As funded from July 1967 to June 1968 by the Bureau of Work Programs, Operation Mainstream called for employing 120 community aides from the rural poor of the three most northern counties of Maine, New Hampshire, and Vermont, who were to be trained in counseling and problem solving skills. A staff of part-time resource development consultants from the University of Maine developed the program; and supervision was provided by the community action agencies. Experiencing confusion and frustrations caused by lack of training, late funding, and problems of great distances, and facing a continual flow of debilitating crises, it was decided to identify the concepts underlying the program as well as planning and implementing it. It was decided to use a rational-emotional, individualized approach to training in problem solving. Unique to this Mainstream project, aides were not only to be trained for increased employability but also were to have a client group; there was to be individual responsibility for learning, an evolutionary model of programing, role modeling the consultant on problem solving, and the right to fail; and it is hoped that the evaluation phase will become an ongoing phase. Despite its trials, it is felt that Operation Mainstream is overtly becoming a success. (nl)
COUNSELING TRAINING IN OPERATION MAINSTREAM

Outline of Principles and Experience

by

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In view of the widespread interest in and demand for information about the Operation Mainstream Counseling Training Program I welcome the paper prepared by Jack Marvin and Sam Kelman. It does an excellent job of tracing the development of the project and of making observations at a point just past the middle of the first year.

Even at this early stage the project has demonstrated to my satisfaction that problem-solving and helping skills can be increased in individuals through participation in a deliberate training program. While much remains to be learned about both training techniques and application, I am more deeply convinced than ever that education for flexibility to change is a more productive approach to improving the lot of economically and socially disadvantaged people than traditional welfare approaches.

I trust that this paper is only the first result of a long sequence of learnings based upon this counseling training experience. The concept of teaching problem-solving and helping skills is applicable to improving decision-making throughout many layers of society although the current project is limited to rural poor. Not only are the principles of problem-solving training useful for individuals, but applied to group requirements they become a sound approach to improving the community development process.
Faced with the enormous difficulties inherent in innovation and planned change, Jack Marvin and Sam Kelman have not only conducted a well-executed action program but have tested principles and techniques that, with refinement and development, have broad applications. The reader should note that this paper was written in March, 1968, at a point about three quarters through the first program year.

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May 1968

Funding for Operation Mainstream has been provided by the Bureau of Work Programs, U. S. Department of Labor under authorization of the Economic Opportunity Act of 1964.
COUNSELING TRAINING IN OPERATION MAINSTREAM

Outline of Principles and Experience

John B. Marvin¹ and Samuel M. Kelman²

Operation Mainstream as it occurs in the ten most northern and rural counties of Maine, New Hampshire and Vermont evolved from an approach called "Education for Flexibility" developed by the University of Maine Coordinator in the New England Center for Continuing Education.

"Education for Flexibility" was based on a counseling approach to help people become more aware of their own situation, define their problems, and select alternatives for change. Originally plans were proposed for establishing 15 volunteer counselors in communities in northern Maine, New Hampshire and Vermont to help rural poor people define their problems with the intent of arriving at a definition of rural poverty in terms of the rural poor. It was also expected that the availability of counseling in itself would help to overcome some of these problems.

As some U. S. Department of Labor officials learned of the concept, they became convinced that it held promise for effectively attacking rural poverty. Suggesting the possibility that a more comprehensive project could be financed through the Scheuer Amendment to the Economic Opportunity Act of 1964, the Boston and New York offices of the Bureau of Work Programs, U. S. Department of Labor, encouraged preparation of a proposal by which the project could be implemented. The UM/NEC coordinator prepared such a proposal and eventually revised it into the present form, a three-part project sponsored by community action agencies serving 11 counties in Maine, New Hampshire and Vermont.

The Bureau of Work Programs released a total of approximately $450,000 to the three community action agencies for implementing the Operation Mainstream project from July 1967 to June 1968. The funded version of Operation Mainstream called for employing 120 community aides from the ranks of rural poor in the three states.

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to be supervised by six supervisors employed by the community action agencies. The community aides were to be trained in counseling and problem-solving skills with the expectation that this would not only contribute to their own self-development but also help them to help others solve their own problems.

To accomplish this training task, the community action agencies contracted with the University of Maine for services. These have been provided by a staff of part-time resource development consultants qualified in the area of counseling, psychology and/or human relations training. The responsibility of the training staff was to develop a program to assist supervisors and community aides to develop basic counseling skills, i.e., helping skills and competency in personal problem-solving. It was expected that community aides would, in turn, assist other people in their local communities to develop problem-solving skills.

This paper is a progress report of what have been our most memorable experiences and learnings as they have related to basic concepts and values which we, the training staff, bring to the training situation. We believe that what we have to say will be helpful to those who are interested in introducing human relations training into systems in which such an approach appears to be foreign. Also we are convinced that our approach can and has been highly successful as a method of helping the poor move from feelings and experiences of chronic failure to feelings and experiences of worth and success. Finally we feel that our experience should introduce and/or reinforce the need for careful, complete, and ongoing contracting between the various parties in such programs.

Training people in problem-solving and helping skills is a difficult enough task for trainers and trainees alike when the trainees have some understanding of what is expected and some commitment to becoming effective.

counselors or helping agents. Initially neither of these conditions applied in Operation Mainstream. First the experimental, evolutionary nature of the program by definition indicated that no one really knew what to expect except in very broad terms. Secondly the program was funded at the last possible moment creating a situation in which implementation was expected immediately. This was hardly conducive to much preliminary planning and orientation for either staff or potential trainees.

Compounding the situation were such circumstances as the following:

1) The 120 trainees came from the poverty-stricken, chronically unemployed of the most rural and remote areas of New England. Amongst them are represented most of the social and personal problems about which society has expressed concern. A few had graduated from high school. Employment history was characterized by unskilled labor and/or piecework jobs in which results were concrete. Many, probably most, had given up and described themselves as life failures who saw little possibility for change.

2) The six supervisors who have the primary responsibility for direct training were untrained themselves and had little or no opportunity to become oriented to their jobs before the first trainees were recruited.

3) The three funded agencies were unclear, to say the least, as to what counseling training was all about and suffered many misgivings about whether or not anything tangible and positive could come from such a program.

4) Travel funds for trainees who were scattered throughout many small towns were so restricted that training sessions in groups had to be kept to a minimum.
5) The basic training staff, two in number, could be employed only three
days a week and were housed 150 miles away from the closest super-
visor and over 400 miles from the farthest supervisor.

With these kinds of problems to overcome we all have wondered why the program
appears to be working, but it certainly does - at least as far as we can tell
from our experience of the first eight months.

BASIC CONCEPTS IN COUNSELING TRAINING.

Underlying any program is a variety of values, beliefs, and concepts
brought to the program by participants at all levels. Unfortunately in most
programs such values and concepts are rarely made explicit early enough so
that everyone has a meaningful opportunity to accept, reject, or revise them
before becoming immersed in program implementation. Instead, values tend to
be translated into goal statements which are as unassailable as motherhood
and kindness to animals. Questioning such goal statements is too easily per-
ceived as opposing the socially desirable goals. It is also hard work be-
cause values and underlying concepts are difficult abstractions on which one
can spend much time without producing concrete, tangible evidence of prog-
ress. The tendency is to plunge immediately into program implementation and
then discover that barriers, confusions, and other agonies are appearing for
unknown reasons which, if they can be identified, are almost impossible to
cope with at such a late date.

Operation Mainstream has been no exception to the usual case. A begin-
ing goal statement of improving the lot of the rural poor through increas-
ing their problem-solving skills and their ability to help one another is
hardly the kind of statement that is easily questioned. With agreement on
such a goal the next step was to swing immediately into action. Soon con-
flicts of all kinds arose and the model for operation became facing a continual flow of debilitating crises. More than once each of us in training and supervisory positions had fantasies of being elsewhere than in Operation Mainstream.

Fortunately the local supervisory personnel and the training staff recognized early enough that much of our difficulty stemmed from different basic assumptions about the program. We began to operate at two levels: 1) planning and implementing the program, and 2) identifying the underlying concepts and resolving issues around them. We found that as our work on the second task progressed crises became less frequent and less threatening and work on the first task improved.

In the remainder of this section we will identify the concepts brought to Mainstream by the training staff and review some of the difficulties these concepts and the resulting procedures promoted.

A. Problem-solving.

Problem-solving can be described conceptually as a rational, systematic process consisting of a number of steps. Thus an obvious approach to training people in problem-solving is to provide them with a list of steps and to help in practicing their implementation starting with step one and ending with the last step. This would be fine if the problems with which to cope were baking a cake or knitting a sweater or we were developing problem-solving machines. But in coping with difficult people problems, people are governed not only by reason but also by emotion. Furthermore people develop idiosyncratic approaches rather than a normative approach to problem-solving and such individual differences need to be evaluated rather than arbitrarily eliminated.
We realized that different people have different starting places in problem-solving and that many people intermingle parts of the process yet succeed as well as those using a more normative approach. For example, some people appear to start with an explicit first statement of the problem; others begin with an implicit statement and proceed immediately to collecting information about the problem in much the same way that one sets up pieces in a jigsaw puzzle before actually working on the puzzle. Others collect data first but analyze each piece carefully before seeking the next piece. Another approach is to make a beginning statement, move immediately to locating a proposed solution, then with a sense of security derived from knowing that the problem seems solvable return to collect more explicit information and generate other proposals for solution.

We noted that while any of these approaches could be equally effective, any of them could easily become ineffective if carried to an extreme or completed prematurely. For example, some individuals become so bogged down in data collection and/or data analysis that they never decide what the problem is. Others jump prematurely into applying a solution only to find that it doesn't work or even that they have created new problems.

Instead of presenting a normative system for problem-solving we prefer to encourage people to identify their own starting point and procedure and then use the standard to determine whether whole steps have been left out, left prematurely, or followed excessively. The task then becomes making the process in use more effective rather than of reordering or replacing it.

For example, we found that community aides have a tendency to accept a statement of a problem prematurely, immediately propose a single strongly held solution and rarely experience success. This led to workshops that
attempted merely to expand the range of solutions that aides could consider. Expanding that range resulted in their having to consider at least some testing of several solutions. In planning for testing aides discovered that more data about the problem was needed. As more data was collected the statement of the problem invariably changed to a more sophisticated and basic problem.

In another situation we found aides collecting data from clients but not knowing why or what to do with it. A frequent complaint was and still is, "I'm not accomplishing anything - I just go and listen to them talk." To begin coping with this situation we helped supervisors structure workshops that focused on aides setting goals for themselves in relation to their clients and determining sub-goals or immediate next steps. Once goals and next steps were set, aides had a way of evaluating their effectiveness. As this particular concern is quite complex and important we see that much more work is needed, particularly in helping aides develop more explicit and realistic next steps. However, progress can be noted.

Accepting that problem-solving training should take both rational and emotional factors into account and that idiosyncrasies in applying problem-solving are not only to be allowed but even to be encouraged caused considerable consternation in the early part of the program. On one hand treating problem-solving strictly as a rational process would enable us to establish a set curriculum through which trainees could progress as a group. Also, there seemed to be the underlying argument, which has never been resolved overtly, that what is rational is good and what is emotional is bad; hence, our task should be to purge trainees of emotional interference with the rational process. On the other hand viewing problem-solving training as a
rational-emotional and highly individualized process would require developing a high level of expertise in diagnosing where trainees were as individuals and in groups and formulating plans for program content on a plan-as-you-go basis. Both of these are difficult, time-consuming and threatening.

Several factors appear to have helped resolve this issue in favor of a rational-emotional, individualized approach to training in problem-solving. Perhaps the most important factor has been that supervisors have learned that a rational-emotional approach permitting individual differences makes sense and that it is possible to diagnose and plan adequately on an ongoing basis. Another factor was a combination of the training staff subscribing quite strongly to a rational-emotional approach to problem-solving and that, while we see ourselves as knowing a fair amount about problem-solving, we do not know enough about it to develop a set curriculum in the usual sense of the word. As a matter of fact we suspect we never shall and would be suspicious of those who think they could.

The relationship between individual or family problem-solving and community development has also been an issue in Operation Mainstream. Initially this issue emerged out of the lack of clarity within CAP agencies about program goals. In all three states CAP directors believed that community aides would be more like general CAP field staff. As such they would conduct surveys, recruit people for Neighborhood Youth Corps, develop day care centers, sewing circles, social clubs for the elderly, conduct clothing drives and establish thrift shops, etc. As a matter of fact it looked as though aides were to be so busy doing community service projects that there would be little relevance for training as consultants to individuals and families in problem-solving. To some extent these issues were resolved through clarifi-
cation of goals and clarification of the relationship of aides to other CAP programs. Specifically it was made clear that aides were not to be used to perform menial labor for other CAP programs. This was not well received in some quarters.

A later version of the same issue continued to crop up in two states in which "community problems" have been "defined" such as, "We need a dental clinic," or, "We need a day care center." Because of the earlier difficulty around such issues, requests for using aides to do the ground work on such projects are presented to us as, "You are against doing what this community needs to have done - why isn't it right for community aides to do these kinds of things?"

The countering explanation is admittedly not palatable to some CAP personnel. We assure them that we have nothing against day care centers or dental clinics, nor do we have anything against aides becoming involved in such projects, but we are concerned about why and how they become involved. For example, if several aides in a community encounter families in which the wife would and could go to work if it weren't for her small children at home, we would hope that the aide would help these families come together, share their common concerns and mobilize to do something about their common problem. The aide's role could then remain that of a consultant in problem-solving, her clients would have been helped to solve their problems, and the community might well have the day care center that the CAP staff feels it should have. In this type of situation we feel that there need be no conflict between applying community development techniques and consulting on problem-solving. Rather we feel that the decision for action should be based on known problems in known families and that the families, if given a chance, can mobilize as well as, and perhaps better than, the aide.
B. Helping others to help themselves.

While helping people to help themselves is a basic tenet of Operation Mainstream, making this tenet operational has been filled with confusion, disagreement, and frustration. The difficulty has centered around two questions: who are the clients and what constitutes help.

From the training staff's viewpoint, there are several levels of clients. Our clients are the sponsoring agency, the local project staff, and the aides. Project staffs' clients are the aides; the clients of the aides are individuals and families who are poor and in need of help. Of these client groups there are two primary target groups to be considered, the aides and their clients.

The disagreement has centered around whether or not clients of the aides are an essential client group. We maintained that of course they were.

For quite a while we further maintained that not only were clients for the aides essential but also the ultimate test of program effectiveness should be in terms of changes occurring within the aides' client group. At various times and to various degrees, each local program has maintained that ultimate evaluation would be made in terms of increased employability of aides and that whatever activities would help increase aide employability, those should be the activities in which aides should be engaged. From the local point of view it appeared that the training staff were not interested in whether or not aides became more employable as a result of the program. From our point of view, we suspected that the local agencies would find it acceptable if aides never had clients as long as aides were employable when they emerged from the program.
Resolution of this issue required some compromise. On our part we conceded that because the aides were the most visible population, the most accessible to evaluation, and of the most immediate concern to CAP agencies, changes in the aides — including increased employability — would be the primary measures of program effectiveness. We also look the other way when we hear of pockets of aides engaged in activities which have nothing to do with clients. On their part, local project staffs have realized that in learning to help others, aides will also learn to help themselves. As a result aides get more encouragement to engage with clients so all but a few aides now are working with families and individuals.

There are at least three sources that contributed to the confusion around clients for aides. In the first place, while the narrative proposal on which Operation Mainstream was based included clients for aides, the narrative was written by the University of Maine Coordinator and not included in the application for funds as submitted to the Department of Labor by the local CAP agencies. This would have caused little or no problem had there been sufficient opportunity for conversation between the University of Maine Coordinator and the CAP agencies. However, circumstances in the funding situation led the Department of Labor to encourage unusually rapid submission of applications, leaving little time for the CAP agencies to consider for what they were applying and for the University of Maine Coordinator to do much in the way of communicating. Hence, each CAP agency tended to form a set of assumptions about the program which in most cases were different from the University of Maine Coordinator's narrative.

The second source of confusion stems from the fact that Operation Mainstream is a program category within the Department of Labor and that there are many Operation Mainstream projects around the country. However, the
Me.-N.H.-Vt. Operation Mainstream project is considerably different from all the others which are based on specific work training programs with increased employability as the primary goal. Of course in work training programs the focus would be entirely on enrollees and there would be no other client group. While it appears clear that the Department of Labor recognizes this Operation Mainstream project as different from the typical project, the same guidelines and rules are used in the administration of this particular project. Although this project is entirely compatible with Operation Mainstream's overall objectives, some of the guideline details need liberal, rather than literal, interpretation. For the CAP director who abides closely by the book and has not had sufficient opportunity to understand the uniqueness of this project, it is understandably difficult to comprehend our concerns for having a client group for aides.

The third source of confusion stems from the first two. Left to their own musings CAP directors tend to see community aides as adjunctive field staff personnel who would do the many tasks left undone because of the limited number of CAP personnel. Our emphasizing that community aides should find and work with clients as quickly as possible was naturally discouraging to the CAP staff who thought that they had just acquired between thirty and fifty pairs of arms and legs.

The lesson we have all learned from the disagreement over the role of aides and their clients has been that careful, complete contracting should be undertaken prior to beginning a program. It seems so obvious, but it seems so rarely learned. In this particular situation, the pressure of time has made all of us victims of the circumstances, but it is also true that none of us engaged in sufficient early contracting when we did have the chance. The resulting cost has been heavy.
Difficulties around the definition of help stem from the trouble aides have had in incorporating our particular approach to the helping relationship. From our point of view and increasingly from the local staff's point of view help occurs when one, the helpee, is able to utilize the resources of another, a helper, to solve his own problem. The ultimate helping relationship, as we see it, is one in which the helper functions purely as a facilitator in helping the helpee define his problem, form goals, select an alternative for action, form a plan of action and evaluate the outcomes. In such a situation the helper encourages thorough exploration of the situation and steps in resolving it. He facilitates a thought process; he does not tell the helpee what to do. Very rarely in such instances does the helper have any role in carrying out the helpee's plan of action; that is the helpee's task.

In Operation Mainstream we are attempting to help aides achieve the ultimate as described above in the helping relationship. In addition, because so many of the problems of clients are highly personal and of long standing, aides need to develop a high level of mutual trust with their clients. These are difficult tasks for anyone, but particularly so for people who have so many problems themselves and for whom life has been a constant series of failures.

As the aides began working with their client families they felt a strong need to provide tangible help for the clients. Initially aides spent most of their time providing food, clothing, fuel, transportation, baby-sitting and other direct services to their clients. Although the aides were able to recognize that these services had not been helpful to them in the past they felt that they had no alternate ways of being helpful. They could get personal
satisfaction only by providing a direct service. Fused with this feeling was a high need to demonstrate to their supervisors, clients and themselves that they could do something. For some of the aides this seemed to stem from prevalent feelings of failure in past life and a great need to succeed immediately to make up for past failures.

As the aides learned from their own experience that providing tangible help was only momentarily satisfying to themselves and their clients and that in addition it was becoming "a drag", there was a shift to helping by making referrals of clients to community agencies. Tangible help became seen as a contingency action and a means of buying entrance into the client's home. As families became more comfortable with aides and were able to discuss their problems with them the aides apparently felt overwhelmed and unable to do anything but send the clients to professionals. Frequently referrals were made too quickly to be appropriate. Even when referrals were appropriate, existing agencies often were unable to provide help.

Again as aides learned from their experience, sometimes painful, there was a shift in approach. Many aides are now actively working with families; trying to help families explore their problems and develop better means of coping with them. While we see this as progress there are still many problems ahead. Aides still tend to form plans as to how clients should go about solving their problems rather than to help the clients arrive at their own solutions. When these plans are not carried out by the client, there are feelings of failure and anger at the client. Other aides have learned that they are "not supposed to do" for their clients and now believe that they must sit and wait passively for the client to "figure things out" rather than actively engaging with the client to help him understand his problems.
C. Principles of training.

1. Principle of individual responsibility for own learning and experience of discovery learning. We believe that knowledge is most effectively acquired and actively used if one is allowed to accept responsibility for his own learning. We feel that this is particularly true when the area of learning involves abstract concepts or "intangible" outcomes as encountered in learning how to help others become effective problem-solvers. The process seems to involve self-determination of what one needs to know and having experiences upon which one reflects and makes discoveries. Each experience involves interpretation or diagnosis of events. Self-determination focuses on the present and future, i.e., determining where one is and where one needs to be; then taking action toward the desired end. Discovery learning focuses on past experience out of which conceptual discoveries emerge to help understand what happened and why, followed by planning for more effective future behavior.

The privilege of self-determination as encouragement of discovery learning represents quite a different model from the usual educational experience. Usually not only what is to be learned but how is imposed on the learner through highly structured curricula that provide little choice of individual goals. The student is goaded by the fear of bad grades, lured by desire for good grades, or tempted by an alluring way of packaging the unpleasant medicine. Lures and goads are functional perhaps either when outcomes can be concretely determined or when it is not considered essential that the student actively apply his knowledge.

Shifting from the more traditional model to a model of accepting responsibility for one's own learning is of course difficult. Most of us do not think of educational situations as permitting us to take that much
initiative, and we have our forced-feeding habits set. In the case of Operation Mainstream there has been the added difficulty that aides and supervisors for the most part felt that they had very little information to reflect upon or to use in defining what kind of creature they were trying to become. Some supervisors have had the added fear that aides could not be trusted to accept so much responsibility, and they were concerned that they would not be able to meet the needs of the aides.

In some instances both training staff and supervisors imposed learning and encountered a variety of obstacles. We found that aides learned the right words such as problem-solving, listening, relationship building, etc. While both trainers and supervisors thought aides were applying these new learnings it was discovered that the vocabulary had no correlates in practice. One supervisor in particular had difficulty in permitting aides to accept their own learning responsibility. He would tell aides what an aide is, what problem-solving is, and how to help people. When he discovered that his wisdom was falling on deaf ears he would tell them again. Eventually the aides learned what to say to the supervisor in meetings and reports which apparently reflected little of their actual experiences as aides. The price was a breakdown in communication and much criticism of the supervisor behind his back.

2. Principle of evolution. An evolutionary model of programming is a necessary concomitant to permitting people to accept responsibility for their own learning. In an experimental program such as Operation Mainstream an evolutionary approach is particularly relevant because we are not able to predict accurately when specific content needs will emerge in other than a very general way. Hence we have not developed a curriculum for teaching
people problem-solving and helping skills. Rather we have worked on de-
veloping an overall conceptual model for problem-solving and helping skills
on one hand and engaged in a careful and mutual diagnosis of what are cur-
rent issues or needs of aides on the other. We then helped supervisors plan
series of experiences, such as workshops, based on the general guidelines of
the conceptual model and the specific concerns of the aides. If the diag-
osis and implemented plan are correct and well performed, we expect to find
changes in aide behavior and needs. However, we must admit that we have not
formulated a sound procedure for assessing such behavioral changes. We are
working on it.

An evolutionary approach to content areas does not reflect absence or
lack of structure although at times it is perceived as such. On the con-
trary, we have felt that structured procedures for obtaining and utilizing
data were required. Four procedures were developed: a monthly evaluation
session, weekly planning sessions, a monthly workshop and weekly supervi-
sory training sessions.

Once a month, the CAP director, the director and assistant director of
counseling training, and the project staff meet together to collect data,
feedback to one another, engage in general contracting, and evaluate the
prior month's experience. The monthly evaluation session also includes the
specific task of updating and involving the CAP director who has no other
structural access to the training staff. In general we have not found this
monthly meeting matching our expectation. Part of the problem is that we
have not made our expectation sufficiently explicit to anyone including our-
selves. Another part of the problem is that in two states the meetings tend
to be dominated by internal CAP control struggles that frequently become
acted out towards the training staff. However, while being the scapegoat is an unpleasant role, our lack of confronting CAP personnel with their issues in a direct and helpful way suggests that we have more fear of that confrontation than we do of being scapegoated. We need to look at this more fully.

The weekly planning session involves the training staff member as consultant-trainer to a local project staff. These sessions have included diagnosis of where the aides are as a group and, based on that diagnosis, deriving a training plan for the ensuing week. When necessary this session also provides an opportunity for supervisors to work on interpersonal issues with the help of a consultant. In these weekly planning sessions supervisory personnel receive training in planning for problem-solving, workshop design, utilizing consultants, dynamics of the aide population, evaluation and confrontation models as well as emerging with a plan of action.

On a monthly basis one or two members of our consultant-trainer staff are available to each state for consulting on and participating in monthly workshops for all aides. Until recently the local planning team has consisted only of supervisory personnel but now in all states two to four aides participate in planning and staffing workshops. From everyone's point of view the involvement of aides in staff activities has been quite valuable for the participating aides. They seem to feel closer to supervisors, receive another training experience, take more responsibility, and function more effectively in their daily activities. However, some interesting dynamics are appearing which may indicate negative effects as well. For example, in one instance the consultant-trainers behaved more supportively toward aides than toward supervisors. This resulted in a coalition of
consultant-trainers and aides which produced feelings of exclusion on the part of the supervisors. In another state, the supervisors responded to the introduction of aides to planning by suggesting that either training staff or supervisors withdraw from planning. The sources of these issues have not been completely determined and we are afraid that premature decisions will be made that will provide symptomatic relief only. We feel that a first step should be a review of goals, purposes, and roles for each group's involvement in workshop planning. The decision should be based on the outcome of that review.

The fourth procedure, supervisory training, involves a consultant-trainer and a local staff member in a one-to-one application of problem-solving planning around problems involving specific aides. In this experience the consultant provides a role model for the supervisor who in turn works weekly or bi-weekly with aides on an individual basis. These sessions are akin to mental-health consultation in which the consultant helps the supervisor identify and understand highly personal issues in the aide and/or between the supervisor and aide. These sessions make the greatest demands on supervisory personnel for discovering and confronting the intangible aspects of human dynamics. Probably because of the latter two aspects, individual supervisory training has been the most threatening unit of our activities with supervisors. However, progress is being made as it becomes clearer to supervisors that we are not expecting them to become therapists and that they do not have to take responsibility for all the problems aides have. As they have encountered their aides in more one-to-one sessions, they have become more aware of their own needs for help in developing skills.
3. Principle of role modeling. The supervisory training session perhaps best illustrates one of our most controversial principles, that of role modeling the consultant on problem-solving. Simply stated the principle is that each person in the program should work towards incorporating the role model provided by the consultant-trainers. The training staff attempts to help supervisory personnel become more effective in coping with problems with specific aides; supervisors in turn, attempt to use the same model in their sessions with aides; and aides, hopefully, are incorporating the same model in their work with their clients.

Obviously the principle makes great demands on everyone involved, but particularly on the supervisors. Although applying it has been difficult for training staff at times, they have had experience in such roles. Most aides have not yet encountered the role model sufficiently to feel highly committed to it and only now are beginning to try to model problem-solving skills with their clients. Aides are not dealing with as clearly defined a client population as are supervisors, so the aides have the added difficulty of identifying their clients. Supervisors have as their clients the highly visible aides. Both supervisors and aides do not have the benefit of prior training or experience in such a role model and have many fears, voiced and unvoiced, about whether they can do an adequate job of incorporating and modeling in turn. It is small wonder that utilization of the role-modeling principle has been met with such resistance and disguised panic. Yet the fact is obvious that all supervisors have grown tremendously in their ability to function in a meaningful role-model for aides. This is quite apparent in how they talk and in what they talk about in their sessions with training staff. They show a rapidly growing awareness of
dynamics in themselves and aides and an ability to utilize these dynamics in their planning. They also show an eagerness for complete feedback, and slowly but surely, a growing grasp of an orderly approach to problem-solving. Still their anxiety remains high and we must constantly be alert for new symptoms of its existence. From the reports of the aides and of the supervisors similar evidence of change in aides is beginning to be seen.

A problem that seems relevant at this point is the way in which a role-model is incorporated. For example, we see in supervisors and, to a lesser but we expect an increasing extent, in aides a tendency to incorporate jargon and style more readily than attitudes and skills in helping and problem-solving. This of course is not a problem unique to Mainstream for the same signs occur in sophomoric trainers and therapists. While such an occurrence may be tolerable in the beginning trainer, it would be a tremendous loss of what we see as a vital resource in Mainstream, i.e., the ability of the aide to be perceived and responded to as a peer by his or her clients. We are concerned that as aides grow in this program they will begin to shift class identities and thus become less available to peers who seek their help. Certainly the incorporation of style and jargon of a trainer will not help to maintain their image of being a peer to their clients. The pressures, formal and informal, to abide by middle class standards of dress are, we think, unfortunate enough. What would you think if your next door neighbor whom you had known for twenty years suddenly appeared in your living room all dressed up and started sputtering phrases such as "Let's collect more data on that problem," or "Let's see, what alternatives for action can you think of?"
4. **Principle of the right to fail.** Closely entwined with permitting people to accept responsibility for their own learning and a vital prerequisite to role-modeling as we employ it is the right to make mistakes and even to fail. If we encourage people to obtain experience in trying to be helpful to others in problem-solving and then to learn and improve on their skills, it is obvious that mistakes, even seemingly major blunders, will and must occur. How can one gain experience if he is not willing or permitted to risk failure? How can one improve his performance if no mistakes are made? It seems such an obvious principle yet it is greatly feared and resisted.

In the first place, no one likes to experience or admit failure. In the second place, many people external to the program appear to look forward to finding mistakes, blunders and failures. There are those who want to see any antipoverty program fail for political reasons. There are those who would like to see failure because of federal agency battles for control of antipoverty program funds. There are those members of other agencies and communities who fear that we are attempting to produce pseudo-caseworkers who will either harm others or will pose a threat to their agencies. There are those who take issue with the goal of helping individuals and families define and solve problems as opposed to a goal of becoming community organizers to combat such problems as unemployment, sub-standard housing, etc. Finally, there are those who take issue with the principles and training approaches we are outlining. All of these people might be quite pleased with the failure of Operation Mainstream.

These sources of desire to see failure cause anguish for the supervisors who do not want to be identified with failure. Some supervisors attempt to shift responsibility for what happens in Operation Mainstream to
the training staff. Others exhibit a reduced willingness to take risks or to permit aides to take risks. At several points of severe crisis and fear of failure there have been renewed pressures for training staff to take over all aide training functions either to "save the day" or become the immediately obvious scapegoat. When these situations have occurred, it has been a difficult but necessary chore to cut through and find out from what source the fear of failure is again arising. We then try to deal with that fear and as it becomes again subdued the demands for us to assume responsibility and more direct activity dissipate - until the next crisis.

Another aspect of the issue around failure and a source of anger towards training staff is the assumption that there is some mysterious right way for functioning as a supervisor or community aide, just as many beginning therapists or trainers know that there must be a therapeutic magic wand. There is an implicit assumption that training staff knows what that wand is and exactly how to use it but that for some reason the trainers are holding out. Our resistance to letting others in on the secret means that we don't care, we'll let them fail. For those who begin to realize that we don't know "the right way," there are some signs of suspecting our competence, which tends to lead to another source of fearing failure.

D. Evaluation.

Evaluation in Operation Mainstream has had a fate that is characteristic of most demonstration projects. While it is usually strongly maintained that a thorough plan for evaluation and the development of yardsticks should be completed as part of the overall plan for a project, it is rare that such a plan exists. We prove to be no exception to the rule. The year was half gone before any steps were taken to begin a systematic plan for overall
evaluation. Interestingly, the funds being used to support evaluation services do not even come out of Mainstream funds.

However, evaluation has constantly been built in at a variety of levels both within training staff activities and activities at the local level. But it is a clinical evaluation hampered by subjectivity and lack of explicit criteria. It has been useful for us but whether or not it will be useful to those who follow is doubtful.

The purposes of the central evaluation of this project are twofold:
1. to establish criteria for change and to determine whether changes have actually taken place in supervisors, aides and client families.
2. to generate hypotheses which can be tested in future projects, similar to this one and in more controlled laboratory experiences.

As soon as criteria for change are established and instruments refined so that data becomes available, we hope that the evaluation phase will become an ongoing process identifying changes at many points in time, rather than the traditional pre-post evaluation. There is hope that as findings become known they will be fed into the system so that changes can be made in the program. So far the efforts of the evaluation team have been directed towards creating instruments to identify changes and negotiating with the local staffs to get these instruments used. As the basic instrument requires a content analysis, the immediate next steps will be to train local personnel in how to complete that instrument, to develop content categories for analysis, and to begin the analysis. Hence, it is clear that the evaluation team has much to do before any information will be forthcoming.

Operation Mainstream is faced with the usual technical problems of clinical and field evaluation. What are the criteria used for measuring change in the abstract concept of problem-solving? How do we make our
measurements without impeding the development of the program? How do you get people in the program to fill out forms when they already feel overwhelmed by paperwork? With the high fear of failure prevalent in the participant in this program, how do you get honest reporting? Although these and other questions and problems exist, we believe that some meaningful evaluation must and can be done.

Concluding Remarks

At this point we find that many of the training principles which were so difficult at first have become the modus operandi for local staff and the focus is more and more on the development of helping and problem-solving skills through application of these principles. That indeed is rewarding. What is even more rewarding is observing the remarkable growth of supervisors and aides alike. Despite its trials, or perhaps because of them, we feel that Mainstream is overtly becoming a success and has proved its point—that low income people can learn to help themselves and others when permitted to accept responsibility.
Organizational Structure: A family portrait.

True to other elements in Operation Mainstream, structure has followed an evolutionary pattern with much shifting as the system either matured or regressed. Characteristically, changes were not accompanied by clear definitions of new responsibilities, so change was always followed by confusion and anxiety. Despite these confusions we feel that an evolutionary model for structure and functioning makes good sense in a program testing new forms of action. We would, though, prefer more thorough-going negotiating and contract building for organizational changes.

The attached charts depict the initial and current operating structures for Operation Mainstream. As one can see three notable changes have taken place. First the sphere of influence of the University of Maine in the New England Center has become level with corresponding personnel in local agencies. Initially the UM/NEC operated much like the project's mother. It gave birth to the idea; it provided the initial guidance and attempted to instill values and goals; it carefully nurtured the three children, the local projects, along; it even wept from time to time. Now the children are achieving maturity and mother is much more on a par with them, which pleases her, although the children do not always believe it.

The second change is that as she matures, mother is becoming much broader at the bottom, indicating in this case the incorporation and use of resources - not lethargy! An interesting note is that these additional resources are personnel from Boston University Human Relations Center, which indicates the organizational complexity of the training program.
The children, i.e., the local projects, are becoming wider and more defined in the middle as well as taller. Project directors have accepted responsibility for their programs and the distinctions between them and supervisors is becoming clear. In the promotion of aides to the rank of assistant supervisor is a clear sign of where further organizational growth is bound to occur.

A note should be added about father, the Bureau of Work Programs. He provides the funds, sets limits and insures some kind of obedience from the children - all good father roles. However, he has been quite remote from mother and this has encouraged the children to attempt to play one parent against the other at times. He also presents an ambiguous picture regarding permissiveness. On one hand he eagerly funded an experimental program which, because of the training principles and the difficult nature of the human problems it encounters, probably appears confusing at best and produces a variety of questions about what, if anything, is occurring. On the other hand there appears to be a tightening of administrative controls and much fear at the local level that the Bureau will directly intervene punitively in program activities.

We feel that many of the organizational program problems will disappear during the anticipated second year of operation. The analogy to the family will no longer apply because the total plan for programming will emerge from the local level with the training staff offering consultation on program planning and development rather than acting as agents of a mother institution. This should provide for a more traditional and thus less cumbersome series of organizational relationships.
Current Operational Structure
February 1968

Department of Labor
Bureau of Work Programs

- Vt.: OCCSA
  - Exec. Director
  - Op. Main. Project Director
  - Supervisor
  - 3 Asst. Supervisors
  - Community Aides 40

- NH: Com.Act. in Coos, Carroll, Grafton Cos.
  - Exec. Director
  - Op. Main. Project Director
  - Supervisor
  - Community Aides 10-15
  - Community Aides 15-20

  - Exec. Director
  - Op. Main. Project Director
  - Supervisor
  - Community Aides 25

- UM/NEC Coordinator
- UM/NEC Eval. Team
- UM/NEC & BUHRC Counseling Trg.
- Director
- Asst. Director
- Part-Time Consultant Trainers
- Temporary Consultant Trainers
- Evaluator (Temp.)
- Co-consult. Trainers

ERIC Clearinghouse
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on Adult Education