts,

4. core courses in social pedagogy,
5. field experiences with concurrent seminar programs,
6. a conception of learning that encourages team work, problem–solving, and critical thinking.

In September, 1991, the Mid–Hudson Coalition sponsored a two–week tour of Denmark to study its system of social pedagogy. Representatives of the Mid–Hudson Coalition included individuals from residential agencies, SUNY–New Paltz's Department of Sociology, and the Office of Work Force Planning from the State Office of Mental Retardation and Developmental Disabilities. During that visit, an agreement was reached between the Danish Ministry of Education and the New York State Governor's Office, Department of Health, Education, and Human Services. This agreement offered the opportunity for international collaboration and assistance in implementing the CDCP: it particularly helped to expedite the exchange of knowledge and professors between the United States and Denmark.

As a result of these studies and influences, the CDCP within the undergraduate sociology degree was designed to educate students to act as entry–level professionals and generalists. As professionals, they will serve children, youth, and adults with special needs and a variety of handicapping conditions in a transdisciplinary manner. Aside from exercising specialized skills derived largely from in–service training, they will be involved in advocacy and, when necessary, community and societal action on behalf of those served.

As generalists, they will represent a reconceptualized understanding of what it means to be a direct care worker. In the United States in contrast to much of Europe, the direct care worker has limited training and is expected to carry out tasks assigned by others. The generalists, however, will be educated to solve problems as they arise, think independently, work cooperatively in group settings, and be involved in planning and decision–making. They will be educated to bring a broad range of theory and skills to bear upon direct care work, to understand and coordinate the recommendations of different specialists, and to actively participate in their clients' treatment by becoming the primary integrators and major facilitators of treatment programs that the generalists themselves help to develop.

It is anticipated that generalists will be acknowledged as primary practitioners and will serve as important members of a collateral support team that includes specialists such as social workers, clinical psychologists, psychiatrists, and teachers. Generalists will utilize a comprehensive and skills–based approach: they will focus on the totality of their client's situation and development, rather than on narrowly defined pathologies. Their stance will be primarily proactive rather than reactive for they will be educated to anticipate and plan for problems before they escalate into crises. Any aspect of a disabled individual's needs that falls within his/her life space may be dealt with by the generalists, including such things as family contact, treatment team consultations, and budgetary input. The overall

responsibility of the generalists will be to insure the care and protection of their clients and to support them to contribute, as best they can, to their own developmental advancement and quality of life (Goode, 1988).

The generalist model is designed to be a streamlined, cost- effective, bottom–up approach. It engenders informed decision– making and therapies to occur within the life space of the client. By way of this, relatively expensive administrators and specialists can be reduced in number and more properly positioned to the role of consultancy and guidance. Moreover, utilizing an educated direct care work force reduces the need and cost of constant retraining. The monies saved can be reallocated to increase the salaries of direct care workers and to offer considerably higher starting salaries than presently prevail to the newly educated generalists. Higher wages and reconceptualized roles for direct care workers likely would result in a greater degree of job satisfaction and organizational commitment (Krueger, 1985; Finnell, 1992). These changes would not only ameliorate the severe problems with job retention and recruitment of direct care workers, but also help to provide the continuity and stability required for effective work with clients, thus enhancing the quality of care.

Within the Hudson Valley Region, agency directors have expressed a strong interest in hiring graduates of the CDCP at salaries equivalent to those received by bachelor–level social workers and teachers. Entry level salaries for those positions in this region would be approximately $20,000 annually. While even this level of compensation is less than adequate, it does represent a considerable improvement over current salary levels at private agencies: the present entry–level salaries of direct care workers in the region are approximately $14,000 annually at private agencies and $19,000 annually at state agencies, providing a public/private wage differential of 26.3 percent.

Curriculum

The CDCP provides a meaningful and valuable credential that conforms with several of the long–term goals of the SUNY system outlined in *SUNY 2000: A Vision for the New Century*. This report emphasizes the role and obligation of SUNY universities and colleges to "develop the academic and interpersonal skills of social workers and other professionals to address the problems of culturally diverse client populations" and to "expand training and professional development opportunities for personnel in the Department of Social Services and other social welfare agencies" (1991, p. 57). The SUNY–New Paltz Administration, from President Alice Chandler on down, has been supportive of the CDCP in part because it views the CDCP as an exemplary means of carrying out some of the SUNY system's long–term goals.

Within the direct care field itself, prominent scholars such as Norman Powell, F. Herbert Barnes, David A. Goode, and Karen Vander Ven visited SUNY–New Paltz to evaluate the CDCP in the Spring, 1993 semester. They were enthusiastic in their support of the program and concluded that it

constituted a historic breakthrough in the effort to create an educated direct care work force in the United States.

The following is a description of the Concentration:
CONCENTRATION IN DIRECT CARE PRACTICE
Course Work

Sociology Core	12 credits
Sociology Electives	12 credits
Concentration Core	12 credits
Fieldwork	9 credits
Cognates	15 credits
Art & Recreation Skills	9 credits
TOTAL	69 CREDITS

SOCIOLOGY CORE	12 CREDITS
Introduction to Sociology	3 credits
Class & Power in America	3 credits
Sociological Theory & Thought	3 credits
Sociological Inquiry & Analysis	3 credits
SOCIOLOGY ELECTIVES	12 CREDITS
CONCENTRATION CORE	12 CREDITS
Seminar in Direct Care Practice I	3 credits
Seminar in Direct Care Practice II	3 credits
Seminar in Direct Care Practice III	3 credits
Seminar in Direct Care Practice IV	3 credits
FIELD WORK	9 CREDITS
Fieldwork I	3 credits
Fieldwork II	3 credits
Fieldwork III	3 credits
COGNATES	15 CREDITS
ART AND RECREATION SKILLS	9 CREDITS

As noted, students completing the CDCP receive a Bachelor of Arts degree with a major in Sociology—Concentration in Direct Care Practice.

1. Seminars in Direct Care Practice

The *process of learning* distinctive to the four seminars in direct care practice emphasizes project–organized education conducted by teams of students. An important aim of the seminars is to bring students to a level of academic performance where they can effectively engage in problem–based, open–ended but carefully designed student–developed group projects done without close faculty supervision. However, such self–directed

learning needs to be nurtured and developed. Many students today enter the classroom with a passive, resistant, and dependent attitude toward learning and often lack the skills which make self- directed learning possible. These tendencies are confronted early on in the seminars by encouraging students to engage in dialogue about who they think they are and what they want and need to learn. They also learn to exercise their autonomy by taking responsibility for describing, analyzing, and acting on social and historical reality in the course of the learning process itself.

The instructors generally assume the role of motivators and facilitators of learning, rather than act as "authorities" in the more conventional, top–down fashion. The *style of teaching* chosen by the instructors depends on the situation, the task at hand, and the readiness and skills of the students. All relevant teaching methods are used, including informational lectures, guided discussions, and group projects. The underlining quality of the interplay between student and instructor assumes learning to be a natural process and a highly purposive activity, but not something which all learners naturally experience after years of resistant dependency training by the culture, family, or public education system. Therefore, the aim of the instructors is to take a student's readiness to learn into account while empowering the student to progress toward greater self–direction (Grow, 1991). The passive, lecture format becomes subordinated to an ever greater degree to learner–centered instructional strategies. The movement from dependency to more self–directed learning represents the *organizing principle* behind each single class meeting and each of the four seminars in direct care practice. The seminars, taken in sequence, constitute a process characterized by an ever greater complexity in examining *problems of substance.* While the seminars are cumulative in impact, their common frame of reference emphasizes human development and personal autonomy. The ability to "see" in a transdisciplinary manner within the social sciences and to nurture what C. Wright Mills referred to as a "sociological imagination" comprises the *core perspective* of the seminars (Mills, 1959). The student applies this perspective, at unfolding levels of sophistication, to give meaning to the concept of human self–actualization and to explore the general conditions that might foster or inhibit it in normal as well as disabled individuals. In so doing, the student forms her/his own self and constructs a character befitting, at its core, that of the good "generalist."

2. Fieldwork

Students must take 9 credits of fieldwork spread over three semesters, beginning in the second semester of the program. They are required to take 120 hours each semester interning at their chosen field site. Agency field sites may be residential or community–based, serving adults or children, but at least one of the three placements must be residential.

The CDCP operates on the principle that learning will best take place if a "right fit" exists between student and agency. Students thus are given the option, wherever possible, of choosing a placement that both sparks their

interest and provides a new learning experience. As one of the main goals of the fieldwork requirement is to produce a well–rounded generalist who can function well in a variety of settings, students are not permitted to spend more than one semester in the same setting unless they have a specific rationale for doing so that is acceptable to their on–campus fieldwork supervisor. Finally, students who are presently employed in direct care agencies may not intern in their present job unless they can arrange to perform a significantly different function within the agencies.

The residential agencies represented in the Mid–Hudson Coalition are working to develop field placement sites where students can utilize the education they are acquiring in the CDCP. That is, students will be able to do some of their fieldwork in pilot projects utilizing the newly developed generalist model (of which there are presently a half–dozen such projects in the Hudson Valley Region). Students also are able to choose fieldwork sites in agencies where traditional direct care roles are practiced. They will bring to those settings their emerging generalist education and sensibility. They thus are able to directly experience the difference between what they are learning in the classroom and the established mode of practice in the field.

3. Cognates

The cognate requirements are organized into two groupings. In the first category, students will select three courses (9 credits) from a list of courses related to abnormal and developmental psychology and a diversity of therapeutic perspectives. In this category, courses come from Psychology, Educational Studies, Special Education, and Philosophy. In the second category, students will select two courses (6 credits) from a list dealing with specific developmental problems, therapeutic methods, and multi–cultural issues. Courses in this category, come from Psychology, Special Education, Black Studies, Communication, Women's Studies, Philosophy, Educational Studies, and Physical Education.

4. Arts and Recreation Skills

Students will be required to take three courses (9 credits) devoted to developing a specialized skill in art, dance, theater, video or recreation. The purpose of this requirement is to provide students with a particular talent that can be used in a therapeutic environment. Students are encouraged but not required to take all nine credits in a single area of creative arts. Future plans involve creating an expressive arts curriculum related directly to direct care work that would replace all or part of the present 9 credit requirement.

Enrollment and Resource Considerations

Students at SUNY–New Paltz in their Freshman or Sophomore year can apply for the CDCP, which is designed to be taken in their Junior and Senior years. In addition, the program is suitable as a two–plus–two program for students coming from the surrounding community colleges (Orange, Ul-

ster, and Dutchess Community Colleges) with whom SUNY–New Paltz has established articulation agreements. Students who have earned an Associate of Arts or Associate of Science degree at the community college are admitted to the College at New Paltz with all general education requirements waived. This allows transfer students to begin their major course of study immediately. These students are well situated to begin the CDCP program. Several community colleges currently offer two–year programs in child care and human services and graduates from these programs can also transfer to the College at New Paltz and use their accumulated course work to satisfy certain segments of the CDCP curriculum. Finally, the human service agencies who support this program are providing opportunities for a select number of their direct care providers to enter the program.

Students applying to the program fill out an application form that asks for information about the number of college credits or types of degrees accumulated, their grade point average, whether they have completed (either at New Paltz or elsewhere) any required or cognate courses that make up the CDCP curriculum, why they are applying to the program (a kind of personal statement), and prior experience with direct care work. The only rigid requirement is that students should have completed at least one or, ideally, two years of college so that they can devote the bulk of the remaining time to the CDCP curriculum. Beyond this requirement, the admission process involves a consideration of all the information provided by the student and an assessment of the probability of success. Students who are well positioned in terms of number of credits completed and number of requirements already satisfied have an advantage in the selection process. It should be noted, however, that the program requires no less than four semesters (or two academic years) owing to the four–semester Direct Care Practice Core sequence and the three semesters of related fieldwork. Thus students entering their Senior year would still need two years to complete the program.

The anticipated demand for the program and its limited size necessitates that students apply and be accepted into the program. In Fall, 1992, the CDCP began with a cohort of sixteen students; in Fall, 1993, the second cohort consisted of twenty- one students; and in Fall, 1994 the third cohort consisted of nineteen students. These three cohorts are more or less equally composed of students from SUNY–New Paltz, the various community colleges in the area, and local residential agencies.

Training in teamwork, problem–solving, and critical thinking are essential components of the CDCP's Seminars in Direct Care Practice, which constitute the core of the CDCP's curriculum. This manner of educating students requires relatively small teacher/student ratios. SUNY–New Paltz, like many other institutions of higher learning throughout the United States, has been under severe financial strain, and this is likely to continue into the foreseeable future. Thus, for budget–driven reasons—regardless of student demand or community need—the CDCP will remain relatively small, producing at most no more than twenty–four graduates per year.

During the first five years of the program the following enrollments are expected to result:

	Year 1	Year 2	Year 3	Year 4	Year 5
Full–time	16	37	40	42	48

The future professional mobility of the CDCP's graduates has been a major consideration in the development and design of the program. This concern was a factor in convincing the Sociology Department to offer the CDCP as part of a sociology major that requires general education and sociology courses. Students who complete the CDCP have both a sociology major and a bachelor of arts degree. These credentials expand, rather than limit, the professional options open to graduates: they will be eligible for positions in direct care and human services that require a four-year liberal arts degree, for positions that require a sociology or social science major *per se*, and for graduate programs that require a bachelor of arts degree in the social sciences.

Implementation

The CDCP was started as a pilot project within the Sociology Department. The pilot project will end in Spring, 1994. Danish instructional collaboration also will cease at that point. In the 1994/1995 academic year, the CDCP hopes to be institutionalized within the Sociology Department once it has been considered and approved by all the requisite campus–wide committees. During this period, efforts would be made to replicate the CDCP at other SUNY and CUNY campuses, further refine the articulation agreements with regional community colleges, expand upon the pedagogical techniques for enhancing student self–directed learning, and evaluate graduates as they enter and work in the field.

1. Personnel

Given the broad scope of the program (in terms of total number of credits and cognate requirements) and its inclusion within the Department of Sociology, a large number of faculty will be instructing the students in a variety of different courses. Three groups of faculty will be involved. From the most to least central, they are (1) faculty who will be directing and coordinating the program, supervising the fieldwork, conducting the seminars in direct care practice, assisting the students in their writing, and advising them; (2) faculty members in the Department of Sociology who teach the core required sociology courses as well as the various electives; and (3) faculty who teach courses in other departments listed as cognates or are otherwise part of the curriculum. In addition, personnel from local agencies are available to assist with the implementation and supervision of fieldwork and liaison with the Sociology Department.

Dr. Harold Jacobs is the Director and Coordinator of the CDCP. For two years, he has worked closely with visiting Danish professors to absorb, translate, and implement the core elements of the Danish teaching model

within the SUNY–New Paltz structure and the Sociology Department's curriculum. Two visiting professors from Denmark, Dr. Peter Harritt and Dr. Margot Lieberkind, each have spent a year helping to develop the concentration during its first two years. Their specific role has been to reproduce, where possible, the innovative teaching and learning approaches used in Europe, particularly Denmark, in an American higher education setting. During this time, C. Elizabeth Blower worked as an adjunct within the CDCP to improve and expand student options for meeting the CDCP's fieldwork requirements. In the Fall, 1994 semester, Danish instructional input formally came to an end, and the CDCP staff was drawn exclusively from SUNY–New Paltz: Harold Jacobs (Ph.D.) continues to direct and coordinate the program, Catherine Doyle (ABD) is a full–time instructor responsible for the direct care core seminars, Rose Jambrone (MSW) is a part–time fieldwork supervisor, and JoAnne Ferreira (ABD) is an adjunct who works with the students exclusively on improving their writing.

2. Scheduling Plan

As indicated in the program description, the CDCP is part of a larger bachelor of arts degree and, therefore, students are expected to participate full–time. Daytime class scheduling serves as an advantage to full–time direct care workers whose work hours are normally after 3:00 p.m. In essence, the program is designed with schedule advantages for full–time workers. The Mid–Hudson Coalition has worked with local participating agencies to provide further flexibility of work schedules so that classes can be attended and study time approved.

Another way to accommodate currently employed direct care workers is through the acceptance of transfer credit. Interested students will be encouraged to satisfy as much of their general education and cognate requirements as possible at the local community colleges on a part–time basis. They then can apply to the program as transfer students and complete the CDCP within two years, combining full–time and part–time schedules.

3. Agency Promotion of the Program

A great deal of program promotion has already taken place through the Mid–Hudson Coalition's sponsorship of forums and informational sessions. Student enrollment and interest is stimulated through the dissemination of information at SUNY–New Paltz, regional community colleges, and within the various agencies that make up the Mid–Hudson Coalition. The Department of Sociology anticipates no shortage of applications for the CDCP.

4. Funding

During its conception and first three years of operation, the funding for the CDCP has come from the Mid–Hudson Coalition, various State agencies, and SUNY–New Paltz. Small grants also have been awarded for curriculum development by the New York State Consortium for the Study

of Disabilities. The funding for the full-tuition scholarships provided to students from residential agencies has been donated by the New York State Office of Mental Retardation and Developmental Disabilities, the Anderson Educational Foundation, private agencies, and individuals. A number of these students also have received five hundred dollar cash awards each semester from the Kennedy Fellows Program.

5. Curriculum

The curriculum of the CDCP has been undergoing revision as a result of the input from the two visiting Danish professors, the American instructors, students, the Mid-Hudson Coalition, the fieldwork supervisors, and outside evaluators. Institutional exigencies also have impacted on the program. Both the structure and content of the curriculum—the seminars in direct care practice, the recommended list of cognates, the approach to fieldwork, and the art and recreation skills' requirement— continue to be assessed and revised. Changes will continue to be made, but the essentials of the CDCP's curriculum, as described above, remain intact.

Conclusion

The education and self-development of the direct care work force is a necessary condition for improving the quality and adequacy of care provided to clients. But education *per se* is not a panacea for overcoming the dehumanizing conditions direct care workers confront in their contractual obligations and work environments. Historically, this predominantly female work force is relatively low paid, has high turnover rates, low social status, and low job satisfaction. It has limited influence in developing organizational policy, making program decisions, or defining its own work responsibilities. While it is the first to be blamed for program problems and failures, it is the last to be consulted about program implementation and care-giving. Moreover, the current pressure from the public and private sectors of the economy to cut costs and reduce spending for human services has led to a reduced reliance on high paid specialists and a greater assumption of primary responsibility for service delivery by direct care staff, but without any corresponding increase in education, social status, or remuneration for such staff. Taken together, these conditions place the direct care work force within the heavily alienated and exploited sectors of the American class and occupational structures.

The generalist model conflicts with the established hierarchical work environments which prevail in most of the economy. Within their parameters most workers are rendered excessively and symbiotically dependent for their livelihoods on bureaucratic or capitalist chains of command. Furthermore, in the capitalist marketplace demand determines value, human beings are reduced to commodities, productivity and profitability reign supreme, and competitive accumulation becomes an end in itself. In contrast, the generalist model emphasizes cooperative and egalitarian social relationships aimed at augmenting the autonomy and personal

growth of those in need of care. It therefore can only fully be implemented in an environment fostering human self- determination and equality. The across-the-board process of change from the established mode of direct care practice to the generalist model involves significantly more than simply upgrading the education of direct care workers and reconceptualizing their roles along generalist lines. For these changes to take root within the larger culture, an ethos of individual responsibility and caring for the common good must supplant the Reaganite legacy of enrichment and empowerment for the privileged few. Corresponding changes in social structure would involve a greater emphasis on team work, shared decision-making, and a more egalitarian social and technical division of labor. Thus, when rightly understood, the professionalization of the direct care work force along generalist lines needs to be viewed as part of a progressive movement toward the democratization of the work place and the society at large.

Having made that fundamental point, I wish to conclude by emphasizing six critical issues about the development and curriculum of the CDCP:

1. The CDCP emerged as a result of the Mid-Hudson Coalition's politically sophisticated efforts to create a consensus for the program in the educational, service, and regulatory sectors. If a significant number of residential agencies in the Hudson Valley Region had not highlighted their work force needs and been receptive to change, SUNY-New Paltz would not have been moved to attempt to provide an education to upgrade and professionalize the direct care work force. And without the legitimacy provided by the committed involvement of the residential agencies and the various regional colleges, regulatory agencies would have been reluctant to lend their support. The Mid-Hudson Coalition's strategy of concurrently mobilizing all three sectors on behalf of its goals thus far has proven to be a critical factor in its success.
2. The cutting edge of the Mid-Hudson Coalition's efforts has been to support the education of direct care workers at the bachelor's degree level to function as generalists. It is considered vital and by no means a "luxury" that the CDCP contain a strong liberal arts orientation: vocational training (even accompanied by a spattering of liberal arts courses) does not provide the depth and breadth of a liberal arts curriculum nor the intellectual curiosity and resiliency fostered by it. Agency directors claim, on the basis of their experience in the field, that graduates who have developed their critical intelligence, and who have studied in a transdisciplinary manner within the social sciences, will be most receptive to in-service training in whatever specialized skills they will have to master to work with a specific client population. Most importantly, a broadly educated human being not only will be more likely to understand the input from specialists and be capable of helping to formulate and design interventions, but will be better situated to relate warmly and sensitively to the full range of the client's experience.

3. While the CDCP stresses theory, it does not ignore the fact that theoretical abstractions must be tested in practice to establish their efficacy and to further refine the theory. The fieldwork component has been integrated into the seminars in direct care practice to accomplish just such a goal. Furthermore, the generalist model and the fieldwork requirement as here conceived is not limited to practice in residential settings with children and adolescents, but can be applied across the life span with a wide diversity of client populations, both normal and with special needs. Direct care workers, then, are more properly viewed as including all those workers who operate in the life–space of many kinds of people in many kinds of settings who need care (Barnes, 1992). This extended vision of direct care work is not only compatible with the generalist model but is a natural outgrowth of it.
4. The four seminars in direct care practice encourage students to take a major responsibility for raising issues, solving problems, thinking critically, and working cooperatively on team projects. While actively educating students to overcome their dependency, teachers collaterally emphasize content: students are required to learn about human development, personal autonomy, and the full spectrum of social phenomena which condition behavior. In fact, the primary function of the seminars is the acquisition of knowledge. When implemented in a manner that is responsive to the varying academic abilities of students, this learner–centered approach to education bolsters class participation and enhances students' sense of self–esteem. It tends gradually to turn students who may be alienated from the educational system or mediocre in academic performance into thoughtful, articulate, creative, self–motivated learners. The practice of empowering students toward greater autonomy has its analog in the field: the relationship between teachers and students serves as a model for the ideal relationship sought between these future direct care workers and their clients. Hopefully, the commitment and ability of these direct care workers to empower their clients will be enhanced as a result of what they, as students, have experienced in the teaching/learning process.
5. The relatively small number of students that will complete the CDCP (a maximum of twenty–four per year) will not meet the need for educated direct care workers even in the Hudson Valley Region. This problem can be ameliorated by replicating variations of the CDCP throughout the SUNY and CUNY systems and at other institutions of higher learning in the United States. In this manner, ultimately a new profession—one well–established throughout Europe—could be created in the United States. It would be a mistake, however, to believe that these changes will occur either easily or quickly. A long–term, complex effort will be required to incorporate a new concept like social pedagogy, develop the necessary education, and establish appropriate professional roles for the emerging generalists. But as committed and competent practitioners, who will each represent social pedagogical practice

in their own special way, these generalists will provide a concrete model for others to emulate. They are, therefore, of immeasurable value to all of us who seek to change the current system of direct care practice in the United States.

6. Inadequate funding posed the greatest threat to establishing the CDCP, and it constitutes the greatest threat to its survival. Given the severe fiscal constraints the SUNY system and the Department of Sociology have been subjected to since the 1980s, both the SUNY–New Paltz Administration and the Sociology Department initially agreed to support the CDCP as a pilot project as long as the funding for the program was raised from outside the SUNY system. The Mid–Hudson Coalition assumed that responsibility and raised most of the money to cover the program's expenses during its first and second years of operation. During this new stage of the institutionalization and replication of the CDCP, it will continue to do what it can to fund the program, but quite reasonably has argued that SUNY–New Paltz should take on a greater share of the burden. The campus Administration has committed itself to the program and has provided most of the funding needed to continue the CDCP. Even with the severe budget cuts imposed on the SUNY system by New York State's new Governor, George Pataki, it seems highly likely that the CDCP will become institutionalized on the SUNY–New Paltz campus by the end of the Spring, 1995 semester. This historic breakthrough should encourage others, throughout the United States, to extend their efforts to educate and professionalize the direct care work force.

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