

## Trabajo social clínico. Modelo de prevención y desarrollo social

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### Resumen

El nivel de salud y de enfermedad de una población está íntimamente relacionado con el desarrollo social, político y económico de un país. El impacto de los factores psicosociales en la calidad de vida de los individuos es tan directa, que se hace apremiante la búsqueda de procedimientos técnicos que garanticen la máxima eficacia en la intervención profesional, tanto médica como de carácter social. La transformación de los riesgos psicosociales —bajos ingresos económicos, escaso nivel educativo, etcétera— en problemas psicosociales —desestructuración familiar, violencia de género, delincuencia, etcétera— se puede prevenir eficazmente con una intervención profesional adecuada, con múltiples beneficios.

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Se presenta una experiencia innovadora del Trabajo Social Clínico aplicado a la neurología, concretamente en pacientes con cefalea tensional y/o migraña. Asimismo, se avala la sinergia que genera el trabajo interdisciplinar. Destaca la mejoría significativa en la calidad de vida de dichos pacientes. De éstos, 20.80 por ciento son Cuidadores Principales de Personas Dependientes.

### **Abstract**

The level of health and disease in a population are closely related to the social political and economical development of the country concerned. The high impact of psychosocial factors on the quality of life of individuals urges the determination of technical procedures which may permit optimal efficacy in both medical and social tasks.

The transformation of psychosocial risks factors such as low income, low educational level, among others, into psychosocial problems (dysfunctional familial relationships, gender mistreatment increased rate of criminality...) could be effectively prevented trough a suitable and appropriate professional intervention with consequential benefits.

We present an innovative experience of Clinical Social Work applied to neuroscience field, particularly in patients suffering from tension headache and/or migraine. It supports the synergy generated by an interdisciplinary approach. It also highlights the significant improvement in quality of life of these patients, of whom 20, 80% are primary caregivers for dependent individuals.

### **Palabras clave/Keywords**

Desarrollo social, factores psicosociales, problemas psicosociales, calidad de vida, interdisciplinar.

Social development, Psycho-social factors, Psycho-social problems, Quality of life, Interdisciplinary.

## **Introducción**

El proceso de salud/enfermedad en los seres humanos se ve modificado, inevitablemente, a lo largo del ciclo de la vida. Hay muchas variables que influyen y/o determinan el bienestar personal. Desde la genética biológica y cargas familiares sistémicas, pasando por las condiciones de vida, hasta el momento económico y político de un país, ocurren cambios constantes, tanto de índole física, psíquica e existencial, fruto de la interacción con el medio socioambiental.

Si dichas condiciones son favorables, el individuo tiene la oportunidad de desarrollarse plenamente y gozar de su salud. Sin embargo, existe evidencia de que la enfermedad presenta un gran impacto negativo en la calidad de vida, ocasionando un gran sufrimiento tanto a las personas que la padecen como a las que conviven con ellas.

Prevenir situaciones de riesgo e intervenir directamente en la calidad de vida de las personas es la manera más eficiente para alcanzar un mayor y adecuado desarrollo social. Una población sana en términos macroeconómicos, es más productiva y genera menos gastos para un país, incrementando a su vez los recursos disponibles para conseguir mayores logros sociales. Nos acercamos con ello a las características de un Estado de Bienestar.

La cefalea primaria es una de las razones de consulta más frecuente en la práctica clínica habitual. Es, además, uno de los principales motivos de derivación desde asistencia primaria al neurólogo. Un trabajo preventivo, sistemático y constante con respecto a esta dolencia supone un ahorro implícito importante, ya que su coste socioeconómico es elevado, tanto directamente, por el gasto sanitario que ocasiona, como indirectamente, por la disminución de la productividad laboral (Smith y Stewart 2004).

Los factores psicosociales tienen un papel relevante en las cefaleas primarias, sobre todo de tipo tensional y migraña, ya que pueden agravar o precipitar este tipo de cefalea (Hasvold y Rasmussen, 1996).

El abordaje de estos factores por profesionales del Trabajo Social

Clínico puede mejorar la situación psicosocial y, como coadyuvante al tratamiento médico convencional, reducir el riesgo de progresión o aumento en intensidad del dolor de cabeza (Ituarte, 1992).

Virginia Satir, trabajadora social clínica de los años sesenta, enfocó su intervención profesional en la importancia de la autoestima y la comunicación como instrumentos para llegar a la comprensión de uno mismo y las propias potencialidades internas. Por otro lado, el prestigioso neurólogo y conocido escritor Oliver Sacks, autor, entre otras obras literarias, de *Despertares*, llevada en su momento al cine, focaliza su práctica médica en el potencial humano de sus pacientes desahuciados clínicamente. De manera magistral, el doctor Sacks recupera del fondo de las personas sus recursos internos y los pone a la vista para que los utilicen en beneficio de su salud y de su vida. Se podría aventurar que también hubiera sido un excelente trabajador social clínico.

Satir y Sacks, con enfoques profesionales diferentes, convergen en un punto esencial del ser humano: la utilización de los recursos internos. Cada autor, a su manera, tuvo la maestría —Sacks la conserva activa— de utilizarlos para aumentar la calidad de vida de las personas que trataban. Ambos eran conocedores del potencial curativo interno de sus pacientes.

Hoy día, el campo de la medicina se abre cada vez más hacia modelos profesionales que ayuden a encontrar o, más exactamente, a que los pacientes se encuentren con dicho potencial y sean los propios protagonistas en su proceso de sanación. El Trabajo Social Clínico —a partir de ahora TSC—, por otra parte, está a disposición de todas aquellas profesiones y profesionales que necesiten de su intervención psicosocial (Shapiro y Applegate, 2005).

El presente trabajo es el fruto de una colaboración entre neurólogos y trabajador social clínico en el que los primeros beneficiarios son los pacientes; pero, secundariamente, también se beneficia el propio sistema sanitario. De hecho, está en proyecto un estudio donde se recoge la eficacia y la eficiencia en el sistema de salud con este tipo de intervención interdisciplinar, cuantificándose las altas médicas en las consultas externas de neurología y el ahorro sanitario que supone.

## **Metodología**

Se ha realizado un estudio prospectivo en un periodo de siete años, desde el 2 de enero de 2003 al 2 de enero de 2010, en el Complejo Hospitalario de Pontevedra, Galicia, España, que sirve de referencia a una población mixta rural-urbana de aproximadamente 320 mil habitantes, al norte de la provincia. Tiene una capacidad de 600 camas.

Todos los pacientes incluidos en este trabajo padecían enfermedades neurológicas. La mayoría, cefalea tensional y/o migraña, pero también otras, tal como se muestra más adelante en la gráfica 1, que corresponde a diagnósticos.

El protocolo de actuación comenzaba cuando el paciente acudía al especialista. El neurólogo remitía secuencialmente a la trabajadora social clínica a los pacientes con cefalea y/o migraña refractarios al tratamiento médico, según la opinión o dicho del clínico o el propio paciente. Los pacientes con otras enfermedades acudieron por decisión propia, una vez que el neurólogo les ofreció el recurso psicosocial para ayudarlos a llevar mejor su proceso. En todos los casos se solicitó su consentimiento.

La calidad de vida fue estimada mediante el cuestionario SF-12, realizado antes de la intervención del proceso del TSC y un mes después. El término “calidad de vida” pretende valorar aspectos de la enfermedad que no son estrictamente clínicos, sino relacionados con la vida diaria del paciente y en qué modo se ve afectada por la presencia de la patología, ello desde el punto de vista del propio enfermo. El instrumento utilizado, la escala SF-12, valora ocho dimensiones o subescalas de la calidad de vida: función física, rol físico, dolor corporal, salud general, vitalidad, función social, rol emocional y salud mental.

La función física, el rol físico y el dolor corporal reflejan el componente físico de la salud. La función social, el rol emocional y la salud mental recogen los aspectos psicosociales, los cuales, junto con la vitalidad y la salud general, dan una idea global de la salud subjetiva que se asocia tanto con los aspectos físicos como con los mentales, que corresponden al índice sumarial del componente físico y mental (The International Classification of Headache Disorders, 2004).

El mencionado cuestionario es una forma abreviada del SF-36. En España ha sido validado por autores tales como Gemma Vilagut, José María Valderas, Montserrat Ferrer y otros (2008). Este grupo encontró que los componentes sumarios físico y mental calculados con pacientes españoles son fiables y válidos.

La metodología utilizada con estos pacientes tiene el marco del Trabajo Social Individualizado o de Casos (Northen, 1995) y el contenido de esta relación bidireccional, trabajador social-paciente, se basa en las técnicas y terapias psicosociales que van a la vanguardia en la ayuda asistencial, como la psicoterapia sistémica con Constelaciones Familiares de Bert Hellinger (Weber, 2001) y técnicas de comunicación de Milton Erickson (Rosen, 1986), entre otras. También se acompaña un audio de entrenamiento sofrológico y centramiento (Abrezol, 1996). Para todo ello, se ha diseñado un Programa de Autoayuda, PROAA, donde se enseña y habitúa a los pacientes en estas técnicas durante siete sesiones individualizadas, de una hora cada una, a lo largo de dos meses. Después se realizan seguimientos periódicos hasta que el paciente consigue la habilidad y ya no necesita continuidad con el terapeuta.

En términos anglosajones, utilizados en español, sería *coaching*, *counselling* o *personal training*, donde la dinámica del proceso la marca el paciente, indicando sus objetivos; el profesional va con él un trayecto, indicándole la manera de conseguirlos; después aquél continúa solo.

En una primera entrevista, antes de comenzar el PROAA, se explica el contenido al paciente, y el profesional constata si aquél puede realizarlo o tiene que ser derivado a otro profesional de salud mental u otro.

El PROAA utiliza el Modelado Conductual Desarrollativo® (DBM®), creado por el psicólogo y científico escocés John McWhirter (2005). El Modelado tiene como objetivo generar cambios eficaces y duraderos en la persona. Para ello incita a la comprensión de qué, cómo y porqué hacemos nuestro comportamiento y nuestras relaciones. Se trata de aprender sobre uno mismo de manera continua, identificar conductas útiles —para repetir las— y las no útiles —para cambiar las—. Se centra en el cliente y opera a un nivel profundo de comprensión. Se basa en las necesidades de la persona de manera holística, llegando a la parte

transpersonal del Trabajo Social Clínico (Cooper y Granucci, 2008). La manera de interactuar con el medio social y el ambiente familiar dictamina la salud y/o enfermedad. Este tipo de ayuda terapéutica contribuye a reducir el estrés y la ansiedad en situaciones concretas, como es el caso de las Cuidadoras Principales de Personas Dependientes (Pinquart y Sorensen, 2003). El DBM® ha modelado la Programación Neurolingüística (PNL), metodología que se define de forma general como “el arte y la ciencia de la excelencia personal”. Existe mucha literatura sobre el tema, nacido a principios de los años setenta de la mano de dos norteamericanos, John Grinder y Richard Bandler. Estos autores se basaron en tres pioneros de la comunicación, la terapia y el cambio: Fritz Perls —creador de la terapia Gestalt—, Virginia Satir —terapia familiar— y el psiquiatra e hipnoterapeuta Milton Erickson. La PNL se basa en varias presuposiciones, una de ellas es que “todos disponemos de los recursos necesarios para orientar y manejar nos en la vida” (Dilts, 2008) y, a su vez, propone una metodología eficaz usada en el PROAA.

### **Estudio estadístico**

Las variables categóricas se indican con frecuencias absolutas y porcentajes. Las variables continuas se muestran con la media y la desviación típica. Para la comparación de los indicadores de salud física y mental utilizados antes y después de la aplicación del PROAA, utilizamos la prueba t para datos pareados. Se considera como significativa una  $p < 0.05$ .

Los análisis se realizaron con el paquete estadístico Stata 10® (Texas).

### **Resultados**

Se incluyeron en el estudio los 252 pacientes vistos en nuestra unidad entre 2003 y 2010 que acabaron el programa de los 441 remitidos —57.10 por ciento del total—. Su edad media resultó de  $36.60 \pm 15.51$  años. La distribución de los diagnósticos por los que se remitió a los enfermos se indica en la gráfica 1. En la gráfica 2 mostramos la distribución por sexo de los mismos. En la gráfica 3 exponemos el porcentaje de Cuidadores de Personas Dependientes sobre el total de individuos

estudiados. Finalmente, en la gráfica 4 indicamos las puntuaciones medias obtenidas en la salud mental y física percibidas en la escala SF 12, antes y después de la aplicación del programa, resultando su mejoría estadísticamente significativa en ambos casos. La salud física percibida asciende de  $38.27 \pm 9.93$  a  $48.94 \pm 7.84$  — $p < 0.001$ — y la salud mental percibida pasa de  $31.03 \pm 11.68$  a  $47.71 \pm 8.68$  — $p < 0.001$ —.

En lo que a los 51 pacientes Cuidadores de Personas Dependientes se refiere, su edad media resultó de  $45.2 \pm 11.84$  años. Todos resultaron mujeres. En la gráfica 5 se indican sus diagnósticos. En la gráfica 6 mostramos la evolución en las puntuaciones de la escala de calidad de vida. Al igual que ocurría para la totalidad de individuos estudiados, las diferencias resultan estadísticamente significativas: la salud física percibida asciende de  $34.51 \pm 8.74$  a  $48.09 \pm 7.07$  — $p < 0.001$ —; la salud mental percibida pasa de  $29.07 \pm 11.27$  a  $46.04 \pm 9.96$  — $p < 0.001$ —.

## **Discusión**

El malestar de una persona que viene derivado de un entorno problemático u hostil va a determinar su grado de salud, y, en el caso de los pacientes neurológicos, dicho entorno puede agravar su patología. Sólo incluyendo aspectos vitales del individuo en el proceso de sanación, como su autoestima, su manera de comunicarse, sus cargas familiares sistémicas, su situación personal, laboral, etcétera, se puede contribuir al incremento de su bienestar.

En España, se estima que 10-15 por ciento de las personas mayores de 65 años es dependiente y, aproximadamente, 72 por ciento de la carga es asumida por la familia; habitualmente, una sola persona asume la mayor parte de esta carga, convirtiéndose en el Cuidador Principal. La mayoría de los Cuidadores Principales (CP) de las Personas Dependientes (PD) son mujeres —83 por ciento—, de las cuales 43 por ciento son las hijas, 22 por ciento, las esposas y 7.5 por ciento, las nueras (Sociedad Española de Geriátría y Gerontología).

En este trabajo realizado con pacientes neurológicos, ha resultado que 20.80 por ciento eran CP de PD, lo cual confirma lo indicado más arriba con respecto a los factores psicosociales que pueden predisponer



o contribuir a generar síntomas somáticos, en este caso, el dolor de cabeza (Valdés y Flores, 1985).

Estos datos, además de un aporte terapéutico, son un excelente instrumento de manejo sociosanitario.

La intervención del TSC con este PROAA repercute positivamente en el área de la neurología, sobre todo en la calidad de vida de enfermos que sufren de patologías con escaso margen terapéutico; en la reducción de la frecuencia de consultas; en la disminución del consumo de procedimientos diagnósticos; así como en las dificultades de relación apropiada médico-paciente. Se trata de pacientes con patologías habitualmente crónicas que suponen un alto índice de revisiones en consultas ambulatorias y que al dejar de acudir a ellas, generan un beneficio en el coste de oportunidad —las consultas quedan disponibles para otro tipo de patologías—, reduciendo la lista de espera.

Finalmente, como terapia adyuvante puede redundar en un ahorro notable en el consumo de fármacos.

## GRÁFICAS

Gráfico 1: Distribución de diagnósticos de los pacientes

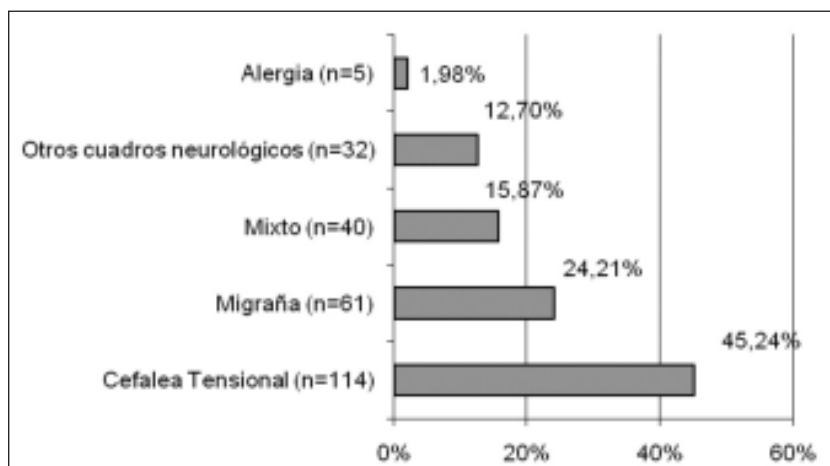


Gráfico 2: Distribución por sexo de los pacientes



Gráfico 3: Ocupación de los pacientes

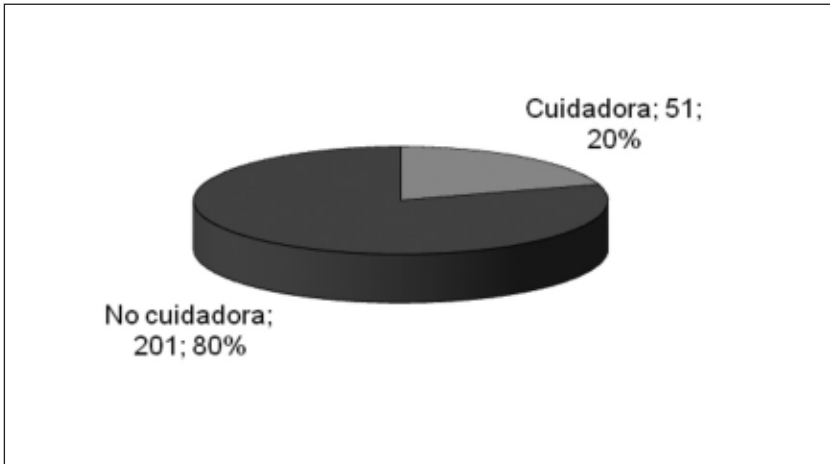


Gráfico 4: Salud Física y Mental percibidas antes y después del PROAA. Cuestionario SF-12

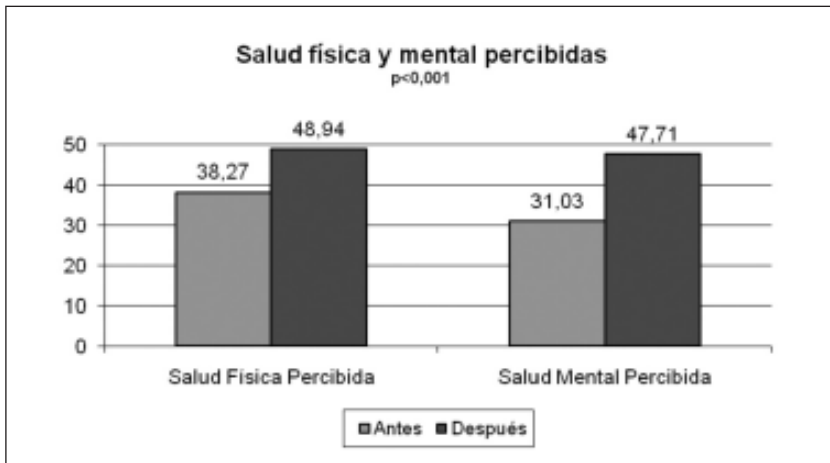


Gráfico 5: Cuidadores. Distribución de diagnósticos de los pacientes

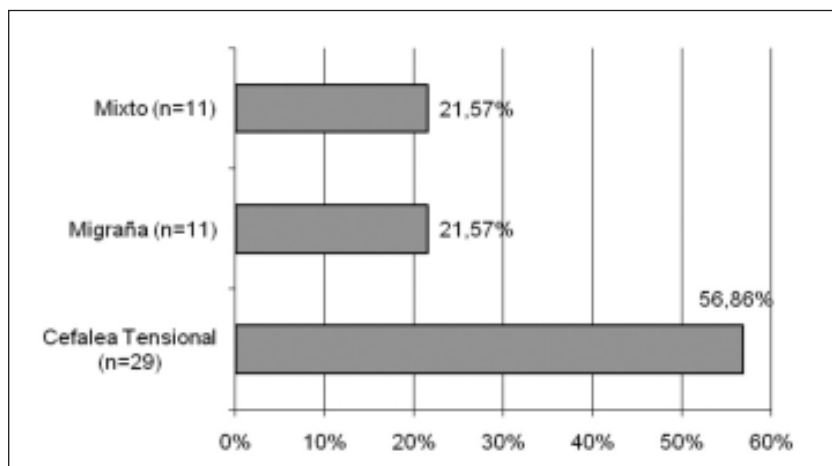
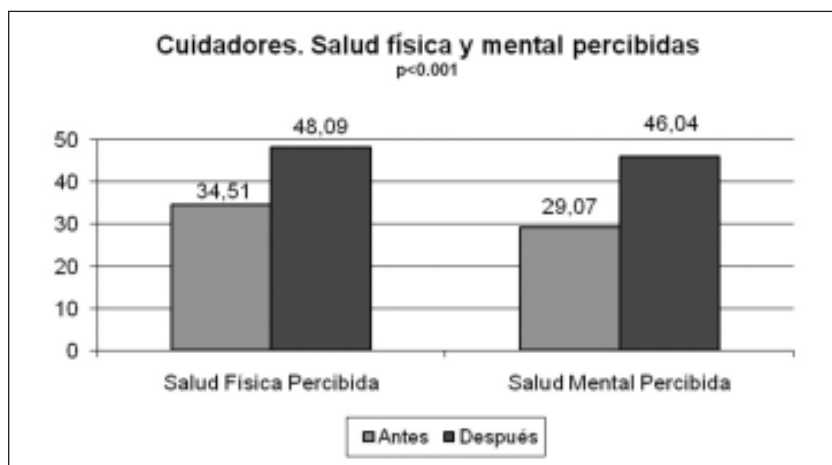


Gráfico 6: Cuidadores. Salud Física y Mental percibidas antes y después del PROAA. Cuestionario SF-12



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## The Immigration Movement and Demonstrations: Implications for Social Work Practice

Noe Ramirez<sup>1</sup>

### Abstract

The social work profession's involvement in the immigration movement is important as community organization in society has become more urgent and it has distanced itself from its social reform mission. As organizing by supporters of immigrant groups has been generated in the last five years, the profession's community organization expertise could help them influence the target system in developing comprehensive immigration policy. This paper presents information on the immigration movement in the context of these issues it is responding to and considerations for integrating the profession's expertise in helping immigrant groups and their supporters organize. The aim in this paper is to highlight how the profession can help the movement maintain the momentum that has been achieved in the last five years of demonstrations and bring forth the realization of comprehensive immigration policies.

### Resumen

La participación del trabajo social en los movimientos migratorios es importante debido que la organización comunitaria en la sociedad ha llegado a ser más urgente y a que la profesión se ha distanciado de su misión social reformadora. Dado que la organización de grupos pro-inmigrantes se ha desarrollado en los últimos cinco años, la experiencia de profesionales de organizaciones comunitarias puede ayudar a influenciar al sistema político para desarrollar políticas migratorias integrales. Este artículo presenta información sobre el movimiento migratorio en el contexto de estos temas, dando respuesta a

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las consideraciones de integrar la experiencia profesional para ayudar a grupos pro-inmigrantes y a sus colaboradores a organizarse. El objetivo de este trabajo es resaltar cómo la profesión puede ayudar a mantener el movimiento y el momento que se ha logrado en los últimos cinco años con manifestaciones que llamaron la atención a la propuesta de políticas pro-inmigrantes integrales.

### **Key Words / Palabras Claves**

Immigration, organizing models & strategies of demonstrations, community organization, activism/ Inmigración, modelos de organización y estrategias de manifestación, organización comunitaria, activismo

### **Introduction**

During the last five years, 2006 – 2010, immigrant groups and their supporters organized by showing a united front through demonstrations (US Immigration Newsletter, 2007; Suro & Escobar, 2006, CNN News, 2008; Montopoli, 2009; Newsweek, 2010; NY Times, 2008). In what is identified as the immigration movement, progress in immigration reform, however, remains scanty as many immigrants and other persons perceive the demonstrations as having had marginal effect in influencing policy-makers to enact comprehensive immigration policies (Associated Press, 2010; Montopoli, 2009; Suro & Escobar, 2006).

Said still, recent show of solidarity by immigrant groups may have actually weakened the impact of the demonstrations as less people, progressively, have taken to the streets (Associated Press, 2010; CNN News, 2008; Newsweek, 2010; US Immigration Newsletter, 2007), institutionalized force against immigrant groups has been applied (Radford, 2007), and legislative sessions on immigration policy produced stalemates and intensified the immigration debate (NY Times, 2008). Moreover, although the debate over immigration policy is likely to restart again soon in Congress (Associated Press, 2010), since the 2008 presidential election legislative action on immigration policy has been obscured from the national lime-light as health care reform and war time matters took center stage; and even the President's stance on immigration has shifted (Dinan, 2009).

A piece of sobering news is that the immigration movement remains intact.

In what is referred to as the “March for America,” recent demonstration by supporters of the movement has led to President Obama’s commitment pursue the matter on immigration policy as early as this year in September (Navarrette, 2010; Newsweek, 2010). This recent action on the part of the president, however, was a result of demonstration efforts by nearly 100,000 people which led to a meeting of Hispanic activists with the President Obama to pressure him to pursue comprehensive immigration policy. Moreover, the movement’s momentum is also evident in its impact in mobilizing other constituencies to join the cause. Representing them are Evangelical leaders which, typically associated with anti-immigration supporters, recently extended support to Obama in developing comprehensive immigration policies (Goodstein, 2010).

As immigrants and their supporters attempt to influence policy-makers to enact comprehensive immigration policies, it is probable that the demonstrations may lead to the realization of comprehensive immigration policies, in the long term, or they may continue to produce marginal results in the near future, or at least during the current year. This potential outcome and the activism that has characterized the immigration movement in the immigration debate, has implications for the social work profession in terms of how its expertise in organizing may be of benefit to this cause.

### **Scope of the Problem & Justification**

The scope of the problem converges on the social work profession, scantily, addressing the current immigration issue(s). This is evident in the marginal visibility of social workers in the media reporting of the demonstrations. It is also evident in a review of 22 issues of two major social work journals published from January 2006-2008 containing 329 titles of which the subject of immigration is identified in only three titles (a guest editorial, a commentary, and an article) found in their table of contents (CSWE, 2008; NASW, 2008). This need for the profession to become more involved in addressing immigration reform has other

implications because although many conditions affecting immigrants are addressed through direct interventions, its expertise in community organizing is presently being underutilized in social work practice (Reisch & Andrews, 2002; Specht & Courtney, 1994).

As an at-risk population, immigrants in the US could be helped by enhancing the profession's involvement in their cause. This proposition is justified as the profession's advocacy, stemming from the Settlement House Movement and the radical and liberal ideas promoted during the first four decades of the 20<sup>th</sup> century (Reisch & Andrews, 2002), helped legitimize the conditions of immigrant groups (Kahn, 1995; Padilla, Shapiro, Fernández-Castro, & Faulkner, 2008), including those of Mexican decent (Acuna, 2004). Said still, there is urgency for integrating social work expertise in the immigration movement because the recent use of force by authorities (Steiger, 2008) appears to be the transitioning of a repressive apparatus (Karger & Stoesz, 1994) that is being applied to quell the demonstrations on behalf of this at-risk group and to enforce immigration policies---through raids, detentions, and deportations---while legislative action has failed in realizing comprehensive immigration reform.

The considerations presented in this paper rest on the notion that the profession's expertise in community organization is being underutilized: As a resource, it could be made more broadly accessible to immigrant groups and their supporters to help them organize around immigration reform. The profession's perspectives on community organizing/intervention, comprised of models, strategies, and tactics, are presented in the background of findings on immigration and the organizing strategies of immigrant groups and their supporters. This proposition is timely in view of the policy debate over immigration and the potential for integrating macro social work perspectives in practice with immigrant groups.

## **Methodology**

For the development of the paper data was obtained from government records on immigration and the literature to present trends in immigration and the strategies used by immigrant groups and their supporters in the 2006-2010 demonstrations. Various sources were used present the

demonstrations’ impact in directing attention to the issue. The perspectives on community organizing in the profession were formulated from social work references and from this authors’ curriculum content on macro practice, including community organizing, to support the aim of this paper.

**Literature**  
**Overview of Immigration**

Two categories of immigrants comprise persons who are undocumented immigrants (illegally) entering the US without proper documentation and refugees, and individuals who enter the US seeking safety from human rights violations placed on them by their country of origin (Delgado, Jones, & Rohani, 2005). Of the total immigrants obtaining legal permanent residence in US since the 1960s, the largest percentage of persons from Mexico was recorded from 1990 - 1999 at 28.20% when approximately 9,775,398 persons obtained legal permanent residence (Table No. 1). From 2000 - 2005 this figure reached a total of 5,743,058 with 1,038,862 (18.08%) immigrants being from Mexico. Comparatively, the percentage number of persons from Mexico naturalized from 1995 - 2005 declined from 24.45% to 12.75% (Table No. 2) while the total number of deportable aliens from Mexico during 2005 consisted of 84.68% of slightly over one million (1,291,142) (Table No. 3).

Table No. 1: Persons Obtaining Legal Resident Status by Region & Selected Country of Last Residence FY 1960s-2005

Total & Country of Last Residence	PERIOD & SELECTED YEARS									
	1960-69	1970-79	1980-89	1990-99	2000	2001	2002	2003	2004	2005
<b>Total</b>	3,213,749	4,248,203	6,244,379	9,775,398	841,002	1,058,902	1,059,356	703,542	957,883	1,122,373
<b>Mexico</b>	441,824	621,218	1,009,586	2,757,418	171,445	204,032	216,924	114,758	173,711	157,992
<b>% from Mexico</b>	13.7%	14.6%	16.1%	28.2%	20.4%	19.3%	20.5%	16.3%	18.1%	14.1%

Source: United States. Department of Homeland Security. Yearbook of Immigration Statistics: 2005. Washington, D.C.: U.S. Department of Homeland Security, Office of Immigration Statistics, 2006.

Table No. 2: Persons Naturalized by Region and Country of Birth: Fiscal Years 1996 to 2005

Total & Country of Birth	Selected Years									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>Total</b>	1,040,991	596,010	461,169	837,418	886,026	606,259	572,646	462,435	537,151	604,280
<b>Mexico</b>	254,607	142,152	111,995	207,072	189,051	102,736	76,310	55,946	63,840	77,089
<b>% from Mexico</b>	24.45%	23.85%	24.28%	24.72%	21.33%	16.94%	13.32%	12.09%	11.88%	12.75%

Source: United States. Department of Homeland Security. Yearbook of Immigration Statistics: 2005. Washington, D.C.: U.S. Department of Homeland Security, Office of Immigration Statistics, 2006.

Table 3: Deportable Aliens Located By Region and Country: Fiscal Year 2005

Total & Region		% of Total
Total	1,291,142	n/a
Africa	2,807	.21
Asia	8,974	.69
Europe	3,226	.24
Oceania	175	.01
North America	1,237,598	95.8
South America	38,140	2.9
Unknown	222	.02
Total	1,291,142	n/a
Mexico	1,093,382	84.7
Colombia	1,545	.19
Costa Rica	1,321	.10
El Salvador	42,884	3.3
Guatemala	25,908	2.0
Brazil	32,112	2.5

Source: United States. Department of Homeland Security. Yearbook of Immigration Statistics: 2005. Washington, D.C.: U.S. Department of Homeland Security, Office of Immigration Statistics, 2006.

In the categories of immigrants seeking asylum the estimated number of immigrants held every year in detention centers in the US include 311,000 men, women, and children (Senate Committee on Homeland Security & Governmental Affairs, 2008).

Current trends in immigrants entering and staying in the US are influenced by enforcement policies that have led to recent crackdowns in employment and home settings. Sponsored by federal, state, and municipal governments, these policies are legitimized efforts to curtail the entry and stay of illegal immigrants in their jurisdictions: they will impact immigration and immigrants even though the national and local economies may suffer as result (Arizona State Legislature, 2010; Christie, 2010; Kelderman, 2008; Preston, 2007; Steiger, 2008; USA Today, 2008). Trends in immigration are also influenced by “push and pull factors:” this perspective asserts that the return of immigrants in the US to their home countries occurs during time of economic troubles and their return to this country during a prosperous economy (Feagin, 1989). Essentially, the combined impact of these factors, recent policies, and stalled comprehensive immigration legislation is likely to result in changes to the status of immigrants in the US, including how they are treated by government officials and how their plight will be addressed through organized advocacy on their behalf.

About 1.3 million illegal immigrants have left the US since the summer of 2007 when Congress failed to pass comprehensive immigration reform and, if the trend continues, the nation’s illegal population is likely to decline by half in the next five years (Chaddock, 2008). However, many illegal immigrants began their departure before the recent economy crisis, a signal that the outmigration is linked to stepped-up border and workplace enforcement (Chaddock, 2008, citing a study by The Center for Immigration Studies). Evidence for this trend is also based on the numbers on remittances sent by immigrants to their home countries, border apprehensions, and school enrollment data (Chaddock, 2008).

Generally, recent opinion on immigration as a public issue varies in the US population. Some believe that immigrants are taking jobs, housing, and other resources from legal US residents, while creating

financial strains on health care and other services. Other persons see newcomers as a resource for strengthening society by upholding traditional and/or accommodating American values, i.e., pluralism, diversity (Lum, 2011). In effect, the public is divided over the course of action that policy proposals should take in addressing the needs of the estimated 11.5 million-12 million unauthorized immigrants in the U.S (Suro & Escobar, 2006, citing data from the Pew Hispanic Center; NY Times, 2008).

The divide in public opinion over immigration has intensified since late-2005 when federal legislators failed to enact comprehensive policies to address immigration, thus leading millions of persons demonstrating as a show of solidarity (Suro & Escobar, 2006; CNN News, 2008). More recently the enactment of anti-immigration policies in the state of Arizona (Christie, 2010) has further divided public opinion with some supporting allowing police officers to perform duties that are typically relegated to immigration officials, and others denouncing this policy as inherent racial profiling, at best. Such policies, however, are likely to stir more resolve by pro-immigration advocacy groups in denouncing these practices and taking action to reverse them, for example, via legal action as was the case with California's proposition 187 in 1994 (Villafane, 2010) and/or boycotts to disrupt an area's economy (Medrano, 2010).

Briefly, the U.S. House of Representatives passed immigration bill H.R. 4437, the Border Protection, Anti-Terrorism, and Illegal Immigration Control Act of 2005, on December 16, 2005 (also known as the "Sensenbrenner Bill," for its sponsor in the House of Representatives, WI Republican Jim Sensenbrenner), to strengthen border enforcement and make illegal immigration a criminal activity that would be prosecuted (Catholic Campaign for Immigration Reform, 2006; Suro & Escobar, 2006). In late March, 2006 the US Senate passed a compromise bill, including enforcement measures and a legalization program for unauthorized immigrants residing in the US for at least five years. At the executive branch, President George W. Bush levied support during the spring of the same year for his proposed guest worker program. Subsequently, an agreement between policy-makers was not realized, leading numerous immigrant rights advocates, churches, unions and others groups to organize marches in numerous US cities from mid 2006 -



2010 (CNN News, 2008; Navarrette, 2009; Newsweek, 2010; NY Times, 2008; Suro & Escobar, 2006; US Immigration Newsletter, 2007).

In response to voters' frustration with Congress' failure to enact comprehensive immigration reform, states and local governments have instituted their own policies to deal with the conditions associated with illegal immigration in their respective jurisdictions. For example, during 2007 state legislatures passed more than twice as many bills dealing with illegal immigrants than during 2006 to address employment rules, human trafficking, benefits, education, employment, identification, law enforcement, legal services, voting, and other miscellaneous policies (Kelderman, 2008; Preston, 2007). During 2007, 1,404 immigration measures were introduced by 41 states and 170 of them were enacted, compared to 84 laws in 2006 (National Conference of State Legislatures survey cited in Kelderman, 2008). During 2009 Legislators attempted to re-introduce immigration bills, while demonstrators, to this date, have taken their plight to directly to Washington (Associated Press, 2010; Navarrette, 2009; 2010).

Some states also enacted measures to protect illegal immigrants, for example, to protect them from exploitation by immigrant smugglers and to extend education and health care to their children (Preston, 2007). Maine, New Mexico, and California, for example, have sanctuary policies although they are illegal under Section 642 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (Members USA, 2008). These policies are opposed by anti-immigrant groups, citing they prevent police, public assistance agencies, and higher education institutions from inquiring about a person's immigration status in arrests and benefit eligibility determination, making it easier for illegal immigrants to live undetected in the US.

### Organizing Methods in Social Work

Organizing methods in social work are embedded in the profession's macro level practice and community organization practice specialty. This practice level may include "policy analysts and developers, program planners; administrators and evaluators; resource developers and allocators; and community organizers and developers working with

geographically or issue-defined interest groups and communities” (Daley & Netting in Rothman, et al., 1995, p xi). As a form of macro practice, community organizing evolved through its involvement in the Settlement House and Charity Organization Society Movements, grassroots organizations, development histories of diverse ethnic and racial groups (Overby Weil & Gamble, 1995), the Rank & File Movement and radical social workers (Reisch & Andrews, 2002), and the civil rights movement of the 1960s (Hanna & Robinson, 1994).

Community organizing perspectives are, generally, characterized by multiple models and methods of intervention which are supported with intervention strategies and tactics aimed at addressing conditions in order to legitimize them as problems and improve the quality of life for people, especially, for vulnerable populations and communities (Netting, Kettner, & McMurtry, 2004; Overby Weil & Gamble, 1995). Accordingly, the major movements in the history of the profession . . . “along with the ethnic and racial organizational activities, are the taproots of community practice as it has evolved in community development, social planning, and social action in the United States” (Overby Weil & Gamble, 1995) (p. 577).

Seven models guiding the planned intervention strategies and tactics of organizers include: (1) Chavez Organizational Linking Model-- involved Cesar Chavez, a pacifist, projecting a sense of trust and empowerment in recruiting members into the farmworkers’ union using marches, picketing, demonstrations, and negotiation; (2) Ross House Meeting Model, developed during the 1960’s, was used to organize southern blacks who had few existing organizations, but, unlike the farm workers, this group had a sense of place and commitment; (3) Alinsky Coalition Model- involves the organizer(s) working with existing organizations and improving or modifying their commitment to become more responsive in meeting the public need; (4) Social Networks Model, the newer version of Alinsky’s model, involves community organizers promoting faith-based groups that draw members of a community together to care for the poor and to help rebuild their neighborhoods via socioeconomic development and other means; (5) Model of Social Planning-- involves professionals in organizations guiding the community in rational problem-solving using a data base to produce studies, reports, and recommendations to relate

social concerns; (6) Model of social action-- involves organizers helping to restructure power relationships and advocate for justice in access to socioeconomic resources and participation in the political process; and (7) Model of Social Reform, similar to the social action model except that the decision-making process is done by people outside of the oppressed population (Lee, 2001; Lundy, 2004; Overby Weil & Gamble, 1995).

Community practice models are often connected by overlapping constructs that characterize their structure. Additional models include: (1) neighborhood and community organizing; (2) organizing functional communities; (3) community social and economic development; (4) social planning (uses social science perspectives); (5) program development and community liaison; (6) political and social action; and (7) coalitions (Overby Weil & Gamble, 1995; Rothman, Erlich, & Tropman (1995). Some models are conceptualized as “modes of intervention” (Rothman, et al., 1995). For example, Locality Development assumes that change should be worked on through participation of the whole community to identify goals and plans of action; and (2) Social Action, characteristic of the 1960s with the rise of the ethnic minority and civil rights movements, presents the need to organize a disadvantaged segment of society to file grievances for just treatment and equal access to resources.

The interconnectedness of these practice models extends to the power base, influence, and involvement of the church in community organizing. Throughout the profession’s history churches have played an important role in social welfare in the US, hence, church social work has evolved as a specialty in this field (Garland, 1995). Working within the auspices of a church organization or alongside it, church social workers practice in multiple settings, including congregations and parishes, denominational organizations, and ecumenical organizations, band together to address common social issues. They have utilized social action agencies, projects, and strategies to organize themselves into overlapping levels, such as local, state, and national bodies (Garland, 1995), which have often led to the formation of (inter-faith) coalitions, some, similar to those being utilized by immigrant groups in their cause.

A recent extension of religious-based organizing has involved

the participation in the Sanctuary Movement by locally autonomous congregational churches (Garland, 1995). This church-guided strategy is aimed at providing refuge to vulnerable groups and/or at-risk populations, such as illegal immigrants, with the aim of addressing their needs. It is guided by similar methods utilized in community practice, for example, involving social workers and others in planning macro-level interventions, including conducting community needs assessments, selecting charismatic leaders to speak on behalf of their cause, use of available resources to address the need of the client system, and identifying strategies and tactics. The services church social workers provide include supporting sponsorship programs for immigrants through “advocacy components” and missionary work (Garland, 1995).

Inevitably, community practice participates in, or is directly involved with, social movements which are realized when coalitions are formed from groups involving a wide range of people representing a segment(s) of the population to produce or prevent a type of social change such as constituting a public policy or law, or social norm (Barker, 1995; Overby Weil & Gamble, 1995; Wood & Jackson, 1982). The current immigration rights movement is an example of a social movement as it aims to realize social change that will facilitate the implementation of a new or more equitable way for society and social organizations to respond to a population, such as an at-risk or vulnerable group, or social issue (Barker, 1995).

Community organization includes the use of various methods and activities to plan and influence change. For example, strategies are developed through planned interpersonal interaction and organized pressure asserted through professional roles in human service arenas and other settings through “modes of influence” (Rothman, et al. (1995). Major tasks for community organizers involve developing community needs assessments, formulating action plans, developing strategies, delineating strategies into tactics, and mobilizing resources on behalf of a community in need (Netting, et al., 2004; Overby Weil & Gamble, 1995). Community organizers also direct their activity at identifying and recruiting community leaders to represent their interests in organizing planned change (Netting, et al., 2004).

Intervention strategies, comprising the framework of community practice models, can be conceived in a continuum of action characterized by the extent to which the strategy is intrusive, more social action oriented, or slated towards direct confrontation with a powerful source (Homan, 2004). Typically, planned action is directed at a system of persons with decision-making authority in order to influence a condition being addressed on behalf of a client population or change agent system (Netting et al., 2004). Some strategies are identified as: (1) Normative, a subtle or passive method of influence; (2) Incentive based, i.e., benefits or rewards are given to compensate for engaging in needed behavior to organize on an issue; (3) Rational, sharing of information with individuals with the intent that individuals are reasonable and will be capable of making a choice about some issue(s); (4) Persuasive, rhetoric and argument is used with a high degree of reason, clarity, and coherency to win someone over on an important issue; and (5) Coercive, threat is utilized and may include use of force or other means to lead people and convince them on an issue(s) (i.e., a legal demand or administrative regulations, use of strong political clout, litigation, negative press, etc.) (Netting et al., 2004; Rothman, et al., 1995). This continuum of organizing strategies, also conceptualized as ranging from collaboration to campaign to contest types (Netting et al., 2004), is often supported with tactics, which comprise more specific activities or tasks that are modified by the change agent system based on outcomes of strategies as they are implemented (Homan, 2004).

Strategies that are utilized by community organizers are often distinguished by the distance that exists and/or is created between the organizer and the system it is trying to change. For example, use of a confrontation strategy will often result in a wide distance in the relation between the group of people that are calling for change and targeted system; moreover, the level of the relationship would be antagonistic with little or no trust (Homan, 2004). In contrast, use of a negotiation strategy will often result in building a more moderate distance with the target system while also recognizing that it has some resources to offer (Homan, 2004). Other strategies which involve closer contact with the target system include collaboration and cooptation where the perceptions of the change agent system and the target system are more aligned or shared (Homan, 2004; Netting et al., 2004).

Tactics are used to support planned strategies and/or, more generally, the precepts of community practice models utilized by organizers. Sometimes strategies and tactics are seen interchangeably depending on the context where they are used. As cited in Homan (2004), strategies are used to “provoke the target into a reaction helpful to your cause” (p. 400). In turn, tactics are activities aimed at eliciting a particular response from the target. . . . “within the context of a discernable strategy, an action or phase of a strategy implemented to attain a limited objective which is instrumental to the attainment of a desired end state or goal” (Conner & de Isla, 1984, p. 245n as cited in Homan, 2004, p. 401). They include, but are not limited to: (1) Freezing the target---keeping the focus on the target, refusing to be distracted by others; (2) Personalizing the issue---linking a particular person with the problem that is being rectified; (3) Holding accountability sessions---holding public officials accountable; (4) Getting outsider help---seeking assistance from organized groups outside your immediate arena of action who are sympathetic to the cause; (5) Disruptive tactics---direct action applied when a group of people take collective action to confront a designated target with specific demands, using their numbers as a means of pressuring their opponent; (6) Civil disobedience---intentionally and publicly disobeying the law and the passive acceptance of the consequences of disobedience, i.e., being arrested, incarcerated, terminated from employment by participating in a strike; (7) Diversionary issues---getting the opponent to worry about a set of secondary concerns or alarming actions you might take; and (8) Encirclement---getting the opponent to respond to a variety of different tactics at the same time, i.e., lawsuit, picketing, investigations by government officials/agencies, letter-writing campaigns, boycotts, or actions to overwhelm the target (Homan, 2004).

### **Discussion and Recommendations for Organizing Immigrant Groups**

There are both opportunities and challenges in the profession becoming more involved in the immigration movement. However, the foundation for helping immigrant groups organize is in place because a main goal in organizing activity, directing attention to a cause, issue, or condition (Netting et al., 2004), has been realized through the demonstrations.

What the demonstrations in the last five years have not succeeded in doing, is having its cause legitimized through policy initiatives favorable to immigrant groups and their supporters. Essentially, the federal, state, and local governments, through enactment of enforcement policies, have implanted a counter-response to the demonstrations, making the immigrants' situation more difficult.

Turning this failure into a success is, perhaps, the greatest challenge facing the immigration movement and the profession in becoming more involved in helping immigrant groups. This is because the movement has reached a stalemate after years of organizing activity and the profession will need to work very creatively with its supporters in crafting strategies and tactics aimed at changing current immigration policies. The present status of the immigration movement in the US, however, can be viewed as a window of opportunity for enhancing the role of the profession's historical mandate and mission in addressing macro level issues to reform societal structures, a need currently facing the field (Brueggemann, 2002; Lundy, 2004; Reisch & Andrews, 2002; Specht & Courtney, 1994).

As cited in a study conducted by Piven and Cloward (1979) on social movements, "both the limitations and opportunities for mass protest are shaped by social conditions" (p. 36) and not necessarily by the activities of organizers and leaders. In this scenario there are only small "windows of opportunity for change" that social movements have, to influence the social order. Piven & Cloward (1979) suggested that the window of opportunity social movements create is inherent in the extent to which they maintain a certain momentum leading to achievement of significant changes. In view of the five year history of the immigration demonstrations immigrant groups and their supporters may eventually influence the target system because a momentum has been created. As such, it is conceivable that this momentum may provide an opportunity for integrating the profession's expertise in the immigration movement and enhance its chances to influence the target system to change.

As the immigration movement maintains its momentum, it may be noted that some of the organizing models, strategies, and tactics that social workers have used to organize, perhaps, remain untried by the organizers of the immigrant groups in their effort to influence the target



system. As such, the success of the immigration movement may be contingent on social workers assuming greater initiative to become more involved and more visible as leaders in this movement. Perhaps, as an initial step toward this effort, social worker may step-up their presence in the reporting of the media to voice their support for comprehensive immigration policies. In effect, this task is beginning to take shape as the National Association of Social Workers' (NASW) Communication Department (T. Spinner, personal communication, August 24, 2008) is enlisting its members to submit opinions on immigration to various media outlets. At the state level, NASW branches could expand their involvement with the immigration movement by voicing support for comprehensive immigration policies. In essence, this is already being realized by NASW-Texas establishing Immigration Critical Issue Advisory groups whose task is to respond to current immigration policy and advocate for people regardless of their immigration status (NASW Network, 2007). Activities being carried out by this advisory group include dissemination of information on immigration issues via discussion groups, monitoring activities of the Legislator and proposing and opposing legislation within its area of expertise, joining forces with other advocacy groups, provision of workshops, submittal of editorials, and posting of information on a website (NASW Network, 2007).

The plight of many immigrants is becoming a humanitarian one, a crisis, as enforcement agencies impact many individuals' capacity to reunite their families and meet other basic needs. This worsening condition may provide greater leverage for involvement in the movement as social workers, especially, those providing services to immigrants, become more familiar with the connection between micro-level needs and macro-level solutions pertinent to this condition. This is an important consideration because social workers and human service organizations are likely to see an increase in immigrant crisis-prone individuals and families as enforcement agencies step-up their efforts to curtail illegal immigration. It is at this juncture, while attending to helping immigrants meet basic needs (i.e., nutrition, health, housing, safety, parental supervision), that social workers may also integrate their expertise in the immigration movement, for example, via volunteer service, employment, lobbyist, and/or consultation roles in their communities.



In providing services to immigrants and their families in human service organizations social workers may be afforded greater opportunity to integrate micro and macro level practice, a fundamental teaching and recommendation in community organization (Lundy, 2004; Netting, et al., 2004). In turn, social work educators could also promote the integration of practices with immigrants and their families in order to prepare practitioners to work with this client population. This is especially fitting for practitioners who are currently providing direct services to immigrant groups utilizing micro-level approaches but see the need for their organization to address the rights and needs of illegal immigrants, especially, their family members, many who are documented but may not be accessing services for fear of other family members being deported. In this scenario, micro-level practitioners could become active as community organizers and macro interventionists in the context of their practice arena. This task could be performed by joining other colleagues in planning and implementing organizing strategies on behalf of immigrants within their organizations (Netting et al., 2004).

In working alongside organizers of the immigration movement social workers may consider enlisting the help of expert activists such as Chicana/os whose activism is well grounded in earlier eras of reform in the US and they are connected to Mexican immigrants by ethnic, racial, and cultural heritage (Curiel, 1995; Ramirez, 2007). This proposition is justified because as an at-risk population, immigrants in the US stand to benefit from the vast strategies previously utilized by Mexicans and Mexican-Americans throughout the Southwest which influenced Chicana/os to organize during the Chicano Movement of the 1960s – 1970s (Arreola, 2002; Curiel, 1995; Ramirez, 2007; Rosales, 2000). Further, many Chicana/os are descendents of immigrants dating to the era of the Settlement House Movement (Acuna, 2004).

Other challenges face social workers helping immigrant groups organize. Some may be difficult to overcome in view of the knowledge, skills, and experience that these groups may need to deal, effectively, with the government's response to the demonstrations and illegal immigration in general. Essentially, the government has sharpened its ability to deal with the immigration movement as evident by its recent use of force and enactment of enforcement policies to quell the activities of

demonstrators and proponents of comprehensive immigration policies, a dynamic that often accompanies social movements (Karger & Stoesz, 1994). In joining the immigration movement social workers may need to prepare themselves to adapt to the current and future government response to the movement's organizing activities which may include the use of divide and conquer-type strategies, police intervention, incarceration and long-term detention (especially of identifiable leaders), deportations, raids in employment and home settings, automated identification checks with employers hiring illegal immigrants, and appeasement policies. To prepare for this social workers may consider utilizing an educational campaign that would provide learning of organizing methods and training that immigrant groups and their supporters could utilize in planning the demonstrations for the coming year(s). Perhaps, social workers could serve this purpose by building a campaign to raise awareness on the need to develop Technical Assistance-type Centers (TACs) to help organizers of the immigration movement respond to counter measures encumbering its success.

### **Implications**

Integrating the profession's expertise in the immigration movement may contribute to enhancing its social reform agenda and lead to greater use of integrative micro-macro approaches to practice with immigrant groups. Greater involvement of the professions in the immigration movement is likely to serve as an avenue for generating evidence that supports that this practice mandate is materializing in practice settings delivering services to at-risk groups such as immigrants. The immigration movement is likely to serve as a long-term window of opportunity for the profession, which could be used to update organizing models with immigrant groups, as immigration issues are likely to remain unresolved in the near future. Essentially, greater involvement of social workers in the immigration movement is likely to help the profession reinvigorate its historical mandate accentuating its involvement in social reform activities.

## **Conclusions**

This paper has presented a case for the profession to become more involved in the immigration movement by helping immigrant groups and their supporters organize in order to maintain the momentum in their movement that has been achieved in the last three years of demonstrations and to bring forth the realization of comprehensive immigration policies. The profession's involvement in supporting the immigration movement is important as community organization in contemporary society has become, increasingly, more urgent and its expertise in providing services to immigrant groups is being underutilized. Social work involvement with the immigration movement, with the application of the profession's knowledge and skills on community organization, is likely to help immigrant groups and their supporters influence the target system. This is a reasonable proposition as the profession has accumulated vast knowledge of social movements and skills in addressing social reform issues. Notably, as the profession has become more micro-practice oriented, this shift in practice, while its social reform activity has declined, adds justification for social workers to involve themselves in helping immigrant groups and their supporters organize in realizing their goal, the realization of comprehensive immigration policies in the U.S.

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