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Life Stories: A Practice-Based Research Technique

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Social work, like many other practice-based professions, has historically been concerned about the discontinuity between practice and research. This discontinuity is frequently reduced to a debate between qualitative and quantitative methodology, placing the profession in a dilemma and further alienating practitioners. This article describes a qualitative data collection and analysis process as it was in a large-scale study exploring issues of family development. The use of open-ended story telling and ethnographic content analysis are recommended for use in practice and in practice-based research. Adoption practice and chemical dependency settings are presented as examples.

Historically, social work, like many other practice-based professions, has been concerned about the discontinuity between practice and research. This gap can leave social work practice without sufficient information regarding the effectiveness of its interventions, and social work research without knowledge of critical client-based issues from the profession's many practice settings. In the most recent task force report on social work research, both the gap between practice and

research, and the inadequacy of the amount and quality of research to meet professional knowledge needs, were cited as two reasons for what was termed the "crisis in social work research" (NASW, 1991, p. 1).

Experts in the profession heatedly debate the reasons for the discontinuity between practice and research, a debate that typically centers around the methodological approaches used to evaluate the effectiveness of practice. Practitioners, who argue that the individual experiences of clients offer the richest source of information for social work interventions, are often drawn to the use of case studies to describe and evaluate their practice interventions. Researchers, on the other hand, frequently argue that individual case information does not allow for drawing aggregate conclusions, and that experimental or quasi-experimental models are required for research data to be more generalizable.

This debate frequently has been reduced to a qualitative/quantitative argument, with each side engaging in passionate polemics (Haworth, 1984), rather than suggesting useful solutions. Dichotomizing the debate in this way places the profession in an irresolvable dilemma. In order for the profession of social work to resolve this dilemma adequately, there must be an increase in practice-based research that is both pragmatic enough to be relevant to practitioners' work with individual clients, yet rigorous enough to be generalizable to the many practice settings of social work. Both qualitative and quantitative methods can produce data that are empirical and useful for practice and research.

The purpose of this article is to present a qualitative approach to data collection and analysis that can provide both valuable clinical information to practitioners about their individual clients as well as insight into individual and group processes that are germane to social work practice in many settings (Goldstein, 1991). The qualitative method presented here is first described as it was used in a research-based application. Following this description is a discussion of how this model might be applied to such practice settings as chemical dependency and adoption, allowing for a wide range of practice and research questions to be addressed. The kind of knowledge gained from

this model can provide one way for the profession of social work to craft and fund programs that will more effectively and efficiently meet consumer needs.

A Qualitative Approach to Data Collection and Analysis

The qualitative approach outlined below involves "family stories" told by parents whose children were in a longitudinal study examining the ontogeny of self-perceptions and academic/activity choice. The story-telling process, while guided by a developmentally based "story board," was flexible and open, and allowed parents to talk freely about their family's history. The following section briefly describes the larger quantitative study that was the impetus for the family stories, and provides a summary of the process of data collection and analysis (for a more complete description see Harold, Palmiter, Freedman-Doan, Lynch, & Eccles, 1993).

Overview of the study and process

A large-scale, longitudinal study was conducted in 12 schools, in four primarily white, lower-middle to middle-class school districts in a midwestern urban community (Eccles & Blumenfeld, 1984; Eccles, Blumenfeld, Harold, & Wigfield, 1990). The study began with groups of children in kindergarten, first, and third grades, and followed them for four years at which time the cohorts were in third, fourth, and sixth grades, thus spanning the elementary school years. Approximately 900 students, two-thirds of their parents, and their teachers participated in the larger study by completing questionnaires and interviews.

During the third year of the project, a decision was made to augment the sample with the brothers and/or sisters of the participating children who were not in the originally targeted grades, but who were also in elementary school. The decision to limit the age span of the children was made to increase the likelihood that siblings experienced a similar family environment and, thus, to facilitate the comparison of the siblings within the family. Increasing the number of sibling pairs allowed for a more in-depth exploration of family development and processes as well as of intra-family similarities and differences.

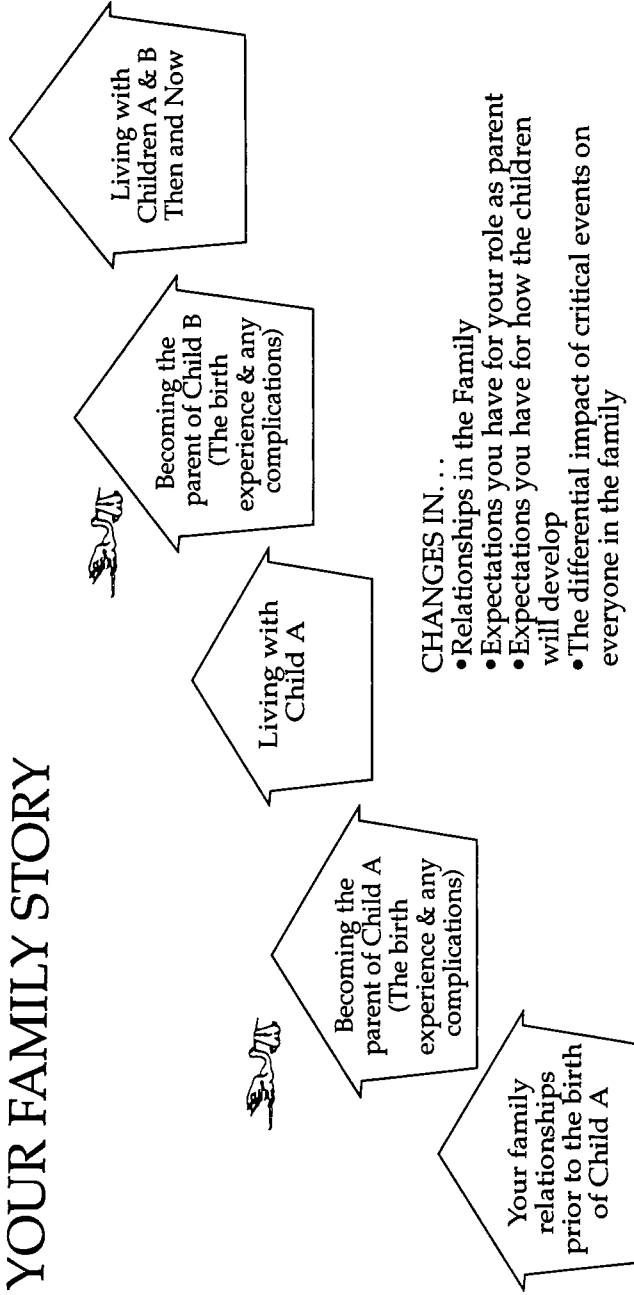
Approximately 75% of the families who had two children in the study agreed to participate in this within family study. The analyses discussed in this paper include story data from 60 families whose two children were in the first and second birth order positions. Of these families, there were stories from 38 sets of parents, 18 additional mothers, and four additional fathers. Thirty-seven pairs of parents were married while one set of parents was divorced at the time of the interview. Of the 18 additional mothers, 14 were married but their spouses declined to participate, three were divorced and were custodial parents, and one was widowed. All four of the additional fathers were married with spouses who chose not to participate.

The procedures adopted for this study grew out of a method developed by Veroff and his colleagues in their study of newlywed narratives (Veroff, Chadiha, Leber, & Sutherland, 1993a; Veroff, Sutherland, Chadiha, & Ortega, 1993b). Each parent was interviewed separately and all interviews were tape recorded, after receiving participant consent, and later transcribed verbatim. Parents were told that the purpose of this interview was to take a more in depth look at how the family develops and how children within the same family are both similar to and different from one another. They were shown a story board (see Figure 1) that illustrated the outline they might follow in telling their story and were asked to tell the story of the development of their family in approximately 20 minutes. Interviewers also asked parents to comment on changes they had experienced in their family relationships, in their expectations of themselves as a parent, in their expectations for their children's development, as well as in the differential impact of critical life events on everyone in the family.

Using the story board and directing the parents in a linear progression of telling the story might have hindered the totally spontaneous production of a story. Nevertheless, as Veroff et al. (1993b) explain, this kind of structure is necessary when this technique is used on a large scale with multiple interviewers. Standardizing the interviewing procedures helped control for interviewer bias, as well as allowed for ease of comparability among the stories.

Figure 1
Story Board

YOUR FAMILY STORY



In the research study described here, interviewers were encouraged to use appropriate clinical skills during the interview process (e.g., open-ended questions and active listening skills) and were trained to obtain information of a qualitative nature. They were also told that what a parent says spontaneously may most accurately reflect their thoughts and feelings about the formation of their family, and that the stories would be coded for factual information, themes, and affective feelings that are attached to various parts of the story. Interviewers were given suggestions on how to keep the story moving along and how to probe statements effectively without eliciting a specific response. Extensive training was done with each interviewer. After interviews began, regular meetings were held with the interviewers as a group to give them an opportunity to discuss questions or problems and also to give feedback on the interviews they had completed. In keeping with the principles of qualitative data collection, these meetings encouraged an interactive relationship between data collection and data analysis (Altheide, 1987; Berg, 1989).

In discussions with interviewers, it was important to distinguish between a research-based qualitative interviewing technique that utilizes clinical skills and a practice-based clinical interview that yields qualitative data useful for aggregate analysis. Both have the same components, but the clinical aspect is more central to the latter and peripheral to the former. In keeping with the dictates of ethical research methods, this distinction is important in assuring the appropriate use of clinical intensity and skill, depending on the context and purpose of the interviewing process. The researcher who does interviews should be provided training in those clinical skills that encourage an affective response to individual issues during a standardized interview of a number of participants. The clinician who does research needs training in the techniques that enable appropriate standardization of data collection and analysis from clinically-based, individualized interviews of clients.

Analysis of the family stories

The coding process for these family stories was developed utilizing several approaches to content analysis. As Lofland and

Lofland (1984) indicate, content analyses can utilize both qualitative and quantitative techniques, concern themselves with latent or manifest meanings, and can be approached from an inductive or deductive framework. The best content analysis, however, incorporates elements of several techniques, consisting of the "interplay between experience, induction, and deduction" (Lofland & Lofland, 1984, p. 112). Therefore, it was determined that the best approach to the data was an interactive one, between the deductive methods within the theoretical experience of the authors, and the inductively derived meanings of the various classes and categories to the participants in the study (Harold, et al., 1993).

In order for this process to be useful to clinicians in a more direct practice setting, it is important to describe briefly the techniques of analysis that led to the definitions and refinements of the classes and categories. Coders began by reading the family stories and listing all of the themes and ideas that emerged from that reading. As a first attempt at organizing the data in a meaningful way, the coders divided the stories into Classes that had been deductively derived and that corresponded to the time-sequence stages of the story board (i.e., Prior to the birth of Child A, Birth of Child A, etc.).

As a second step, lists of themes or ideas relating to each of the Classes were developed by the coders. These themes and ideas emerged from the meanings that families had attached to the data. Through this process, Categories were developed. For example, the Category, Birth Decisions, grew out of the Class, Birth of Child A.

Thus, through a deductive process, the data were first divided into the initial theoretical classes outlined on the story board. However, it became clear that the families had attached their own meanings to these classes. These meaning were inductively derived by examining the data, resulting in a set of categories for each class (i.e., Birth Decisions). The characteristics of the particular categories (e.g., planned or unplanned births), then, and their potential linkages and connecting themes have been the result of this interactive process described above.

The data are now divided, utilizing the entire coding frame, into the 31 categories depicted in Figure 2. At this point, the

meanings and connections between various sets of categories can be examined, and a rich picture of important themes both within a particular family and across families can be constructed. In this way, the data-analysis process outlined here lends itself well to the systems approach most common to social work theory and practice. For example, in the study sample, when the parents talk about the development of their family, they frequently refer to the interaction between that development and the rest of the social structure within which they live. Therefore, the data could be examined either vertically (within the same family) or horizontally (between different families) using a person-in-situation framework.

One example of looking at the data horizontally is to assess the extent to which mothers experience changes in their social support network after the birth of their first child. Recent research suggests that first-time mothers are at risk of becoming isolated from important sources of social support such as friends and co-workers (Cowan & Cowan, 1992; Lynch, 1994). Such isolation may result in increased stress within the family and could interfere with the establishment of a secure mother/child bond.

Although the women in this study do not comprise a clinical sample, a number of them described their transition to motherhood in terms of isolation and loneliness. When describing life after the birth of their first child, several mothers directly mentioned how solitary their lives felt. One woman recalled:

"It was still hard for me when he was a real little baby . . . with it being winter and having a new baby. . . . I think it was kind of depressing. . . . I remember being like, I couldn't wait to get out of the house, you know, being stuck in the house with a baby. . . . It was like, you know, by the time my husband got home from work everyday I was like 'take him, I don't want anything to do [with him]' . . ."

Another said, "I felt tied down. . . . I had to adjust to being home all the time with him, being with the baby."

Other women described feeling an acute loss of social interactions with family:

"With S, see . . . I was away from my family . . . and every phone call was long distance . . . so when S was born I felt really kind

Figure 2
Final Coding Frame

LEVEL I: THEORETICAL CLASSES	PRIOR TO THE BIRTH OF A CHILD A	BIRTH OF CHILD A	LIVING WITH CHILD A	BIRTH OF CHILD B	LIVING WITH CHILD A & B
LEVEL II: CATEGORIES	BIRTH DECISION - CHILD A	BIRTH PROCESS	BIRTH DECISION - CHILD B	BIRTH PROCESS	BIRTH DECISIONS
- Characteristics	- Information on birth decision - choice or accident planned/unplanned - Precipitating factors FAMILY RELATIONSHIPS - Extended family - descriptive - Marital relationship - Living situation FAMILY ACTIVITIES - Events and activities - Trips - School involvement FAMILY GOALS & BELIEFS - School involvement: goals/beliefs - Future goals - Parenting beliefs	- Additional decision information - Birth itself - Pregnancy - Expectations of birth FAMILY RELATIONSHIPS - Extended family - descriptive - Marital relationship - Living situation FAMILY ACTIVITIES - Events and activities - Trips - School involvement FAMILY GOALS & BELIEFS - School involvement: goals/beliefs - Future goals - Parenting beliefs	- Information on birth decision - choice or accident planned/unplanned - Precipitating factors FAMILY RELATIONSHIPS - Extended family - descriptive - Marital relationship - Living situation FAMILY ACTIVITIES - Events and activities - Trips - School involvement FAMILY GOALS & BELIEFS - School involvement: goals/beliefs - Future goals - Parenting beliefs	- Additional decision information - Birth itself - Pregnancy - Expectations of birth FAMILY RELATIONSHIPS - Extended family - descriptive - Marital relationship - Living situation FAMILY ACTIVITIES - Events and activities - Trips - School involvement FAMILY GOALS & BELIEFS - School involvement: goals/beliefs - Future goals - Parenting beliefs	- Additional children? - Overview information on having children FAMILY RELATIONSHIPS - Extended family - descriptive - Marital relationship - Living situation FAMILY ACTIVITIES - Events and activities - Trips - School involvement FAMILY GOALS & BELIEFS - School involvement: goals/beliefs - Future goals - Parenting beliefs

Figure 2
Final Coding Frame (continued)

LEVEL I: THEORETICAL CLASSES	PRIOR TO THE BIRTH OF A	BIRTH OF CHILD A	LIVING WITH CHILD A	BIRTH OF CHILD B	LIVING WITH CHILD A & B
LEVEL II: CATEGORIES - Characteristics	EXPECTATIONS/ CHARACTERISTICS - Expectations or characteristics of: pregnancy parental role child	EXPECTATIONS/ CHARACTERISTICS - Physical problems - Personality of child - Looks of child - Initial impressions - Gender preferences	EXPECTATIONS/ CHARACTERISTICS - Personality - Skill - Physical issues or problems - Achievement issues	EXPECTATIONS/ CHARACTERISTICS - Physical problems - Personality of child - Looks of child - Initial impressions - Gender preferences - Expectations of two	EXPECTATIONS/ CHARACTERISTICS Child B - Personality - Skill - Physical - Achievement issues Child A and B - Comparison child a and b - Life with two issues
	WORK LIFE - Mother's work life - Father's work life - Before children work life - Changes expected?	WORK LIFE - Mother's work life - Father's work life - Effect of birth on parents' work - Financial issues	WORK LIFE - Mother's work life - Father's work life - Work and child rearing	WORK LIFE - Mother's work life - Father's work life - Effect of birth on parents' work - Financial issues	WORK LIFE - Mother's work life - Father's work life - Work and raising a family - Work life with two children

of isolated like it was just she and I. So what I did was just to keep my sanity, I took up a part time job . . . just to have some people . . . cause literally there was no one to talk to.”

and friends:

“I didn’t have other friends that were in a similar situation I was in close by . . . plus I didn’t have a car, so I couldn’t go anywhere either. I did have a friend who lived about five miles from me or something like that, but that means her coming to get me or coming over all the time . . . because I didn’t have a car.”

Finally, many of these women expressed the belief that parenthood had resulted in more stress and more changes for them than for their husbands:

“[My husband] was working, and he continued his work, it didn’t, he’d just come home in the evening—it didn’t affect him like it did me. You know, he could enjoy her for the times that she was enjoyable but it didn’t change his life much. I think it was hard for him to see why, you know, it was difficult for me just because he didn’t go through the same kind of change that I did.”

And,

“ . . . T was born . . . and it seemed like, it was him and I, you know, T and I most times. And then, I’d say once he started crawling and his dad got more involved, you know . . . he finally jumped in there. You know, [his dad] didn’t give up anything, never has since.”

Thus, a horizontal comparison of the stories women in this sample told of becoming a mother reveals that many experienced this transition as isolating. Indeed, almost 15% mentioned a loss of social support in connection with becoming a mother, while none mentioned an increase in support. If one of the women quoted above went to see a social worker for general concerns that could be identified as “post-partum depression,” the practitioner could use the story board as a way of gathering family history and of exploring/analyzing changes in roles and relationships experienced since the birth of their child. Such an examination would reveal the connection between this event and the woman’s feelings of depression. The social worker

could then intervene more effectively by helping the woman increase her social support network.

These same data could also be assessed vertically, or within a particular family, in order to determine if the perception of changes in social support is affected by gender. While literature suggests that women tend to describe the birth of their first child as isolating them from many sources of support, there is evidence that men tend to describe this birth more in terms of changes in their lifestyle (Cowan & Cowan, 1992). There is support for this gender difference in perception in this sample. For example, whereas the first mother quoted above related feelings of depression and isolation in connection with her child's birth, her husband described the impact this birth had as follows:

"Maybe I had more of rose-colored glasses on about having kids and they're a lot of work, there's clearly no doubt about that. Your lifestyle changes as soon as you become a—have a kid. You go out and it's not like you stay out as late as you want. I mean, you're not the last ones to leave any more, you're not the ones who are there 'til the end."

These two descriptions of how becoming a parent affected the subjects' social relationships are obviously different in focus, and are probably different in the implications they have for these two individuals. The fact that these two people are married to each other and are describing the impact of the same birth suggests a completely distinct set of implications, not only for the individuals, but also for their family life.

Practice Applications and Implications

As shown above, the method of collecting, organizing, and analyzing information described in this paper is particularly well-suited to the collection, organization, and analysis of client data secured through interviewing and assessment techniques associated with social work practice. By considering the standardization of this process through this qualitative method, data emerge that inform not only the practitioner concerned with the individual needs of that particular client, but also the profession

as a whole regarding particular client populations. This section of the paper describes two client populations with which this method could be incorporated effectively to increase immediate knowledge of the client and to allow the practitioner to play a more integral role in on-going social work research.

Adoptive families

One client population with whom this data collection and analysis method could be used is adoptive families, particularly in looking at special-needs children and the issue of adoption disruption. Child welfare workers and policy makers often refer to the importance of permanency in the lives of children. The emotional, financial, and physical support of a family clearly provide children with benefits that the uncertainty of temporary placements cannot (Festinger, 1986). However, the movement to increase the placement of children with difficult emotional and physical problems and abusive family histories has also increased the risk of the termination of an adoption.

The national rate of adoption disruption is considered to be anywhere between 8% and 41%, depending on the study (Barth & Berry, 1988; Berry & Barth, 1990; Westhues & Cohen, 1990). The figures most often quoted place the rate between 10% and 15% (Westhues & Cohen, 1990). Concerns about the impact of adoption disruption, which clinicians describe as devastating, have led to a number of practice approaches to reduce this risk. These practice efforts have revolved around increased training of workers, increased post-placement services, and better preparation of older children for adoption placement (Backhaus, 1989; Westhues & Cohen, 1990).

The literature suggests that there are three critical participants/systems that must be examined in the investigation of adoption disruptions: the child, the agency that is placing the child, and the adoptive family. When considering variables related to the child, research suggests that adoptions of children who are older when placed, who have a history of abuse, who have a history of multiple disruptions, and/or who exhibit serious emotional and psychological problems are most likely to disrupt (Barth & Berry, 1988; Partridge, Hornby & McDonald,

1986; Westhues & Cohen, 1990). When evaluating the system's impact, the presence of multiple placements, a long delay between availability for adoption and the adoptive placement, or the involvement of a variety of workers during different stages of the adoption, are all practice characteristics that suggest a greater likelihood for adoption disruption (Meezan & Shireman, 1986; Westhues & Cohen, 1990).

Research evaluating the impact of adoptive family characteristics on adoption disruption has been contradictory. Some studies suggest that the presence of other biological children in the home increases the likelihood of disruption, while other studies suggest just the opposite. The income level of families has also been found to be a predictor of both the disruption and preservation of the adoption (Westhues & Cohen, 1990). Clear preferences about the characteristics of the child on the part of the adoptive family seem to support a sustained adoption, as long as the list of preferences does not get too long or too specific (Partridge, et. al., 1986). The involvement of the adoptive father also seems to be a strong predictor for a positive outcome in two-parent adoptive families (Partridge, et. al., 1986; Westhues & Cohen, 1990).

Adoption workers and supervisors continue to struggle with how these findings can inform practice. The contradictory results found in aggregate research also appear in case by case supervision, leaving adoption workers feeling uncertain about which characteristics of the children, the families, or their own practice can lead to a greater likelihood that an adoption will have a successful outcome. There is little research regarding the process of adoption placement (Meezan & Shireman, 1986; Westhues & Cohen, 1990). The fact that the impact of demographic variables are contradictory, suggests that the process itself is as significant as the characteristics of those who engage in it.

Several questions begin to emerge about the process of adoption. What are the dynamics of the placement process and integration of the child into the family that affect the success of that placement? How do the qualities of the adoptive family members interact with the qualities of the child and the services of the agency to result in successful adoptive placements? What

are some of the themes or key issues for adoptive families that identify them as successful or unsuccessful placements? Is there a set of dynamics or components in the adoption process that can be identified and quantified, and then used by adoption practitioners to evaluate a placement that is being considered?

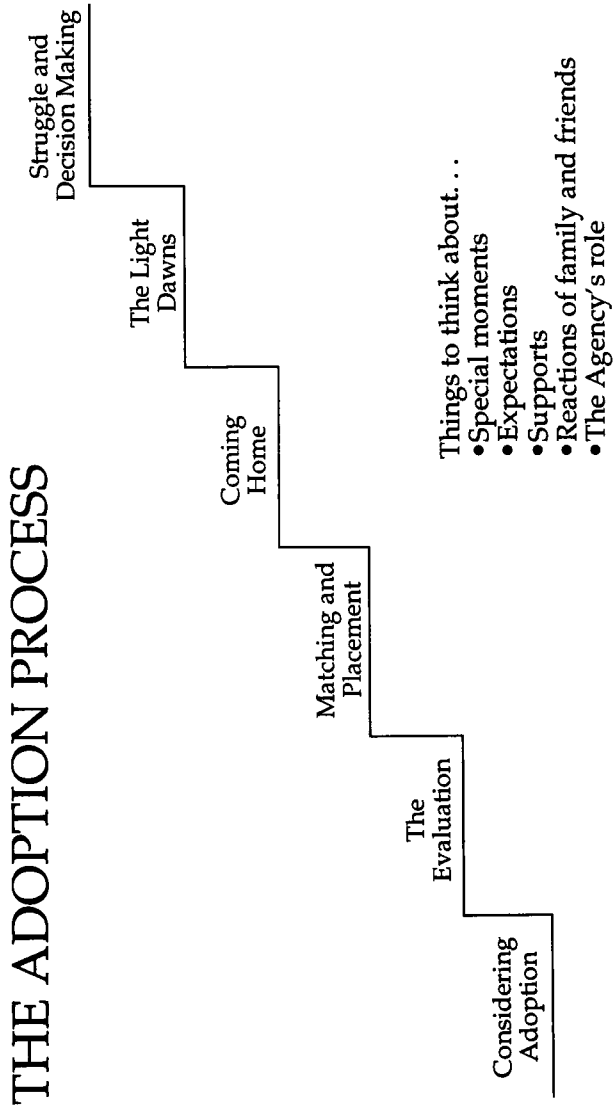
An adaptation of the family story board (see Figure 3) and the information-gathering techniques discussed above could be helpful to both individual practitioners and families in understanding the dynamics involved in the adoptive placements of special needs children. Information from adoptive families could also lead to the development of themes and issues that families find significant in the process of their individual adoption situation.

Given the inconsistent findings regarding the impact of family dynamics on the success of an adoptive placement, and the level of information about the process of the adoption itself, this method offers an excellent technique to inform adoption practice. The information obtained from this method would inform not only practitioners involved with adoptive families about how an individual family perceives their adoption process, but also the field of adoption practice generally about the dynamics among individuals and institutions involved in adoption decisions and how these dynamics might lead to successful or unsuccessful adoptions.

Chemical dependency treatment settings

During the past decade, social work practitioners in chemical dependency treatment settings have become increasingly aware that chemical addiction affects many, if not all, areas of a client's life and can severely impede social, behavioral, vocational, familial, and psychological functioning (Polcin, 1992). Additionally, it has become clear that, to be effective, treatment must begin with an historical and current biological, psychological, and social functioning in order to determine not only the effects of the chemical use on each area of functioning, but also to identify those areas that may either facilitate or hamper recovery (Isaacson, 1991; Nirenberg, & Maisto, 1990; Polcin, 1992; Smith, Frawley, & Howard, 1991).

Figure 3
The Adoption Story Board



As with adoption agencies, the process outlined in this paper can provide an innovative structure for gathering extensive client life-history information within chemical dependency treatment settings. Through the use of "story telling," clients can provide a bio/psycho/social history of the development of their addiction in a way that is most congruent and meaningful to them. The practitioner would gain immediate knowledge about the events and influences the client believes to be most significant in shaping their addiction, while also identifying current strengths and limitations in client functioning.

Once again, the story board could be adapted to establish parameters for the information to be provided by the client, utilizing stages such as: Before the use of substances, Experimentation with substances, Increased use, Problems due to use, Acknowledged addiction, Living with addiction. This would insure that certain topical areas are addressed, such as the history and pattern of drug use, the client's level of denial regarding the addiction, and the motivation for treatment, while providing enough flexibility for the client to focus on the content most relevant to her or him.

Although there is a recognition within the field of chemical dependency of the need for a thorough assessment of client functioning and the impact of her or his chemical use, the effectiveness of methods for information gathering vary widely (Freeman, 1990). The process of data collection outlined in this paper, however, provides an organized and effective means of gathering information important to both social work practice and research in the area of chemical dependency, and is preferable to more traditional means of information gathering for several reasons.

First, the practitioner gains individualized information about how the client frames both the antecedents and the present context of the addiction, as well as the client's current beliefs regarding their level of functioning. This information is important to the practitioner in formulating the diagnosis, the prognosis, and the treatment plan. Using more traditional means of data collection may result in information which is much less personalized, and, thus, lacks "depth". Consequently, clients who initially look very similar on paper may, in reality,

have significant differences that would greatly influence treatment.

For example, when filling out an initial clinical questionnaire, two clients may both indicate that they began drinking at age sixteen, that they have recently lost a job, and that they currently drink every day. Although these clients may initially look very similar, the meaning each client attributes to this information will have a significant impact on treatment. Client A may perceive sixteen as an early age at which to start drinking, may attribute her/his recent job loss to her/his drinking, and may believe daily drinking is excessive. Client B, on the other hand, may believe sixteen is a normal age at which to begin drinking, may blame his/her job loss on his/her boss, and may believe daily drinking is not excessive at all. Obviously these clients would have very different treatment plans.

Although the differences between Clients A and B would emerge during the course of treatment, the use of storytelling as a way to gather information allows the practitioner to have a fuller, "deeper" picture of the client and the meaning s/he attaches to life events from the beginning. Therefore, treatment can be focused much earlier and more effectively on areas that have the most meaning to, and are most relevant for, the client.

Additionally, due to its capacity to function as both a practice and a research method, the process of information gathering outlined in this paper provides a rich source of data useful to both the researcher and the practitioner while it strengthens the link between them. Thus, the information gathered by the practitioner can be used to increase the social work profession's knowledge of chemical dependency and its treatment. By using this process to gather, organize, and analyze information, patterns in the development and progression of alcohol and drug addiction can be identified. As these patterns emerge, it would be possible to begin to establish treatment protocols that would address the needs of individuals more effectively.

Further, through the coding process, certain themes around which clients organize the story of the progression of their addiction can be identified. These themes can then be used to identify patterns in the development of an addiction that are significantly related to treatment outcomes. The information

gathered through storytelling, used in conjunction with statistical data such as length of abstinence, can be used to predict what treatment strategy would best meet the needs of individual clients.

For example, the stories and meanings presented by Clients A and B above exhibit significantly different themes that impact both treatment and recovery. As data are compiled and analyzed over a number of clients, such themes begin to "fit" with those of other clients in chemical dependency treatment. If individual patterns of such themes are found to predict to success in treatment, it would then be possible to identify important areas for intervention. An additional extension of this information would be the development of quantitative instruments to measure these dynamics, when the themes themselves, as well as the meanings they hold to clients, are known.

Conclusion

There is an obvious need for a greater connection between social work practitioners and all aspects of social work research. Rather than spending time debating the methodological approach that is most effective or powerful, it is important that the profession begin offering practitioners a way to get on board with social work research. Qualitative methods, such as those described in this paper, are one way to make those connections. However, any methodology must use a rigorous and well-disciplined process to obtain information that will inform practice and allow effective advocacy for appropriate services. This article provides a detailed description of a qualitative process and demonstrates its applicability for information gathering in clinical settings in the hope that both researchers and practitioners will experiment with this model and other models that bring practitioners into the research effort.

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