Applied Integral Methodological Pluralism:

Designing Comprehensive Social Services Program Evaluation

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Introduction

With a goal to break intergenerational cycles of homelessness and *transform the lives of homeless individuals and families*, the Committee on the Shelterless (COTS), a homeless services organization in Petaluma, California, applies Integral theory (Wilber, 1995) to program design. Supporting integration of current research on adverse childhood experiences (ACE) (Felitti, Anda, Nordenberg, Williamson, Spitz, et al, 1998) and resiliency (Smith & Carlson, 1997), Integral theory guides a comprehensive homeless services model that transcends and includes existing, often piecemeal, approaches to homelessness. Current literature on homeless service delivery does not fully explicate the theory from which the models are derived or their grounding in research, and there are few documented homeless services program evaluations (Larkin & Beckos, under review). COTS' Integral approach to program development, which incorporates ACE and resilience research, contributes to successful outcomes. Evaluation of the COTS model would develop knowledge of an Integrally-informed ACE response while filling noted gaps in homeless services research.

Building on summaries of the Integrally-developed service delivery at COTS, this article proposes and describes an Integral program evaluation approach. Following an overview of Integral theory, the Integral model of homeless service organization employed at COTS is briefly presented, including the way in which an Integral understanding of ACE and resilience research informs programming. In this context, the current state of homeless services evaluation is reviewed. Next, Service Outcomes Action Research (SOAR) (Duffee, 2010) is set forth as a current evaluation approach that can be enhanced through Integral Perspectivism (Wilber, 2006). Finally, Integral Methodological Pluralism (Wilber, 2006) is discussed as a way to augment SOAR, consistent with evaluation of an Integrally-informed organization such as COTS. This article concludes with a call to replicate and

evaluate the Integral model employed by COTS, pointing out that this can inform social service program evaluation more broadly.

Integral Theory

As a philosopher in our current time, Wilber (1995, 2000, 2007) has developed a post-disciplinary meta-theory that incorporates the insights of various systems of thought and research findings. This comprehensive framework, known as Integral theory, helps to explain complex developmental processes which are useful in understanding the social problem of homelessness and supporting homeless service delivery. Appreciating the work of numerous developmental scientists (Loevinger, 1976; Kohlberg, 1981; Gilligan, 1982; Piaget, 1972; Freud & Strachey, 1960; Fowler, 1981; and many more), as well as the study of multiple intelligences (Gardner, 1983) and emotional intelligence (Goleman, 1995), Wilber (2000) identifies various lines of development, each of which involves movement through increasingly complex structural stages expanding strengths in particular areas. Together, these developmental lines play a role in one's overall developmental level of awareness. Interaction between the individual and the collective facilitate this developmental process (Wilber, 2000).

Representing the way in which the individual and collective arise together, the four quadrants are perspectives, or dimensions, of any occurrence. The quadrivium depicted in Figure 1 corresponds to concerns of a social service agency, such as a homeless service organization seeking to assist homeless people. The lower two quadrants characterize the collective, and the upper two quadrants the individual. The "IT" perspective of the upper right (UR) quadrant brings attention to those aspects of an individual served, such as a homeless person, which can be observed – such as behaviors or medical problems. The "ITS" quadrant, in the lower right (LR) focuses on the systems involved in the life of a homeless person.

Both of these quadrants are third person perspectives that note objective aspects of the individual and collective. The "I" quadrant, on the other hand, is a subjective perspective that would need to be elicited rather than observed. Examples of this upper left (UL) perspective include an individual's emotions or unique strengths. Shared meanings, agreements, values, and worldviews characteristic of a culture or sub-culture are expressed in the dimension of the "WE" quadrant in the lower left (LL) (Wilber, 2000). Recognizing development as an all-quadrant event, a homeless agency can intentionally offer each dimension of service for a comprehensive approach to restoring healthy development. This is depicted in the quadrivium below and described in the example that follows, presenting the Integral approach provided by the Committee on the Shelterless (COTS).

Figure 1. A Quadrivium of Service

Attend to strengths, Intentions, plans, personal stories Strengthen coping & Life skills I	Meet basic needs Support physical health / bodily healing Behavioral modeling (i.e. personal & social responsibility) IT
WE Therapeutic & learning Communities Culture of recovery Peer support, mentoring Re-connection -- community service Social awareness	ITS Policies & procedures to support agency culture -- rules of decorum, intake procedures -- drug & alcohol testing Shelter Management system Policy advocacy & fundraising

COTS: An Integral Response Helps Break the Cycle of Homelessness

"This place explodes people's consciousness… people who may have been beaten as children, numbed by decades of using alcohol and illegal drugs, brought up with racist values – when they leave here, they are leaders, people who have discovered that giving back is truly where it's at… Here something

happens that turns me inside out – I can't wait to get to here every day because I can't wait to hear the next story." COTS staff member.

The Role of Integral Theory

The Committee on the Shelterless (COTS) is an Integrally-informed and Integrally-developed agency utilizing current research on adverse childhood experiences (ACEs) (Felitti et al, 1998) and resiliency (Smith & Carlson, 1997) to design programs for homeless people (Larkin & Beckos, under review). Staff describe COTS as very much an Integral organization at all times, stating that otherwise, the programs would be piecemeal and the approach would not be as comprehensive. "You've got to have the whole philosophical and intellectual theoretical framework – otherwise, your programmatic components will not address the whole person."

COTS' Integrally-developed management sets the tone of the organizational climate, drawing like-minded employees, and cultivating the Integral perspective at COTS. In this way, leadership sets the example for a compassionate culture characterized by love, integrity, and respect. Personal development is part of the culture at COTS, and staff are aware of being on their own growth track (Larkin, 2006; Larkin & Beckos, under review). Consistent with recognition of the crucial role of self care among helping professionals (Brenner & Homonoff, 2004; Christopher, Christopher, Dunnagan, & Schure, 2006) and the necessity of preventing vicarious trauma (Badger, Royse, & Craig, 2008), self-development is viewed as key to carrying out role-modeling and relationship building to effectively help people who are homeless. This culture influences the larger community through the provision of community service by staff members and clients and by engagement of community volunteers to carry out COTS programming (Larkin & Beckos, under review).

Adverse childhood experiences, resilience, and Integral theory

COTS' Integral approach draws together key aspects of current homeless service approaches in a way that is informed by an understanding of adverse childhood experiences (ACE) research (Felitti et al., 1998) and the developmental impact of trauma (Larkin & Records, 2007; Larkin, 2008) as well as knowledge of resilience (Smith & Carlson, 1997) and recovery (Starnino, 2009). ACEs are linked to homelessness (Burt, 2001), and new research reveals high rates of ACE among homeless people (Larkin & Park, 2009). Integral theory is utilized to design and implement a comprehensive array of programs which address ACEs as core injuries that play a role in homelessness (Larkin & Beckos, under review).

The ACE Study is a large epidemiological analysis created by the Centers for Disease Control (CDC) and Kaiser Permanente to explore the relationship between categories of childhood adversity and long-term health outcomes. This study demonstrates that categories of household dysfunction and childhood neglect and abuse are inter-related and correlated with health problems later in life (Dong, Giles, Felitti, Dube, Williams, et al., 2004; Felitti et al., 1998). Extensive research sheds light on a clear link between ACEs and mental health problems (Anda, Whitfield, Felitti, Chapman, Edwards, et al., 2002), ACEs and alcoholism, smoking, and other addictions (Anda, Croft, Felitti, Nordenberg, Giles, et al., 2000; Dube, Anda, Felitti, Edwards, & Croft, 2002; Felitti et al., 1998; Felitti, 2002; Felitti 2003), ACEs and job problems (Anda, Fleisher, Felitti, Edwards, Whitfield, et al, 2004), ACEs and homelessness (Burt, 2001; Larkin & Park, 2009), and ACEs and criminal justice involvement (Messina & Grella, 2006).

Integral theory (Wilber, 2000) helps to explain how ACEs, subsequent substance abuse, and other health risk behaviors can hinder a person's ability to resolve one stage of development and move on to the next (Larkin & Records, 2007). At COTS, Integral theory helps identify the impact of trauma

on individual development, as well as people's unique strengths, and informs COTS' work to help homeless people resolve developmental obstacles and move forward in their lives. Integral theory also guides integration of the ACE Study with research on resilience that informs ACE response strategy. Resiliency research explains how people can bounce back from adversity, trauma and tragedy (Smith & Carlson, 1997; Larkin & Beckos, under review). This research indicates that a person's resiliency can be fostered and strengthened through a personal connection with someone who believes in them, the chance to make decisions, and awareness of high expectations from others (Smith & Carlson, 1997; Fraser, Richman, & Galinsky, 1999; Henderson, 2003; Daining & DePanfilis 2007). COTS responds to ACEs through Integrally designed programs offering resiliency support and skill-building (see Figure 1). When people experience healing, and achieve stable jobs and lives within the community, they are then able to reduce risks for the next generation (Larkin & Beckos, under review).

Homeless Services Research

Homeless people are sometimes included in populations of clinical intervention research studies, some of which may address trauma (i.e. McWhirter, 2006), but there is a need for more trauma-informed interventions for homeless people (Christenson, Hodgkins, Garces, Estlund, Miller, et al., 2005; Kim & Arnold, 2004; McManus & Thompson, 2008; Mershcam, Van Leeuwen, & McGuire, 2009). Additionally, while clinical intervention research is helpful in considering the inclusion of evidence-informed practices within the homeless agency, homeless service delivery requires a more comprehensive theoretical model. Lacking such a model, homeless services literature tends to emphasize and describe the arrangement of systemic structures, with surprisingly little program evaluation research (Larkin & Beckos, under review). Continuum of Care and Housing First (supported housing) are two approaches focusing on policy and system solutions to homelessness. Continuum of Care models

coordinate community-based service systems (Goodfellow & Parish, 2000; Wong, Park, & Nemon, 2006). Supported Housing flows from the value that everyone has a right to housing and emphasizes policy to create housing regardless of whether formerly homeless people engage in available treatment or services (Pardasani, 2005; Tsemberis & Asmussin, 1999).

Systems integration research grows out of a recognition that homeless people frequently experience complex and co-occurring disorders, which are often addressed by distinct clinical interventions offered through a fragmented service delivery system (Hambrick & Rog, 2000; Larkin, 2010; Rosenheck, 2000). Rosenheck and colleagues (1998) point out that more integrated homeless service systems may reflect institutional history and community culture, which along with economic impacts, can help to explain the success of these integrated systems in improving housing access to homeless people. Systems integration researchers are now recognizing that evaluations of integrated systems need to include an understanding of agency processes, goals, and the role of front-line staff in achieving service outcomes (Larkin, 2010; Rosenheck, 2001; Rosenheck, Lam, Morrissey, Calloway, Stolar, Randolph, & the ACCESS National Evaluation Team, 2002; Rowe, Hoge, & Fisk, 1998). Integral theory (Wilber, 2000) usefully extends theoretical frameworks emphasizing systemic structures in a way that includes organizational climate and processes as well as concepts relevant to clinical service provision (Larkin, 2006; Larkin, 2010).

Focusing on the evaluation of services to homeless families, Winship (2001) addresses obstacles involved in homeless research and program evaluation: shortage of existing research, inclusion and funding of program evaluation components, difficulty of family follow-up, execution of evaluation plans, barriers to stable housing, and the impact of larger social issues on outcome evaluation. Mares and colleagues (2008) have found only weak associations between measures of client-level service

integration and system-level integration in homeless services. Following a review of homeless services literature, Crook and colleagues (2005) found several client level outcome measurement instruments and noted that these are often aggregated for outcome measurements of homeless programs. Research using systems level measures, on the other hand, include outcomes such as cost-savings, increased service access, and interorganizational relationships. The lack of a single comprehensive measurement instrument relevant to the evaluation of homeless agency outcomes poses a challenge (Crook, Mullis, Cornille, & Mullis, 2005). Identification of outcomes for homeless people is also daunting when it is recognized that poverty, lack of employment opportunities, poor self esteem and life quality, domestic violence, substance abuse, mental illness, and other issues all contribute to homelessness (Green, 2005; Flateu & Zaretzky, 2008). Furthermore, even major life improvements for a chronically homeless individual experiencing co-occurring and complex problems, which also impart cost savings and other benefits to the community, may appear as very limited outcomes (Flateu & Zaretzky, 2008).

A clearly articulated, theoretically-based, flexible and integrative model of homeless service delivery is likely to be a useful development. Evaluation for effectiveness can more easily flow from a theoretically-based model that is implemented with clear goals (Larkin & Beckos, under review). In fact, Winship (2001) makes several suggestions to address obstacles to homeless service program evaluation. The first involves articulation of a coherent theory of change from which evaluation can flow (Winship, 2001). Other recommendations include identifying practical expectations for clients, intensifying relationships with other agencies that serve the same group of clients, emphasizing follow-up, and engaging in policy advocacy around societal issues that affect outcomes (such as enhanced subsidies and low-income housing as well as homeless prevention) (Winship, 2001). Integral Theory (Wilber, 2000) is a coherent approach that helps the researcher capture these complex considerations.

Pointing to the connection between ACEs and homelessness, COTS revolutionizes our understanding of the causes of homelessness in a way that calls for an Integral response. Integral theory both explains the relationship between ACEs and later life outcomes, including homelessness, and guides the restorative programming strategy (Larkin & Records, 2007). Furthermore, current homeless service delivery does not explicitly seek to address ACEs, is characterized by piecemeal approaches, and there is no explicit theoretically-based model to guide comprehensive homeless response (Larkin & Beckos, under review). COTS' ability to house homeless and chronically homeless adults has expanded significantly through a continuing Integral theory approach to incorporate ACE knowledge and develop programs. For example, COTS successfully housed 283 of 590 unduplicated individuals in transitional or permanent housing in 2008 – 2009, an increase from 8 of 646 clients in 2004 – 2005. This was accomplished using the same number of full-time staff, fewer programs, and standard case management practices. This demonstrated ability to break the cycle of homelessness signifies the value of thorough evaluation research to deepen appreciation and broaden our grasp of the effectiveness of an Integral approach to helping homeless people. Evaluation of COTS' use of the Integral model would develop knowledge of an Integrally-informed ACE response while filling noted gaps in homeless services research (Larkin & Beckos, under review). Service Outcomes Action Research (SOAR) is proposed here as a suitable evaluation approach that can be enacted from an Integral perspective.

Service Outcomes Action Research (SOAR)

A partnership between the University at Albany, State University of New York and two organizations that operate residential treatment centers (RTC), the Service Outcomes Action Research (SOAR) project seeks to generate research relevant to practice. Established in 2001, SOAR includes a team of researchers from the Schools of Social Welfare, Criminal Justice, and Education along with

RTC staff. While various forces, including regulatory bodies and professional schools, contribute to a growing demand for "evidence-based practice," there is often confusion about the meaning of this term and the role that local agencies can play in developing research relevant to practice (Cunningham & Duffee, 2009; Usher & Wildfire, 2003). The SOAR project embraces a developmental approach to practice-based research within an organizational culture of inquiry that involves an action research process (Duffee, 2010). Both the SOAR approach (Duffee, 2010) and Integral theory (Wilber, 2000) support the efforts of the National Institutes of Health (NIH) Council for Training in Evidence-based Behavioral Practice (EBBP) (2008) that has defined a more integrative view of evidence-based practice. The EBBP model set forth by this Council calls for practice decision-making within the local environmental and organizational context that is based on an integration of the best available research evidence and practitioner expertise with client characteristics and stated needs, values and preferences (Council for Training in Evidence-based Behavioral Practice, 2008). The terms "evidence-based practice" and "action research" will be defined and discussed within an understanding of Integral theory (Wilber, 2000), followed by an explanation of how the SOAR project is carried out.

"Evidence-based practice" as a process based in practice

The demand for evidence of effectiveness with service provision continues to grow as funders look for greater accountability on the use of limited service dollars (Briggs & McBeath, 2009; Duffee, 2010). Cunningham and Duffee (2009) point out that people have employed the term "evidence-based practice" (EBP) to describe a number of styles for improving practice based on research findings. One common approach to EBP involves adopting a clinical intervention (typically guided by an individually-oriented psychological theory and tested with a particular methodological rigor) that has been found to work with a specific population in a certain setting, thereby providing empirical support for utilizing the

intervention (Cournoyer & Powers, 2002; Cunningham & Duffee, 2009). In contrast, a developmental style views EBP as a process that begins with practitioners. This approach seeks to foster a culture of inquiry about what works in an organization, building upon an existing desire of service providers "to do their jobs well and to facilitate beneficial outcomes for clients they care deeply about" (Cunningham & Duffee, 2009, p. 183). Integral theory (Wilber, 2000) can serve as a useful support to this approach as it incorporates concepts guiding different types of clinical interventions as well as culture and systems associated with the organization and the contexts within which it operates (Larkin, 2006). (See Figure 1).

Grounding research in practice, developmentally-oriented researchers engage service providers in articulating their current interventions and expected outcomes, helping to create program logic models that reflect an agency's own theory of change (Cunningham & Duffee, 2009; Weiss, 1995). Researchers support practitioners in identifying measures of current practices. Practitioners and researchers work together to understand data generated from these measures. Practitioners then determine how to strengthen or change interventions based on the extent to which the data collected supports their theory of the relationship between particular services and outcomes. Findings can lead to adjustment of theoretical models and new research questions. In this way, the EBP process can be viewed as an aspect of organizational development that leads to the integration of research and practice. The goal is to help the organization build a system for ongoing data collection, with locally generated data continually offering service providers information about the direct impact of services that can inform decisions about practice and program development as well as support policy advocacy (Cunningham & Duffee, 2009). Recognizing that action research helps to engage agency participants in this developmental process, and expands the methodological approaches to reveal data, it has been incorporated into SOAR (Duffee, 2010; Hopson & Larkin, 2009).

Action research and program evaluation

Action research originated with the idea that those who experience a phenomenon firsthand are the most qualified to study it (DePoy, Hartman, & Haslett 1999). Greenwood and Levin (2007) have defined action research as "social research carried out by a team that encompasses a professional action researcher and the members of an organization, community, or network ("stakeholders") who are seeking to improve the participants' situation" (p.13). While authors attempt to tease out distinctions between several offshoots of action research, including participatory action research, collaborative action research, and action science, among others, core tenets of action research can be identified (Cassell & Johnson, 2006; Friedman, 2001; Kemmis & McTaggart, 2000), which will be described next.

The goals of action research are three-fold: to improve practice through learning and problem-solving; to gain a deep knowledge base for how practice is developed and theorized in action; and to advance community participation into practice and research (McNiff, Lomax, & Whitehead, 2006). Rather than the researcher putting forth all of the ideas and structure acting as the "expert", there is an expectation that those who are in the field, providing and receiving services, actively participate and have valuable information and viewpoints to contribute (Chataway, 1997; DePoy et al., 1999; McNiff et al, 2006). Action research works on the premise that engaging a vast array of participants from all aspects of the service system (program directors, professional and paraprofessional front-line staff, clients, family members, community members, etc.) will provide the greatest amount of information, lead to outcomes rooted in social justice, and will be sustainable because of the investment of all involved (Cassell & Johnson, 2006; DePoy, Hartman, & Haslett, 1999; Kemmis & McTaggart, 2000). Beyond the interweaving of research, action and participation (Greenwood & Levin, 2007; Koliba & Lathrop, 2007), the action research methodology involves the "iterative cycle of problem identification, diagnosis, planning, intervention and evaluation of the results of action in order to learn and to plan

subsequent interventions" (Cassell & Johnson, 2006, p. 784). It is this process of inquiry, involving deep engagement of participants in questioning and evaluating practices, that distinguishes action research from other modes of evaluation (McNiff et al., 2006).

De Poy and colleagues (1999) have outlined a model for social work action research that includes ten steps. The first step identifies and defines the social problem of focus. Within this step, stakeholders are identified and consulted to ensure that the entire depth and breadth of the problem is understood. The second step requires the development of a steering committee whose membership is representative of all stakeholders. The steering committee is then charged with the third step, defining the purpose and scope of the research project. From there, step four, a research team is identified, soliciting volunteers or recruiting participants to work together. It is important that this team have a broad range of skills and is diversified to included professional and non-professional researchers. Training of the research team is the basis of step five. Step six includes the development and focusing of the research question, identifying how it will be measured and analyzed. Once this has been established to the satisfaction of the research team, along with steering committee consent, the research can progress to step seven, implementing the research and analyzing the data. Reporting the findings to stakeholders in a format that is easily understood by all stakeholders is the eighth step. Step nine takes the research findings and, with feedback from the steering committee and stakeholders, determines what change is indicated and how that change will be implemented. The final step in the process reflects the cyclical nature of action research, and points the research team back to step one to further evaluate and assess needs and determine further courses of action (DePoy et al, 1999).

Gathering information and insight from all key players allows a comprehensive picture to emerge, and the theories underlying people's actions, both articulated and unarticulated, come to the forefront. This knowledge provides the foundation for inquiry and development of the research

framework. It recognizes the unique expertise of all those involved and works to be inclusive as the research develops and unfolds (Cassell & Johnson, 2006; Kemmis & McTaggart, 2000). In this way, action research begins to approach the need for an Integral map, which offers a framework inclusive of the different theories and associated actions and methodological approaches engaged by participants. In addition, Integral theory helps the action researcher to understand and manage the varying perspectives and complex interactions of participants within the service system (Larkin, 2006; Wilber, 2000).

Weiss (1995) has emphasized the importance of theory within program evaluation. Whether theories are implicit or explicit, part of the value of this research is helping stakeholders to fully articulate and come to understand how different theoretical perspectives influence the organization, including decision-making about practices (Anderson-Butcher, Lawson, Fallara, & Furano, 2005; Weiss, 1995). By transcending and including diverse theoretical views and clarifying methodological zones of inquiry, Integral theory (Wilber, 2000) offers a comprehensive meta-theoretical framework that supports the action researcher. Integral theory can usefully convey the scope of practice within the agency while also serving to organize findings and note methodological gaps.

Carrying out SOAR

A key aspect of the SOAR project is the partnership between the community organizations and the university (Duffee, 2010; Hopson & Larkin, 2009). With a mandate of social responsibility, institutions of higher education are increasingly aware of the value of building healthy, mutual relationships with community partners and supporting faculty in establishing long term partnerships that address community needs while advancing knowledge (Diamond & Adam, 2004; Rubin, 2000; Maurrasse, 2002). These relationships require a correction to historic patterns of researchers taking information, without supporting implementation and change (Sieber, 2008).

Consistent with the developmental EBP process and action research approaches to program evaluation, the SOAR team identifies the theory or theories that serve as the basis for service delivery through an in-depth examination of practices and assumptions from all stakeholders. This leads to a plan of action for measurement and assessment (Duffee, 2010). Both RTC agencies note the complexity of their service delivery, which seeks to integrate various clinical interventions with case management, interagency collaboration, and attention to their own therapeutic milieu. The Integral concept of the four quadrants (Wilber, 2000) has been easy to understand and helpful to some staff members as they sought a way to articulate agency practice and make distinctions that can guide the SOAR approach to evaluation.

Once program theory of change was elicited and documented in program logic models for the two RTC's, university researchers conducted a pilot study exploring the usefulness of various measures for collecting data relevant to the program logic models of these agencies. In addition, agency processes, staff practices, and gaps in current agency data collection were identified through qualitative methodologies. Agency practitioners have been engaged in the SOAR team and involved in the interpretation of these findings. The two RTCs are now determining how each program will go about implementing measures and collecting data in an ongoing manner (Duffee, 2010).

SOAR measures treatment process and client outcomes at multiple points in time (before, during, and after intervention) as well as the effect of staff on client progress (Duffee, 2010). In addition to identifying appropriate quantitative measures, qualitative methodologies help answer research questions relevant to agency operations. These may include staff interviews or focus groups exploring current practices and staff perspectives, which can also serve to engage agency staff members and advance a culture of inquiry as part of the organizational development process. SOAR team members also engage in participant observation, for example documenting the agency process of articulating theory of change

and determining implementation of measures. Coding teams identify themes and gaps in progress notes at the agency (Duffee, 2010).

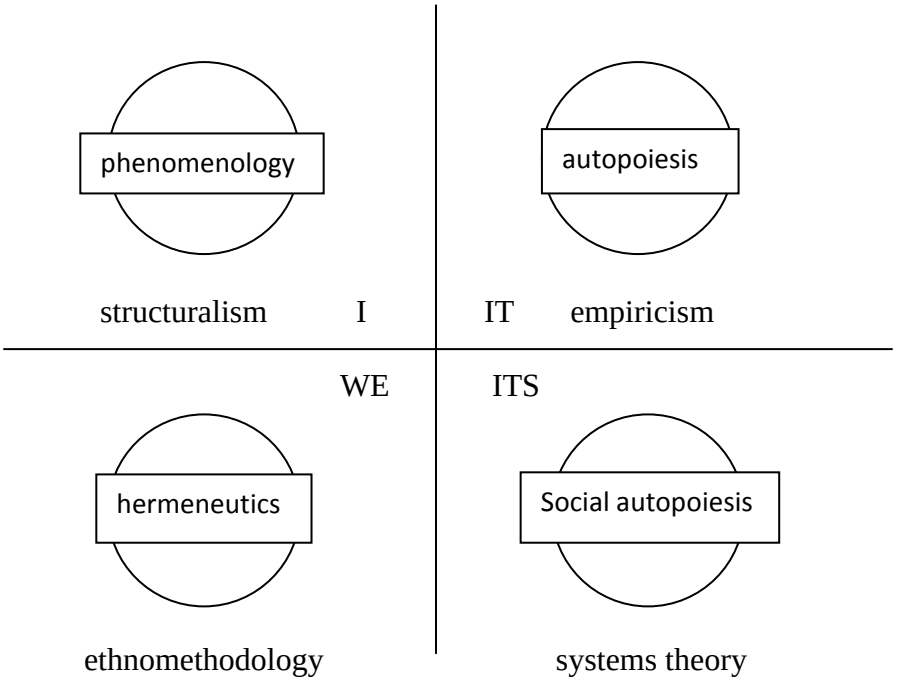
SOAR team members assist agency staff in using all findings to understand how their agency works and what works best to achieve their desired outcomes, which supports an incremental and ongoing process of adjusting practice and programming based on the constant generation and analysis of various types of data. In this way, research and practice become integrated and inseparable over time, with each informing the other (Duffee, 2010). Integral theory (Wilber, 2000) can guide the enactment of the diverse methodological approaches employed from a perspective that truly appreciates the particular type of contribution each can make to understanding an agency's service delivery process and resulting outcomes, holding and organizing diverse findings within a cohesive and comprehensive framework. As other commonly used clinical and organizational theories only explain part of the picture (i.e. why a particular clinical intervention works) or support limited methodological approaches to information-gathering, these are not adequate to handle the diverse approaches enacted by a team such as SOAR. An understanding of Integral Methodological Pluralism (Wilber, 2006) is likely to offer the SOAR team even greater clarity in enacting methods of data collection, identifying new research questions, and appreciating gaps or discrepancies in findings.

Integral Methodological Pluralism

From an integral vantage point, it becomes clear that distinct methodologies, or injunctions, designed to reveal particular types of data, emanate from perspectives that can be mapped to the quadrants. Thus, Integral Methodological Pluralism (IMP) claims that any occasion can be investigated from the inside or the outside of each of the dimensions represented by the quadrants, or from eight primordial perspectives. Actions actually bring forth the views of each of these zones and emanate from

the view taken (the perspectives and actions are concurrent), which are represented in Figure 2 (Wilber, 2006).

Figure 2. Methodological Zones (Wilber, 2006, p. 37)



Empiricism, for example, involves a methodological approach studying the outside view of objective matters, which is illustrated by the study of client and staff behaviors in a social service agency. Autopoiesis, also mapped to the upper right (UR) quadrant, enacts the inside view of the objective, an example being the study of one's thoughts as objects of awareness. Systems theory brings an empirical methodological approach to the study of observable interactions (inter-objective), or a study of systems from the outside, represented in the lower right (LR) quadrant. In this way, research on service outcomes is often connected with the study of systemic interactions within and between agencies. At the same time, communication, behavioral interactions, and language that comprise systemic interactions can be studied from the inside of the system (social autopoiesis), which is therefore another enaction of the lower right (LR) quadrant dimension/perspective. For example, agency staff

might explore their own communication and interaction patterns. Ethnomethodology enacts the view of the intersubjective, lower left (LL) quadrant, from the outside (i.e. studying the culture of an agency of which one is not a member), while hermeneutics is a method of interpreting how "WE" (lower left LL quadrant) understand one another. Structuralism is a scientific or objective approach to studying the interior experience of other people or oneself, an example of which would be reliable and valid scientific measures of development, change, or engagement processes. This is mapped to the outside zone of the upper left (UL) quadrant. Phenomenology is a method of revealing the subject of one's own experience, the interior of the UL quadrant, such as journaling about one's experience engaging with, or working in, a social service agency.

This helps to consider which views are currently explored and documented by SOAR. Exploring the outer zones of each quadrant, SOAR is quite comprehensive. Yet, the project focuses primarily on measures to reveal data about client and staff behaviors (outer zone of the "IT" quadrant) and changes in youth attitudes, perceptions, and degree of engagement (outer zone of the "I" quadrant). The connection to services research (outer zone of the "ITS" quadrant) is increasing, while qualitative staff interviews and participant observation represent an ethnomethodological approach to understanding agency culture (outer zone of the "WE" quadrant). While an integrally-informed approach does not require that all methodologies must be enacted, IMP offers a way to appreciate findings within a balanced view and can call attention to new research questions that could help further explain findings in one zone by enacting another view that generates complementary data. In addition, IMP offers a way to engage more staff in different types of data collection, which could involve any staff person in journaling (inner zone of the "I" quadrant) or facilitate organizational development by supporting staff in engaging in hermeneutics of how they understand one another (inner zone of the "WE" quadrant) or examining their own communications and interactions within the agency (inner zone of the "ITS" quadrant). In these ways,

IMP can help reach the goal of integration of research and practice by expanding the involvement of agency staff in more options for data collection. Finally, Integral theory pulls together the pieces of SOAR and offers a meta-theory transcending and including the various clinical theoretical perspectives expressed and methodologies enacted, along with the theories and methodologies exploring agency and other societal systems and culture (Larkin, 2006; Wilber, 2006).

IMP/SOAR at COTS

As previously described, the Committee on the Shelterless (COTS) is already an integrally-informed organization led by an integrally-developed management team. Thus, any action researcher would elicit an integral theory of change from the program. This article has also set forth the ways in which Integral theory (Wilber, 2000) can be useful to the action researcher appreciating the various perspectives and contributions of staff persons at any agency. Integral theory (Wilber, 2000) handles the challenges noted by homeless services researchers, bringing attention simultaneously to client and program processes and outcomes, as well as larger societal issues that influence outcomes.

Having already articulated an Integral program theory consistent with a comprehensive evaluation approach, COTS is poised for engagement in an Integral SOAR project. The next step involves development of a local university partnership and steering team within COTS to refine program logic models, clarifying processes and outcomes. The team would then identify research questions and appropriate methodologies for answering those questions, exploring potential contributions from staff persons to generate data on processes and outcomes of concern to COTS from various perspectives. Considered from an Integral perspective, findings would inform both incremental practice and program developments as well as new research questions. This will be the first example of an integrally-informed social service agency enacting an integration of research and practice in a way that further informs the

development of Integral perspectivism by organizational members and researchers engaged in consideration of data potentially emanating from all methodological zones.

Conclusion

Integral theory (Wilber, 2000) informs the integration of research on adverse childhood experiences (ACE) (Felitti et al, 1998) and resiliency (Smith & Carlson, 1997) to guide programming at COTS. As a result, COTS offers a comprehensive theoretically-grounded and research-based homeless service delivery model (Larkin & Beckos, under review). Integral theory also possesses the depth and breadth necessary to handle concerns of homeless services researchers. Drawing upon Integral Methodological Pluralism (IMP), a current evaluation approach known as Service Outcomes Action Research (SOAR) can be enhanced in a way that is consistent with COTS' Integral perspective. Currently a partnership with two residential treatment centers, SOAR evaluates programming by using action research within a developmental evidence-based practice process approach (Duffee, 2010). An Integrally enacted SOAR would support COTS to develop a system for ongoing data collection, inclusive of all methodological zones, helping staff appreciate the direct impact of services on outcomes of concern on an ongoing basis. This would in turn facilitate organizational development as well as the generation of new research questions. There is an opportunity to replicate and evaluate the Integral model at COTS, filling a gap in homeless services research, engaging practitioner-researchers in exploring homeless services from an array of perspectives, and informing social service program evaluation more broadly. Building on an integrative view of evidence-based behavioral practice and offering a way to fill a gap in homeless research, this project may be of interest to the National Institutes of Health (NIH).

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