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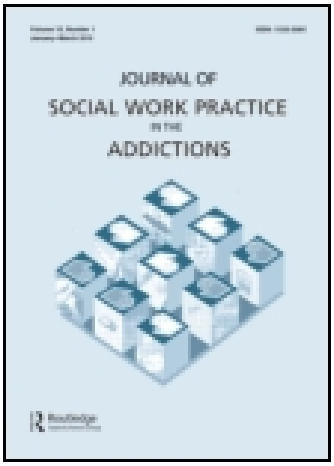

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Community Wise: The Development of an Anti-Oppression Model to Promote Individual and Community Health

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Communities with histories of oppression have shown great resilience, yet few health interventions focus on structural oppression as a contributor to health problems in these communities. This article describes the development and active ingredients of Community Wise, a unique behavioral health intervention designed to reduce substance use frequency, related health risk behaviors, and recidivism among individuals with a history of incarceration and substance abuse residing in distressed and predominantly African American communities. Community Wise,

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developed through the collaborative efforts of a board of service providers, researchers, consumers, and government officials, is a 12-week group intervention that aims to address behavioral health problems by raising critical consciousness in distressed communities.

KEYWORDS community, health risks, intervention, oppression, substance abuse

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Literature supports the effectiveness of many interventions in reducing psychological distress, substance use frequency, related health risk behaviors, and criminal recidivism (Center for Substance Abuse Treatment, 2012; Clark, 2011; Feldman, Silapaswan, Schaefer, & Schermele, 2014; Wikoff, Linhorst, & Morani, 2012; Windsor, Jemal, & Alessi, 2014). These interventions tend to overemphasize individual-level deficits instead of personal and communal resilience. Therefore, researchers have challenged generalized claims of treatment effectiveness, especially when imposed on specific oppressed groups such as impoverished African Americans (Atdijian & Vega, 2005; Windsor & Dunlap, 2010; Windsor et al., 2014). For instance, when addressing substance use frequency among impoverished and oppressed populations, it is crucial to understand substance use as a complex phenomenon interrelated with poverty, violence, and low social capital (Dunlap & Johnson, 1992; Schnittker, Massoglia, & Uggen, 2011). Treatment of oppressed individuals and families in isolation from their socioeconomic and political contexts does not address the impact of oppressive forces on the lived experiences of these individuals (Dunlap & Johnson, 1992; Windsor, Benoit, & Dunlap, 2010; Windsor & Dunlap, 2010).

Literature on oppression is complex and rich, offering several definitions and perspectives on mechanisms of oppression, its consequences, and its origins. For the purposes of this article, *oppression* is defined as a system of power imbalance maintained by controlling images and unrealistic social norms and expectations that make it nearly impossible for certain groups to fit in and excel (Windsor et al., 2010). Early oppression studies included the works of DuBois (1903), Fanon (1952/1967, 1968), Manoni (1962), and Hegel (1966). These authors focused on explaining the mechanisms by which oppression occurs and how it is perpetuated in society. The next wave of oppression research included the contributions of authors such as Gramsci, Foucault, and Freire. Gramsci, Hoare, and Nowell-Smith (1971) introduced the idea of hegemony, and Foucault (1980) developed a theory on the dynamics of power relations. Freire (1976) went beyond the understanding of mechanisms of oppression and developed a pedagogy of liberation, where he proposed ways to combat oppression by leveraging the strengths of oppressed groups and increasing access to education.

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Mullaly (2002) applied these theoretical foundations in critiquing traditional social work and creating an antioppressive social work framework. According to his critique, traditional social work addresses the suffering caused by oppression, such as poverty, substance abuse, and unemployment, while ignoring the oppression and social injustice at their source. He further argued that traditional social work practice unwittingly controls and monitors oppressed people while "teaching" them how to conform to a mainstream culture that views them as inferior. Mullaly called for social workers to adopt an antioppressive practice, in which oppression theory is applied to social work interventions to help empower oppressed groups. Several methods can be used to achieve this type of practice, such as creating alliances between social workers and oppressed groups, thereby leveraging their strengths and work collaboratively in resisting oppression. Additionally, reflecting social work's strength perspective, Mullaly proposed that anger can be used as a motivating force that can propel social workers and oppressed populations to address injustices they observe and experience in the world around them.

Reflecting our concern about the disempowering nature of many traditional interventions that focus on individual deficits, our team has been involved in the practice and research of communal behavioral interventions that foster strength and resilience. In this article, we introduce and describe Community Wise, a unique, manualized behavioral health intervention designed to empower adult men and women with a history of incarceration and substance abuse to adopt healthier lifestyles and engage with their communities in civic and public action, thereby increasing their own and their communities' social capital (see Figure 1). Community Wise is grounded in the work of Brazilian educator Paulo Freire (1976), structural social work (Mullaly, 2002), empowerment theory (Zimmerman, 2000), and community-based participatory research principles (Israel, Checkoway, Schulz, &

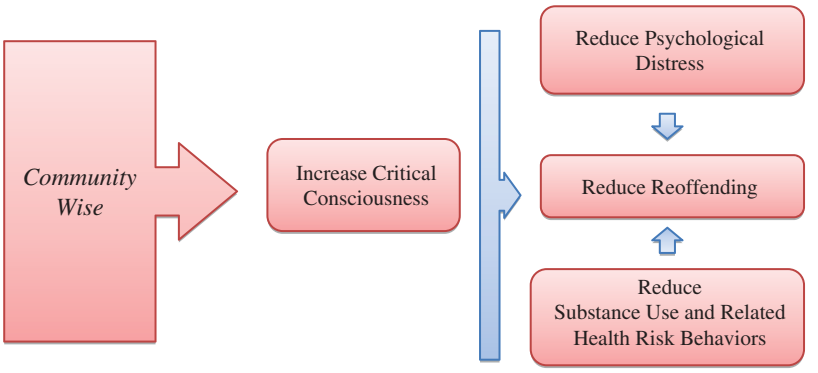

FIGURE 1 Community Wise model.

Zimmerman, 1994). Community Wise draws on individual- and community-level strengths (e.g., a community collaborative board, individuals' experiential knowledge) as the basis for combatting oppression, a contributing factor in existing health disparities (Laveist, Gaskin, & Trujillo, 2011).

THEORETICAL FRAMEWORK

Critical consciousness theory is grounded in the belief that individuals and groups have within themselves the capacity to change the socioeconomic conditions under which they live (Freire, 1976). It argues that oppressed groups, such as individuals residing in predominantly low-income and African American neighborhoods with a history of substance abuse and incarceration, are disempowered and dehumanized within society through objectification and silencing. For example, being African American, being poor, and having a history of substance abuse and incarceration makes a person more likely to be underrepresented in positions of power (Alexander, 2010; Raphael, 2011). Yet these individuals carry within themselves a great deal of knowledge and skills (Anderson, 1999; Dunlap, Johnson, & Manwar, 1994). By drawing from these strengths and joining other oppressed individuals in dialogue, critical consciousness is developed and groups of people become empowered to create community change (Freire, 1976; Mullaly, 2002).

Critical consciousness was defined by Freire (1976) as the ability to "perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality" (p. 19). Freire showed that developing critical consciousness is a process that occurs in stages (Freire, 1976; Watts, Diemer, & Voight, 2011). By engaging oppressed individuals in critical dialogues about social problems, a synergy is created that helps oppressed individuals engage in both social and political action. The critical dialogue takes place when individuals share their experiences with others who have similar life histories. They are encouraged to question, discuss, reassess, and redefine their deeply held assumptions, and together, draw on their strengths to develop new meanings and narratives for their lives and social conditions (Freire, 1976). Through such critical dialogues, oppressed groups have been shown to reclaim their voices in society and become more empowered (Freire, 1978; Hernandez, Almeida, & Vecchio, 2005; Watts et al., 2011). Empowerment is the process by which oppressed individuals engage in a systematic approach called praxis to resist their oppression. Praxis is the process by which individuals first combine their experiential knowledge with theory to develop solutions to common problems, then apply the solutions, and finally, evaluate the outcomes (Freire, 1976).

From a critical consciousness perspective, oppression lies at the heart of most social problems (Freire, 2005). Thus, substance use frequency, related health risk behaviors, psychological distress, and reoffending are

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conceptualized as manifestations of structural and internalized oppression. For instance, research has shown that residents in predominantly low-income African American communities sometimes turn to illegal activities, such as drug dealing, due to ongoing economic insecurity stemming from a pervasive lack of access to mainstream opportunities and power (Fesahazion, Thorpe, Bell, & LaVeist, 2012; Laveist, Gaskin, et al., 2011). Although participating in underground economic activities might work as a way to earn money and gain prestige for all individuals in the United States, African Americans are much more likely to be arrested and incarcerated for illegal activities than Whites (Alexander, 2010). Once released, these former inmates are often perceived by community members and society at large as being threatening and immoral (Binswanger et al., 2011; Wolff & Shi, 2011). Thus, individuals transitioning from incarceration into the community often face feelings of alienation from mainstream society. Some individuals overcome this background and become successful members of society, but others might internalize negative images or turn to violence to obtain respect in the community (Anderson, 1999; Jimerson & Oware, 2006; Windsor et al., 2010; Windsor & Murugan, 2012). These experiences of structural and internalized oppression are significant predictors of psychological distress (Bryant-Davis & Ocampo, 2005). Other oppressed individuals might turn to alcohol and other drugs to numb the pain of discrimination, oppression, poverty, and hopelessness. Substance use increases engagement in health risk behaviors such as prostitution, sharing needles, and unprotected sex, thereby exacerbating HIV/hepatitis C virus (HCV) risk (Arasteh & Jarlais, 2009; Freudenberg, 2011).

HEALTH DISPARITIES, SUBSTANCE ABUSE, AND INCARCERATION IN URBAN COMMUNITIES

Health disparities are concentrated in marginalized, low-income, predominantly African American communities that have high crime rates (Braveman et al., 2011; LaVeist, Pollack, Thorpe, Fesahazion, & Gaskin, 2011; Nuru-Jeter & LaVeist, 2011). These communities suffer significantly harsher consequences from substance use than do those living in more affluent and predominantly White communities (e.g., higher rates of incarceration and HIV/HCV infection; Centers for Disease Control and Prevention, 2011; Rubin, Colen, & Link, 2010). Yet, in spite of elevated needs, residents of these communities have considerably less access to effective HIV/HCV and substance abuse interventions (Alegria et al., 2008; Perron et al., 2009; Schmidt, Greenfield, & Mulia, 2006). Distressed communities also have high concentrations of formerly incarcerated persons. Most incarcerated people return to distressed communities with high rates of poverty, unemployment, crime, drug trafficking, and depleted social service systems (Blitz, Wolff, Pan, & Pogorzelski, 2005).

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Community Wise is a program developed to address substance abuse, HIV/HCV risk behaviors, psychological distress, and reoffending among individuals transitioning to the city of Newark, NJ, from incarceration. Newark is the largest city in New Jersey and it has historically struggled with high rates of poverty, crime, unemployment, people living with HIV/HCV, and an aging population of intravenous heroin users (New Jersey Department of Health and Human Services, 2013; U.S. Bureau of the Census, 2014). Newark also receives large numbers of individuals leaving prison, primarily because Newark has a concentration of social service agencies that provide support to marginalized populations. However, these agencies are often underfunded and overwhelmed by the population's need for services (Mellow, Schlager, & Caplan, 2008; Windsor & Murugan, 2012). The majority of the Newark population is African American (52.4%), the median household annual income in 2010 was $34,387, with 28% of the population currently living below the poverty level (U.S. Bureau of the Census, 2014). Despite these challenges, Newark has a rich history of resilient working people who are very much involved in their city politics and are committed to building a stronger community. Over the past few years, crime rates have been declining and many new businesses have been attracted to this city, strengthening the economy (Bohrer, 2012; Richardson, 2013).

METHODOLOGY

The development and pilot testing of Community Wise was funded by the Center for Behavioral Health Services and Criminal Justice Research at Rutgers University, which is funded by the National Institute on Mental Health (Grant P30MH079920; Principal Investigator Nancy Wolff). The project was approved and overseen by three institutional review boards: one at the North Jersey Community Research Initiative, one at Rutgers University, and one at Columbia University. Participants and members of the Newark Community Collaborative Board (NCCB; with the exception of the researchers) received payment for their participation in the study.

Community Wise is a manualized group intervention consisting of 12 weekly sessions with critical consciousness-raising at its foundation. By raising their critical consciousness, participants enhance their understanding of how and in what ways they have internalized and been affected by structural oppression. The goal is to draw from participants' experiences to build critical consciousness through a dialogue and empowerment process (Freire, 1976). The dialogue explores the ways in which particular dimensions of oppression impact participants' lived experiences and behavior, including psychological distress, substance use frequency, related health risk, and reoffending behaviors. To foster empowerment, participants

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formulate specific personal goals and a social change project that engages the participant in community mobilizing and civic action.

A unique feature of Community Wise is its departure from didactic and paternalistic approaches. Community Wise is not intended to "teach" oppressed populations how to become "productive members of mainstream society"; rather, this approach aims to foster a safe space in which systematic and experiential knowledge is combined to help participants process the frustration, stress, anger, and obstacles resulting from experiences with oppression. These issues are confronted and critically analyzed so that solutions can be both formulated and implemented within the community.

Applying Community-Based Participatory Research in Developing Community Wise

Community Based Participatory Research (CBPR) is a collaborative approach that combines methods of scientific inquiry with community capacity-building strategies (Israel et al., 1998). CBPR can help social work researchers develop novel treatments by facilitating the inclusion of community perspectives in all phases of research to increase participation rates, decrease loss of participants, strengthen external validity, and build individual and community capacity (Baker et al., 2012). Following recommended steps (Pinto, Spector, & Valera, 2011), the NCCB was created with a great deal of effort to ensure that both researchers and community members engaged in dialogue and conducted the entire research process, from the problem formulation to the intervention testing and analysis (Windsor, 2013; Windsor & Murugan, 2012). Figure 2 shows a modified version of the framework we used to emphasize a multidisciplinary organizational structure.

Establishing the Newark Community Collaborative Board

Five steps were used to establish the NCCB, followed by a formal evaluation.

Step 1: Engaging board members

This step focused on building trust and establishing a common vision that addressed members' roles, responsibilities, and expectations related to the board. First, a community needs assessment was conducted to establish a working relationship with members of the community and stakeholders (Windsor, 2013). Once this was completed, an e-mail was sent to key community leaders identified in the project and disseminated to researchers, community members, and consumers, inviting them to apply to become members of the NCCB. The e-mail explained the purpose of the new project and the concept of CBPR. All applicants were then invited to attend a mixer where the project was discussed, and applicants interviewed and rated one

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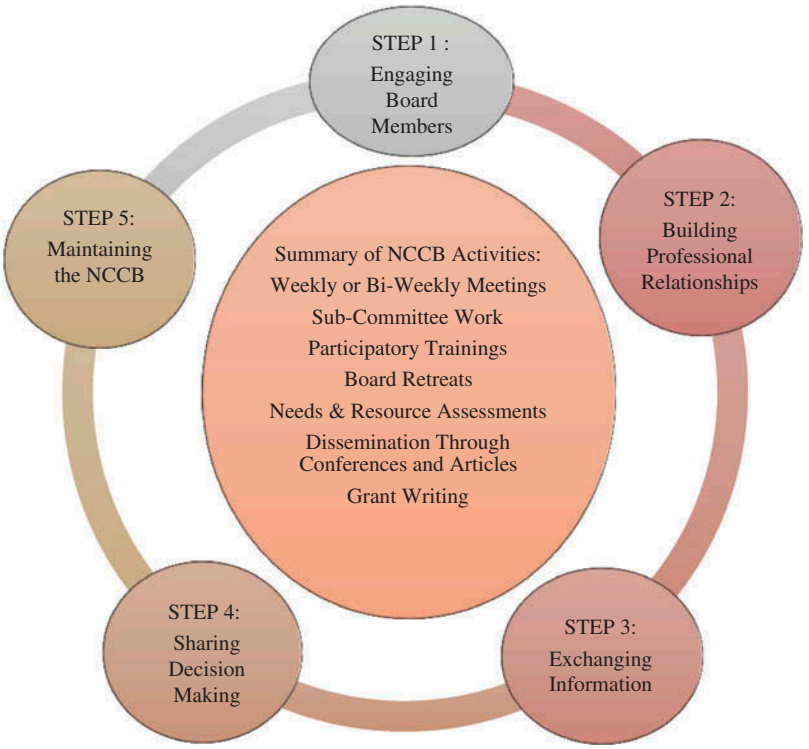

FIGURE 2 Newark Community Collaborative Board modified framework.

another on their fit with the goals of the project. Those with the highest ratings were invited to become NCCB members and those with lower ratings were invited to become guests who could eventually become members. Members and guests collaboratively developed the NCCB's mission statement, vision, and memorandum of understanding. One year later, NCCB became a community collaborative board of 16 members who have been working together since 2010 and consists of community residents, consumers, researchers, service providers, and government representatives (see Table 1 for NCCB demographic information). The NCCB vision is "to build a community where vulnerable individuals are empowered to freely exercise their civic rights and advocate for equitable opportunities for all." Its mission is to "advocate for and empower individuals with a history of substance use issues who are transitioning from incarceration into Newark's communities through community engagement, critical thinking, improved mental health, and civic participation."

Step 2: Building professional relationships

This was accomplished through formal weekly and later biweekly board meetings led by a researcher and a community representative. The NCCB

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TABLE 1 NCCB Demographic Information

	M (*SD*) or Number
Age	45.27 (6.52)
Race	
Asian	0
Black	8
Mixed	4
White	4
Ethnicity	
Hispanic	3
Not Hispanic	13
Gender	
Female	10
Male	6
Sexual orientation	
Heterosexual	4
Homosexual	12
Highest level of education	
Graduate degree	6
Undergraduate degree	8
Completed high school or GED	2
Less than high school	0
Employment	
Full time	10
Part time	5
Unemployed	1
Role on the NCCB	
Consumer	2
Community resident	3
Government representative	1
Researcher	4
Service provider	6

Note. $N = 16$. NCCB = Newark Community Collaborative Board.

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met 36 times between 2010 and 2012 while using several techniques to engender effective group processes, cohesion, and trust, and to address conflicts (e.g., equitable participation, use of agendas, workshops about diversity and oppression, transparency).

Step 3: Exchanging information

This step included the development of a common language, which was achieved by training (on topics such as critical consciousness, community culture, research methods) and transparency (e.g., distributing information about the project's budget). During the initial 6 months of meetings and trainings, the NCCB obtained funding to conduct an ethnographic and a photo-voice study to better understand the lived experiences of those transitioning from incarceration into the community. As part of the photo-voice project, the NCCB hosted an exhibit of photos taken by study participants

where the community engaged in dialogue about reentry in Newark, NJ (King & Ivanova, 2012).

Step 4: Sharing decision making

This step involved a continued exchange of information and other resources. The major task was for NCCB members to share social influence. This took place through honest, democratic dialogue where members expressed their views and tried to reach consensus.

Step 5: Maintaining the NCCB

This included the development of subcommittees to facilitate the sharing of decision making and power. The NCCB has a governing subcommittee, a membership subcommittee, and task-related subcommittees (e.g., theme development committee responsible to identify dimensions of oppression relevant to individuals with a history of incarceration and substance use in Newark). The development of *Community Wise* was part of this process and took place one year after the formation of the NCCB. Details about this program are provided below.

Evaluation

To assess the work progress and ensure the application of CBPR principles, an independent researcher conducted a qualitative process evaluation where NCCB members were interviewed twice over the course of 1 year and archival data including meeting videos and attendance records were analyzed. Results showed that board members felt comfortable expressing their opinions in the meetings, and there was a high level of satisfaction with the project (Smith & Jemal, in press).

Community Wise Manual Development

To develop the Community Wise manual, the NCCB met 24 times for 2 hr each meeting. A total of nine meetings were dedicated to training NCCB members on the criminal justice system; critical consciousness theory; community reentry in Newark, NJ; substance abuse modalities; substance abuse treatment in Newark, NJ; the role of drugs and alcohol in Newark, NJ; CBPR; grant writing and funding; and manual development. Trainers were selected by the NCCB and included researchers and community members who were experts in the field. Some of the trainers were NCCB members and others were national experts who traveled to New Jersey to provide training. Trainings were evaluated through a satisfaction survey and pre- and posttests designed to evaluate knowledge gained after the training. Members who had

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to miss a training session were able to access a recording of the training and submit their pre- and posttests through a website that was developed for the project.

The remaining meetings were used to address NCCB governmental and executive issues and to develop the manual. Subcommittees were developed as needed. Specifically, there was a governance committee that developed the memorandum of understanding; a referral list committee that developed a list of available services for individuals reentering the community; a civic engagement committee responsible for developing civic engagement opportunities for NCCB members; a rotating meeting planning committee; a rotating manual writing committee; and a rotating grant writing committee.

Manual sessions were developed by a subcommittee composed of NCCB members and experts in oppression among this population, and were then presented and discussed at full board meetings. Once the session themes were finalized and approved, the NCCB engaged an artist who created the illustrations that were used in the critical dialogues. The images correspond to themes shown in Table 2 (Sessions 3, 5, 7, 9, and 11). This strategy was adopted from Freire's work with pictographs that were developed to engage rural workers in praxis in Brazil (Freire, 2005).

To write the manual, a five-member committee was formed. The committee presented the first draft of the manual to the remaining members of the NCCB at Meeting 19 (at that time the board was meeting approximately every 2 weeks). Based on feedback from board members, the manual was revised and refinements were made to the intervention (e.g., NCCB members agreed that individual assessments should be conducted by the group facilitator with each group member prior to the first group session).

Community Wise Intervention Approach

Community Wise was developed to combat oppression through critical consciousness-raising. Participants develop critical consciousness by engaging in (a) antioppressive thinking and (b) antioppressive action. Antioppressive thinking develops largely through group discussions prompted by thematic images (see Table 2) and helps participants develop the ability to critically appraise and describe oppression in general, as well as specifically in the United States. Antioppressive action is a form of empowerment and could include group dialogue, community meetings, joining organizations, voluntarism, and participation in local politics.

Facilitation

Community Wise was developed to be cofacilitated by trained and licensed social workers and Community Wise alumni. Thus, participants who

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TABLE 2 Overall Sessions' Themes and Goals

Session No. and Theme	Overall Goals
Session 1: Icebreaker and welcome	To introduce participants and facilitators to one another To introduce Community Wise To establish ground rules
Session 2: Critical thinking	To examine materials about critical thinking and learn how to evaluate one's own way of thinking
Session 3: Solar system	To explore power distribution in the community and the role of community building and civic engagement as empowerment tools
Session 4: Empowerment: Introduction and development	To engage participant in the development of personal goals To explore participant's ideas for a social change project
Session 5: Funhouse mirrors	To explore the role of and relationship between internalized oppression and structural oppression and their impact on participants' behaviors
Session 6: Empowerment: Implementation	To engage participant in the development and implementation of personal goals and social change project
Session 7: Walls	To explore specific structural obstacles faced by participants and how to overcome them
Session 8: Empowerment: Implementation	To engage participant in the implementation of personal goals and social change project
Session 9: Historical trauma and evaluation	To explore the impact of historical trauma on participants' lives in the present To evaluate outcomes and make adjustments to their goals and social change projects
Session 10: Empowerment: Implementation and evaluation	To engage participant in the implementation and evaluation of personal goals and social change project
Session 11: Families/relationships	To explore how family structure and functioning might support or help the perpetuation of oppressions
Session 12: Termination and plans for the future	To help participants articulate their perceived success in the intervention and share their long-term plans to maintain perceived success
Graduation	Participants celebrate their work, and engage with community members to raise awareness about substance abuse, related health risk behaviors, and reoffending in the community

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successfully complete Community Wise can receive training to become Community Wise facilitators themselves. The facilitator is neither a "teacher" nor an "expert." The facilitator's beliefs and values should never be forced onto the participants in the group discussions. Moreover, facilitators must not pressure the participants to act or think in certain ways using peer pressure or shaming techniques. Facilitators encourage participants to develop critical consciousness and create projects based on their own priorities, needs, and interests. This approach discourages pushing conformity among the participants. Group members should not be viewed and treated as passive subjects, but rather as active participants in the creation of knowledge. It is expected that by facilitating the group, facilitators will also learn and change.

Mechanisms of Action

In Community Wise, critical consciousness-raising is hypothesized to happen through group dialogue, participatory action, and empowerment. This process takes place during weekly group sessions lasting 2 hr each that alternate in focus between antioppressive thinking and antioppressive action. During antioppressive thinking sessions, Community Wise participants come together to talk about problematic conditions within their communities, how these conditions affect them, and how to join together in taking action to improve their individual lives and their communities. Through dialogue guided by thematic illustrations, it is expected that participants will learn about themselves, particularly about how they think and limit themselves through deeply held assumptions and beliefs that reflect internalized oppression (Chronister & McWhirter, 2006). Participants are encouraged to challenge the forces of oppression that are identified and to channel their feelings, such as anger, sadness, and frustration, into motivation for civic engagement (e.g., writing letters to elected officials, volunteering at a community organization, and so on).

Antioppressive action sessions are used to develop, implement, and evaluate individual goals and social change projects. These sessions were designed to provide the forum where participants can gain feedback and support to engage in antioppressive actions outside of the group. It is crucial to the success of Community Wise that personal goals and the social change projects be chosen by the participant, not the facilitator. Participants are also partnered with volunteer community members who help them develop, implement, and evaluate the social change projects.

During Community Wise, the individual's identity is deconstructed by challenging deeply held assumptions, identifying and questioning internalized oppression, and contextualizing one's life within structural oppression. Individuals are empowered through the visualization of a new life and engagement in social change projects. A new identity is developed, informed by critical consciousness. Thus, marginalized individuals transitioning from incarceration into the community not only change the way they perceive themselves and the world, but are reconnected with strong community resources, and empowered to improve their own communities.

The critical dialogue takes place in every session; however, it is concentrated in antioppressive thinking sessions where participants meet in a safe space to critically assess themselves and their communities. Images that reflect oppression themes are used to stimulate the critical dialogue. Each session has a specific theme, objectives, group process, critical questions, homework assignments, and take-home messages (see Table 2). The group process starts with a discussion about the previous week's homework. Then the facilitator shows participants an illustration that depicts the theme that is being featured. Participants are asked to describe what they see in

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the illustration and the facilitator poses critical questions that stimulate dialogue, eliciting participants' experiential knowledge about the themes, until they reach the suggested take-home message that participants can critically discuss, either accepting or rejecting its applicability in their lives.

Social change projects are discussed in the antioppressive action sessions. These sessions provide a forum where participants can gain feedback and support to engage in antioppressive actions outside of the group. In the first antioppressive action session participants discuss potential solutions to the community problems they identified during the antioppressive thinking sessions. The group reviews a list of methods that have been previously used successfully in effecting social change. They apply these methods in developing a plan to change an issue they care about. Each participant can choose his or her own project or the group can work collaboratively on one project. It is critical that a social change project (a) have a clear and measurable goal; (b) be feasible (i.e., short duration) so that it can be implemented and evaluated within 1 month; and (c) be a topic about which the participant is passionate. The unique strengths and capabilities of Community Wise participants will be used throughout the intervention in developing, implementing, and evaluating personal goals and social change projects.

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Limitations and Future Directions

Thus far, a great deal of time and effort has been invested in merging evidence-based and experiential knowledge in the development of Community Wise. Many of the claims made in this article have been supported in the literature. For instance, increased investment in institutions such as family, community, and work reduces the likelihood that people will abuse substances and reoffend (Epperson et al., 2011; Seiter & Kadela, 2003). However, we do not yet know if Community Wise will in fact impact these outcomes as we hypothesized in this article. A pilot study to implement this program, with a sample of 56 adult men and women, is testing the following hypotheses:

1. Engagement in Community Wise will help occupy participants' idle time with community-strengthening activities.
2. Participants will increase their social capital by acquiring skills and developing supportive networks. Such support will ultimately improve participants' mental health by decreasing stress, anxiety, and loneliness.
3. Participants will increase their investment in institutions such as family, community, and work, reducing the likelihood they will reoffend or abuse substances (Seiter & Kadela, 2003; Wikoff et al., 2012).
4. Participants will learn that their actions have an impact on their neighbors and vice versa.

5. They will feel empowered by their new identity and community engagement, thus feeling motivated to take responsibility for changing their behavior so that their communities can also change (Chronister & McWhirter, 2006; Garcia, Kosutic, McDowell, & Anderson, 2009).

The findings will be published in the future.

CONCLUSION

Scholars have argued that traditional social work practice ultimately contributes to the maintenance of an oppressive system by "teaching" marginalized individuals to conform to a mainstream culture that views them as inferior (Mullaly, 2002; Sakamoto & Pitner, 2005). We are working to reduce this paradox by developing Community Wise, an innovative manualized intervention approach that social workers can use to combat oppression among individuals with histories of substance abuse and incarceration who are residing in distressed communities. We are currently working to pilot test the intervention's feasibility and optimize the manual. Future research will include a randomized controlled trial to test the intervention's impact on substance use frequency, related health risk behaviors, psychological distress, and recidivism. The intervention development process described in this article can be replicated to develop other empowerment-based social work interventions targeting a myriad of health and social conditions.

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