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Integrative Themes That Guide Social Work Practice with Individuals, Families, and Small Groups

What an exciting time to be entering the social work profession! This chapter will highlight for you the emerging integrative themes that are guiding social work practice with individuals, families, and small groups. We examine in this chapter how various social contexts influence social work practice. We use a social justice lens to explore guiding principles for social work practice and explore the mission and definition of social work practice.

CHAPTER LEARNING OBJECTIVES

By the end of this chapter, you should be able to

- articulate a working definition of the social work profession;

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- apply a social justice lens to the core theoretical perspectives that guide social work practice (ecological systems theory, life model of social work practice, and the empowerment approach);
- apply the sociocultural framework as it relates to relationships among cultures, race/ethnicity, and system disparities in working with client systems;
- apply a meta-systems analysis when working with client systems; and
- integrate principles across the major perspectives that inform contemporary social work practice.

The Council on Social Work Education Educational Policy and Accreditation Standards (CSWE-EPAS) Competencies that are highlighted in more depth in this chapter include the following:
2.1.3 Apply critical thinking to inform and communicate professional judgments.
2.1.4 Engage diversity and difference in practice.
2.1.5 Advance human rights and social and economic justice.
2.1.6 Engage in research-informed practice and practice-informed research.
2.1.7 Apply knowledge of human behavior and the social environment.
2.1.9 Respond to contexts that shape practice.
2.1.10 (a–d) Engage, assess, intervene, and evaluate with individuals, families, groups, and organizations.

We begin this chapter by defining the social work profession and identifying the principles that inform social work practice. We then examine some of the core theoretical perspectives that have guided social work practice (ecological systems theory, life model of social work practice, and the empowerment approach). These perspectives provide us with a way to think about our professional work. We also add the sociocultural framework as an additional context that helps us to think about the relationships among cultures, race/ethnicity, and health disparities or other system disparities. The final perspective that we introduce in this chapter is the evidence-informed (EI) practice perspective, which assists us in selecting a course of action/intervention that works best for individuals and families and identifying under what conditions this action/intervention should occur so as to promote the best practices and outcomes. Chapter 3 will address this perspective in more detail. We conclude this chapter with a discussion of core integrative themes that emerge from these fundamental perspectives. The integrative themes include a meta-systems framework that involves a bio-psycho-social-spiritual perspective in working with individuals and families, a strength orientation, a core commitment to valuing diversity and cultural norms, an emphasis on informed practice that incorporates emerging evidence-supported practices, and an

awareness of the various service sectors that influence service delivery within the health and behavioral health sector. These include the justice sector, the child protection sector, the welfare sector, the aging sector, and other relevant service sectors.

In this chapter, we will use the following case situations to help illustrate the core integrative themes:

CASE SITUATION A: SEAN AND BRENNA

Sean and Brenna are in their late 20s, have been married for three years, and have a six-year-old son named Trevor, who is in first grade. Sean and Brenna identify as Caucasian and grew up in rural areas, where their families lived in poverty conditions. They are renting a mobile home that sits on the property of a large cherry farm in a rural community. The farm hosts migrants who arrive during crop harvesting time in May each year. Sean works odd maintenance jobs for the farm owner and has a part-time bartending job. Brenna has a day care license and cares for 2–4 other children while their parents work. Two of these children attend the same school as Trevor. She is assisted after school by a teenage helper named Marisol, who is from one of the migrant families.

Sean comes home many nights from his bartending job intoxicated and in a foul mood. He and Brenna have been fighting nonstop about his drinking, parenting techniques, finances, and his "redneck" attitude toward the migrants (and, in particular, the teenage helper). When Sean's anger escalates, he verbally and physically abuses Brenna. They agree to separate after the police are called, and Sean moves into town to live with a friend. Brenna is reluctant to file charges.

Two weeks after he moves out, Brenna gets a call from Trevor's principal, requesting a meeting. During the meeting, Brenna is told that Trevor is on the brink of being suspended due to fighting on the playground and in the classroom and for physically picking on kids smaller than he. He also has been using inappropriate language and his grades are slipping. Brenna is also paid a visit by the teenage helper's father, who is threatening to call the police and take action if Sean doesn't stop harassing Marisol and his family.

You are a social worker employed by the local Family Service agency. Brenna has sought services at your agency in order to help Trevor. She is worried about how Trevor is coping.

CASE SITUATION B: FRANK AND HELEN

Frank, a 90-year-old Italian immigrant to the United States, and Helen, an 88-year-old Caucasian woman, have been married 68 years. Frank and Helen moved to Florida when Frank retired at the age of 65. Their four adult children and all the grandchildren live up

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north. The family has remained close over the years through annual visits at the parents' home in Florida and at the adult children's homes up north.

Frank is a retired plant superintendent and Helen was a large chain store manager. The couple has many friends in the community where they live. They have been extremely active throughout their lives, playing golf and tennis, and are very social, having many lifelong friendships. They belong to the community club and regularly meet friends for happy hour, dinner, and cards.

Soon after Frank turned 90, his oldest daughter, Susan, received a call from a neighbor in Florida expressing concern about how the couple is managing. They had been in two minor car accidents and Frank, on several occasions lately, appeared disoriented and unkempt, and looked as though he had lost a lot of weight. The neighbor indicated that several of the other members of their club have been doing what they can to assist Helen, but they are concerned and worried about Helen's declining patience and increasing frustration related to caring for Frank. They have heard her being verbally abusive to Frank and intolerant of his diminishing capacity to assist with household chores. When he attends the community club, he enjoys his cocktails and eats very little.

Susan has contacted your organization, which works with the elderly in the Florida community where her parents live. She is visiting with her parents this week and would like assistance in assessing what to do to help her parents. She wants her parents to move back up north, where she and her siblings can help them. Frank and Helen do not want to leave their home in Florida and resent that Susan is asking them to move.

CASE SITUATION C: DAIVON AND MONAE

An African American/Hispanic teenage boy named Daivon has been caught, with a gang of other teens, breaking and entering into private homes and stealing electronics, jewelry, and money. Daivon was placed by the courts in the Juvenile Detention Center. As the social worker at the Juvenile Detention Center, you have contacted his family to engage in family work with the goal of having Daivon return home and to school and not engage in illegal activities.

Daivon's mother, Monae, is a 32-year-old Hispanic single mom who works as a cashier in a major grocery store. Daivon usually only sees his biological father on or near his birthday. He has a fairly good relationship with his maternal mother's extended family, including his grandparents, who live in the same town.

Daivon has been on the wild side most of his life, missing a fair amount of school (more as he has gotten older), has been suspended from school several times, and spends most of his free time on his computer when he is not confined to his room as punishment. He rarely has friends over, preferring instead to go and hang out. He frequently misses his mother's curfew, but she is unable to provide consistent supervision

due to her work schedule. While he treats his mother with respect most of the time, he has become increasingly verbally hostile to her and is quick to become angry, slamming doors, throwing things, and generally being unsociable and sulking.

CASE SITUATION D: JESSICA AND RICHARD

You are a social worker at the local Veteran's Administration (VA) behavioral health care clinic. You have been working with a 32-year-old African American female veteran named Jessica, who is pregnant with her second child. Her first child was removed to permanent foster care shortly after birth due to her established record of inability to provide care for the baby.

The biological father of the first child and the current pregnancy is a male veteran named Richard. Richard is a 35-year-old Caucasian male who is not living with Jessica but resides in the same town. He is a smoker, in recovery for alcohol abuse, and is successfully employed as a custodian. Richard is known as a hard worker, is medication compliant, and attends his outpatient appointments with his VA psychiatrist on a regular basis. He is overwhelmed by the current situation with Jessica, acknowledges paternity, and is currently residing in a Halfway House established for veterans. Richard manages his funds and has been able to independently and successfully meet his daily needs. Richard's immediate family consists of an elderly mother who lives 50 miles away and several siblings who assist their brother when they can, usually financially.

Jessica regularly attends her scheduled outpatient appointments with a VA psychiatrist and with you as her social worker at the clinic. She also sporadically attends art therapy classes and has been evaluated as having talent in this area. She has exhibited paranoid thinking, impulsiveness, and delusional thinking at times. She has a short fuse and is quick to anger, and she has been noncompliant with prescribed VA psychiatric and medical (diabetic) treatment/medications. Jessica is also irregular in her obstetric follow-up at a local public health department (the VA does not provide these services). She is a smoker and, at times, drinks to relieve stress.

Jessica has a legal fiduciary (a local bank) that has been established due to her inability to manage her finances and the fact that she has fled from two VA adult foster care placements and ended up in a local shelter, where she has been denied services upon occasion due to being intoxicated. She currently receives a VA disability payment and Supplemental Security Income (SSI), both of which are managed by the bank.

Jessica's immediate family lives over 500 miles away and has not wanted contact or a relationship with her since her return from service, when her first child was put into foster care.

The fiduciary has called you as Jessica's social worker, seeking assistance/guidance as they are worried about her overall medical and behavioral health, the pending birth of her baby, and her safety on the streets. They are also somewhat intimidated by her. They want to assist her by providing resources for her care but are not in a position to do anything but manage her funds.

Definition of the Social Work Profession
and Principles of the Profession

Let's explore how social work defines itself as a profession. We will first look at the definition of social work developed by the International Federation of Social Workers (IFSW), an organization that represents national social work organizations in over 80 countries. The IFSW (2008) defined social work in the following statement:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

This definition draws our attention to the importance of the role that social work has toward social change and empowerment of people to improve life conditions. This is an awesome responsibility and one that social workers throughout the world share. The definition also emphasizes the importance of our role in engaging in problem solving as we work with individuals, families, groups, communities, and organizations. Many of the problems that individuals and families bring to social workers are complex and often require solutions that not only involve the individual or family but also the neighborhood, community, and social systems that may have contributed to the problems in the first place and/or may be considered as part of the solution to the problems. Working as partners with people who are seeking change is rewarding and challenging. In the case examples, we see that individuals come to social workers with a range of needs and concerns, and our role is to assist these individuals in achieving the hoped-for outcomes in their lives. As we can note in the four case examples, Sean, Brenna, and Trevor; Frank, Helen, and Susan; Daivon and Monae; and Jessica and Richard will require the social worker to understand a range of human behavior theories and practice interventions in order to enhance their well-being.

At the heart of this IFSW definition is the importance of operating as social workers with a social justice and human rights lens. This definition helps to frame how social workers working in different countries share a common vision to make a difference in helping individuals, families, groups, and communities challenge inequities and injustices in order to enhance the well-being of all.

In the case examples, we need to be aware of how systems of discrimination, oppression, and poverty might influence the work we do in any helping situation. For example, in working with Sean, Brenna, and Trevor, we might need to consider how living in poverty conditions influences the opportunities for this family if they try to access treatment services for alcohol abuse and family violence. We need to consider how age discrimination impacts the life choices that Frank and Helen may make and how it relates to their desire to continue to live independently. We need to determine whose voice is most powerful in this situation—Frank, Helen, or Susan? We need to explore how experiencing discrimination due to racial and ethnic minority status affects

the ways that Daivon and Monae interact with the school, court, and social service systems. We need to reflect on what ways living with a serious mental illness and the stigma associated with having a mental illness do indeed limit the choices available to Jessica and Richard in caring for a child. These are just of few of the many social justice issues that surface in working with individuals and families as illustrated by these cases.

In the United States, the Council on Social Work Education (CSWE, 2008) defined the purpose of the social work profession as follows:

> The purpose of the social work profession is to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons.

This purpose builds on the IFSW definition of social work by anchoring our work within the context of the United States with an emphasis on a global awareness and respect for each person while working toward social and economic justice. This purpose is shared by all social workers regardless of where one works in a community or organization or what specialized roles the social worker performs. This purpose brings to the forefront how important it is for social workers to understand not only the individual but also the different environments that influence the reality of the world experienced by the individual or groups of individuals. For social workers who specialize in working with individuals and families, this purpose helps to define our special niche in the helping professions. This niche requires social workers to not only know and understand individual and family theories and interventions that focus on individual and family change but also to understand social policies and community issues that impact the day-to-day lives of the individuals and families that they serve. Social workers have the added commitment to work to prevent conditions that oppress or discriminate against individuals or groups, to advocate for individuals and families, and to seek social and economic justice within the communities in which they work.

The Mission of Social Work

Now that we have reviewed the purpose of social work as a profession, we now need to define our unique mission. The National Association of Social Workers (NASW) Code of Ethics (1996) captures our social work mission in the following statement:

> The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

The social work mission covers a range of activities that focus on intervening with at-risk populations in order to improve well-being for all individuals and to change policies and practices that oppress or discriminate against vulnerable individuals or groups of individuals. This mission builds on our purpose as a profession and helps to clarify how we seek to engage in change efforts. How can you or other social workers even begin to respond to this broad mission? What principles can help guide us in carrying out this mission? Finn and Jacobson (2003) identify five key themes consistent with the mission of the profession that structure a just practice framework. These themes include

1. meaning (How do people give meaning to the experiences and conditions that shape their lives?),

2. context (How do we apprehend and appreciate the contextual nature of human experience and interaction?),

3. power (What forms and relations of power shape social relations and experience? Who has power to have their interpretations of reality valued as true?),

4. history (How might a historical perspective provide us with a deeper understanding of context, help us grasp the ways that struggles over meaning and power play out, and enable us to appreciate the human consequences of these struggles?), and

5. possibility (How do we claim a sense of the possible as an impetus for justice-oriented social work practice?). (pp. 58–59)

When using a *just practice approach* in Case Situation B (Frank and Helen), it would be important for us to explore how Frank, Helen, and Susan give meaning to their current situation and to give voice to each person's perspective. We need to address Frank and Helen's desire to stay in the community where they have friends and support and Susan and her siblings' desire to have their parents move closer to them in order for them to better provide care for their parents. Often times, the voices of the elderly are minimized in society, and power differentials emerge that can result in the rights of Frank and Helen being ignored. In fact, Frank and Helen are not seeking social work services, but their daughter has reached out for help. While any intervention plan that emerges needs to ensure the safety of Frank and Helen, as a social worker, you must be aware of how age discrimination might influence the assessment and plan development.

Social Justice Lens

Let's consider further what we mean by a *social justice lens* in our social work practice. We will turn again to the IFSW and review the Ethics in Social Work Practice statement approved in 2004 to highlight the social justice commitment of the profession. In this statement, promoting social justice in society for the individuals with whom we

engage in helping is viewed as a responsibility of all social workers. The IFSW (2004) statement adds that this means

1. challenging negative discrimination,

2. recognizing diversity,

3. distributing resources equitably,

4. challenging unjust policies and practices, and

5. working in solidarity.

The responsibility to promote social justice involves recognizing and acting to prevent discrimination on the basis of individual diversity characteristics such as ability, age, culture, gender or sex, marital status, socioeconomic status, political opinions, racial or other physical characteristics, sexual orientation, and spiritual beliefs. Further, we also need to ensure that resources are distributed fairly and unjust policies or practices are brought to the attention of employers, policy makers, and others in society in order to change these policies and practices.

In Case Situation C (Daivon and Monae), using a social justice lens, you need to consider, for example, how discriminatory practices in the juvenile justice system negatively impact Daivon and his mother, Monae. If Daivon was a Caucasian youth, would he have been placed in a Juvenile Detention Center? If Monae was not a single mother who missed appointments with juvenile court officials, school officials, and social workers due to her low-paying job schedule, would Daivon have other options and resources available to him to help address his behavioral issues? These are just a few examples of the types of questions we need to consider when working with diverse groups of individuals and families.

Using this core social justice lens, all levels of social work practice—from work with individuals, families, and small groups to community organizing to organizational and administrative practice to policy making and advocacy practice to research and evaluation—work collaboratively and in an interdependent framework to promote a just society for all.

REFLECTIVE LEARNING ACTIVITY

Review Finn and Jacobson's five key themes and the IFSW 2004 statement. How are these themes/responsibilities addressed in your field placement setting or social service agency where you have volunteered or worked? Are there open discussions with staff and consumers about just practice and ways to promote diverse opinions and perspectives within the organization?

Which of the cases presented at the beginning of the chapter seem to pose the most questions related to just practice and why?

Core Theoretical Perspectives

Let's now move to examining a few of the core theoretical perspectives that guide us in engaging and intervening with individuals, families, and small groups. We will look briefly at the following core theoretical perspectives: ecological systems, life model of social work practice, empowerment, sociocultural, and EI practice.

Ecological Systems Perspective and
the Life Model of Social Work Practice Perspective

The first perspectives that we will examine are the ecological systems perspective and the life model of social work practice perspective. The ecological systems perspective emphasizes the importance of reciprocal relationships between person-environmental transactions. Underlying this perspective is the principle that everything affects everything else and a change in one part of a system will change other parts of the system. For example, in a family system in which a child is born with developmental challenges, an elderly parent can no longer manage living independently, or one parent loses a job, the other family members are also affected. Each family member will adjust and change to meet the new challenges within the family system. Sometimes these adjustments result in positive coping responses, and other times, these adjustments add additional strain and disruption in the family system, resulting in negative coping responses.

Using an ecological systems perspective, we focus on understanding the various systems that are nested around the individual and family systems, such as the school, neighborhood, social services, employment services, health services, religious or spiritual supports, and cultural supports, in order to intervene in ways that enhance the functioning of the individual and family systems. Figure 2.1 illustrates how the various systems are linked.

For many of us who work with individuals and families, the primary system of focus or concern is the *individual and/or family/small group system.* We look within the individual and/or family/small group system to understand how the problem or challenge has emerged, the ways that the problem or challenge is managed, and the goal(s) of the change effort and to identify all possible emerging solutions. We explore how other relevant systems, such as *neighborhoods, schools, work environments, or larger community systems,* contribute to or help to alleviate the problem or challenge that the individual and/or family system is experiencing.

The ecological system's perspective helps us to understand that there are different pathways that an individual and/or family may follow that result in the emergence of problems or challenges (equifinality) and also how individuals and/or families can have similar situations and experiences and some of these individuals and/or families will cope in positive and resilient ways while others will experience different problems or challenges (multifinality).

Using an ecological systems perspective, we look at exchanges within systems and across different systems and at how resources within systems can help to improve the problem or challenge experienced by the individual and/or family system. We are

Figure 2.1   Core Systems Involved in Change Efforts
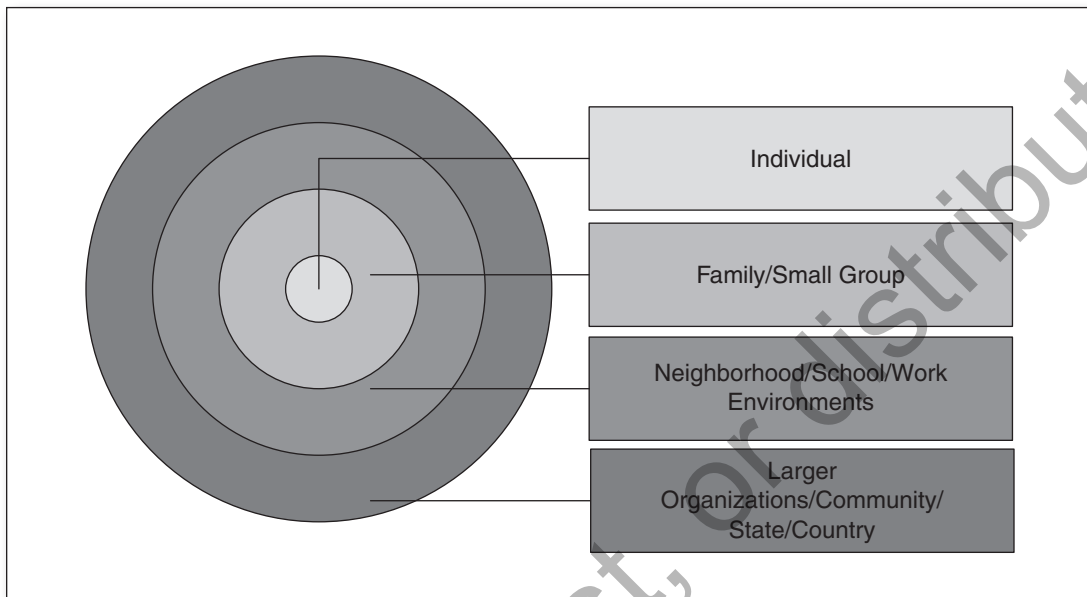
working to increase the fit between the individual or family system needs and the resources available within the individual, family, neighborhood, community, and other relevant social systems. We often have to work simultaneously with other systems (e.g., schools, courts, welfare system, child welfare system, behavioral health system, work environment) in order to improve outcomes for individual and/or family systems. In all four case situations, it is clear that the social worker will not only be working with the focal system (the identified clients) but also with the various systems that compose the environments that surround them.

Hepworth, Rooney, Rooney, Strom-Gottfried, and Larsen (2010, p. 16) propose that assessment from an ecological systems perspective requires knowledge of diverse systems involved in interactions between people and their environments, including:

1. Subsystems of the individual (biophysical, cognitive, emotional, behavioral, and motivational)

2. Interpersonal systems (parent-child, marital, family, kin, friends, neighbors, cultural reference groups, spiritual belief systems, and other members of social networks)

3. Organizations, institutions, and communities

4. The physical environment (housing, neighborhood environments, buildings, other artificial creations, water, and weather and climate)

In Case Situation D (Jessica and Richard), Jessica has several nested systems that need to be considered in the development of any intervention plan. The primary focal system (the system that we are engaging in changing) in this situation is Jessica, but Richard may also be considered part of the focal system. Let's consider some of the key systems that are involved in Jessica and Richard's case situation. We know that the VA system is involved because both Jessica and Richard have emotional and behavioral health challenges and they are receiving services from a variety of community-based VA sites. We also know that Richard lives in a Halfway House where he has been able to maintain his recovery, benefit from stable housing, and hold onto his job. While both Jessica and Richard have prior involvement with the child welfare system, both also have extended family members who might be resources for them. Of primary concern for us is that Jessica has several current challenges that are raising concerns about her potential to be a parent. Using an ecological systems perspective, in order to work with Jessica, we need to understand how each person in Jessica's network influences the current situation and how these individuals and systems might work together to support and empower Jessica in reaching her anticipated outcomes. We are doing a contextual assessment using the ecological systems approach in order to better understand how different systems interact and function in ways that contribute to the current problems or challenges and ways that these systems function to support more hoped-for outcomes for Jessica and Richard.

REFLECTIVE LEARNING ACTIVITY

Choose one of the cases presented in the beginning of this chapter. Make a list of the systems that you and the client(s) think will interface as a plan of action is developed.

The life model of social work practice perspective (Germain & Gitterman, 1996; Gitterman, 2011; Gitterman & Germain, 2008) builds on ecological systems constructs to address ways that help people strive to improve the fit between peoples' (individual, family, group, or community) perceived needs, capacities, and aspirations and the environmental supports and resources. Gitterman and Heller (2011, p. 205) articulate the importance of person and environment fit in the life model of social work practice perspective in the following statement:

> Level of person and environment fit refers to a person's perception of the "fit" between his/her physical, intellectual, emotional and motivational strengths and limitations and environmental resources (family, social networks, organizations, and physical space) to deal with a specific life stressor(s) or challenge(s). Over the life course, people constantly strive to improve the level of fit with their environments. When a person perceives the availability of sufficient personal and environmental resources to deal with a life issue, stressor or event, s/he experiences a positive fit with the environment. The

positive level of fit supports and resources release the person's potential for personal growth and sense of mastery. However, when a negative level of fit evolves between a person's perceptions of personal and environmental resources to deal with a life stressor, s/he experience stress. How overwhelming and disabling individuals experience their daily life stress will largely depend upon the perceived level of fit between their personal and environmental resources.

The life model of social work practice perspective incorporates a dynamic view of the person-environment exchanges. This model highlights that over the life course, individuals must cope with three interrelated life issues: difficult life transitions and traumatic life events, environmental pressures, and dysfunctional interpersonal processes. Through processes of mutual assessment using the life model of social work practice perspective, social work practitioners and clients together determine the practice focus, choosing to

1. improve a person's (collectivity's) ability to manage stressors through more effective personal and situational appraisals and behavioral skills,

2. influence the social and physical environments to be more responsive to a person's (collectivity's) needs, and

3. improve the quality of person-environment exchanges. (Gitterman, 2011, p. 285)
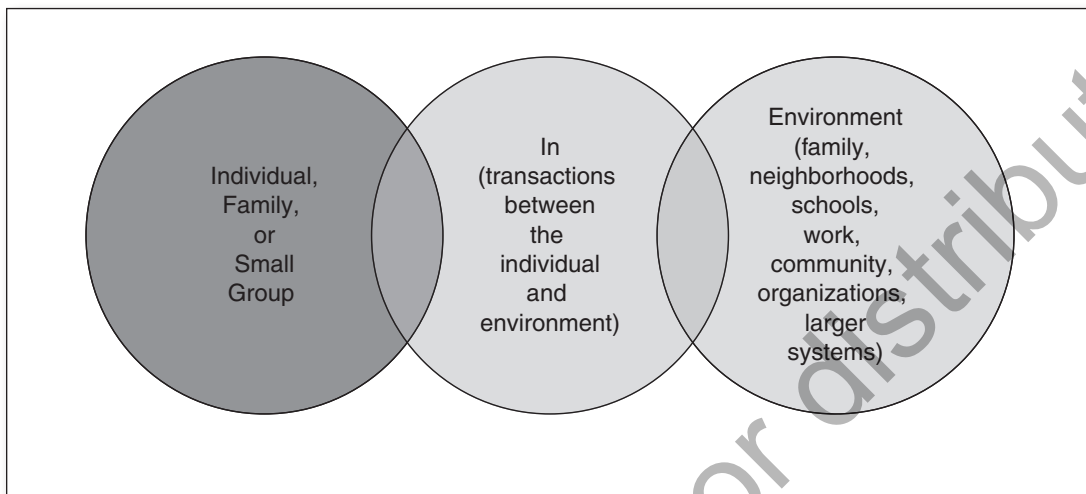

REFLECTIVE LEARNING ACTIVITY

Choose one of the cases presented in the beginning of this chapter. Make a list of the interrelated life issues, difficult life transitions, traumatic life events, environmental pressures, and dysfunctional interpersonal processes that you think might be identified by the client(s).

Now make a list of the positive coping strategies and resources that might be identified.

By thinking systematically, we work in partnership with individuals engaging in social work services to creatively reflect on potential targets for change and strategies across systems that can be employed to address the challenges identified. In Figure 2.2, you will find person-in-environment components that illustrate the centrality of transactions in developing intervention plans.

In Case Situation A (Sean and Brenna), Brenna has several environments where transactions are occurring that create additional stressors for her. For example, Brenna is experiencing verbal and physical abuse in her relationship with Sean. The transactions between Brenna and Sean are strained and negative. She is having challenges in the transactions between her role as a parent and her role with the school system as it relates to Trevor. The transactions between Brenna and the father of the young woman who works for her (Marisol) are increasingly strained due to the actions of Sean. These

Figure 2.2 Person-In-Environment Components

are just a few of the transactional areas where we might focus our work to improve the quality of the person-in-environment exchanges.

REFLECTIVE LEARNING ACTIVITY

One of the practice behaviors linked to the CSWE-EPAS (Competency 2.1.7 Apply knowledge of human behavior and the social environment) is to understand human behavior across the life course, the range of social systems in which people live, and the ways social systems promote or deter people in maintaining or achieving health and well-being. Using the four case situations in this chapter, how did the systems (e.g., individual; family; small group; neighborhood; larger community; organizations; and social, economic, and political systems) promote and/or deter the individuals and families in these cases from achieving health and well-being?

Empowerment Perspective

The empowerment perspective examines the ways that individuals and/or families can gain power or develop power to address current barriers and challenges. Lee and Hudson (2011, p. 160) define the empowerment approach as one that makes connections between social and economic injustices and individual pain and suffering. Adams (2008) further shares that empowerment is about taking control, achieving self-direction, and seeking inclusiveness rooted in connectedness with the experiences

of other people. The social worker using this perspective promotes reflection, thinking, and problem solving by focusing on person-in-environment transactions, including the client's role in these transactions and their experiences of oppression (Lee & Hudson, 2011, p. 167).

In Case Situation A (Sean and Brenna), using an empowerment perspective, we need to understand Brenna's perception about what she would like to do to take control of her life and, at the same time, we need to be aware of the challenges she might face in making decisions that, at this time, appear to be overwhelming to her (e.g., filing charges against Sean for the verbal and physical abuse). We might provide information about options that Brenna has to address her challenges, engage in problem solving with her, and assist her in developing the skills she needs to take the actions she determines are best for her life.

In Case Situation C (Daivon and Monae), we might work with Monae to assist her in getting her needs met as she tries to raise her son as a single parent, meet the demands of her job, and address the different systems that are currently involved in her life (e.g., the court system, the school system). Again, from an empowerment perspective, we would provide information, assist in problem solving, and work with Monae to effectively deal with each of the systems to achieve her goal of improving the quality of life for herself and her son.

REFLECTIVE LEARNING ACTIVITY

Choose one of the cases presented at the beginning of this chapter and discuss why it is important for the social worker to understand not only the individual/family who may be seeking help but also the different environments that are influencing and impacting the individual/family's life in the case. Why is a person's environment a critical factor in assessing what led the individual/family to seek help? Why is it crucial in the case you chose in developing the plan of action? Share an example/case from your field placement or volunteer/work experiences where you have used an empowerment approach.
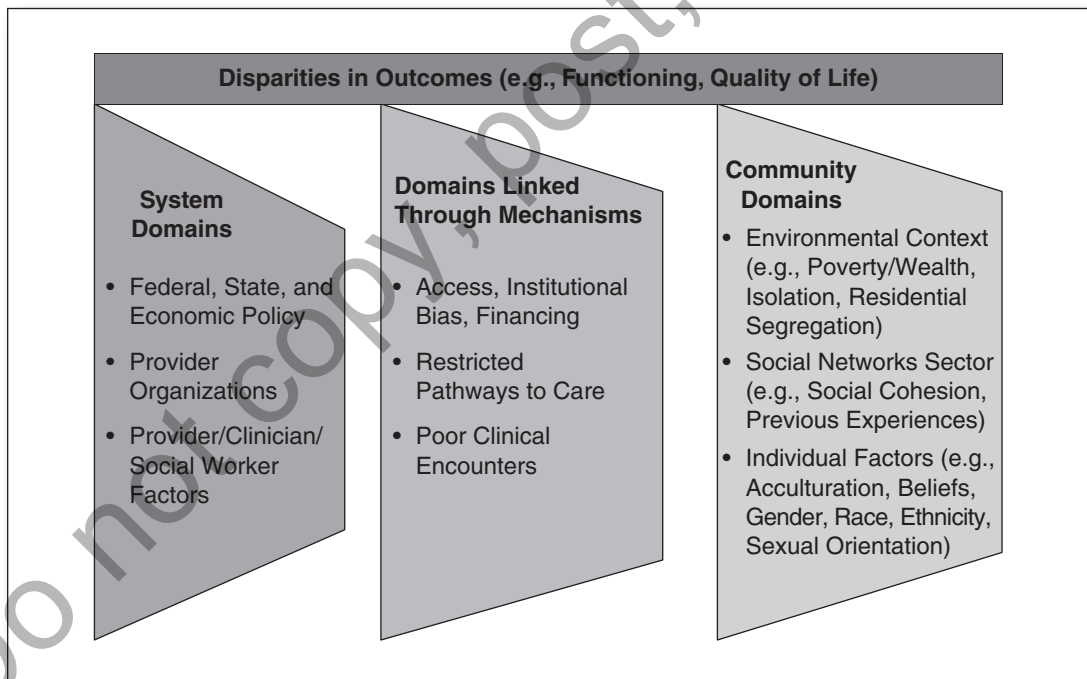
Sociocultural Perspective

Another important perspective that has recently emerged to help us better capture what is happening in the field of behavioral health as it relates to health disparities is the sociocultural framework developed by Alegría, Pescosolido, Williams, and Canino (2011). We are including this perspective since it really articulates the relationships among cultures, race/ethnicity, and health disparities in the health services sector. The core elements of this perspective can also be applied when we try to better understand disparities in other service sectors where social workers work, such as in school systems, the justice system, the welfare system, the child welfare system, and the aging system. Health disparities in this model are defined as "racial and ethnic

differences in access, health care, quality or health care outcomes that are not due to clinical needs or the appropriateness of treatment" (Alegría et al., 2011, p. 364). Note in Figure 2.3 that this model assumes a meta-systems analysis to assist us in better understanding health service outcomes. This means that we examine not only the individual domains but also how those domains interact and function as a whole.

The *system domains* involve federal, state, and economic policy, operation of provider organizations, and provider/clinician/social worker factors. This domain requires us to examine policies and regulations to determine how these policies may support inclusion or exclusion of individuals who lack resources to afford services or who are members of oppressed groups within society. How organizations are designed to deliver core services is another area where we need to explore how issues such as provider burden, workforce diversity, and organizational climate and culture may discriminate against particular minority groups in society or other oppressed groups who are seeking our help. The providers and clinicians (including social workers) are trained to provide services within the organizations in which they are

Figure 2.3   Sociocultural Perspective Domains

Disparities in Outcomes (e.g., Functioning, Quality of Life)

System Domains

- Federal, State, and Economic Policy
- Provider Organizations
- Provider/Clinician/ Social Worker Factors

Domains Linked Through Mechanisms

- Access, Institutional Bias, Financing
- Restricted Pathways to Care
- Poor Clinical Encounters

Community Domains

- Environmental Context (e.g., Poverty/Wealth, Isolation, Residential Segregation)
- Social Networks Sector (e.g., Social Cohesion, Previous Experiences)
- Individual Factors (e.g., Acculturation, Beliefs, Gender, Race, Ethnicity, Sexual Orientation)

Source: Alegria, M., Pescosolido, B., Williams, S. & Canino, G. (2011). Culture, race/ethnicity and disparities: fleshing out the socio-cultural framework for health services disparities. In B. Pescosolido, J. Martin, J. McLeod & A. Rogers (Eds) *Handbook of the sociology of health, illness and healing: a blueprint for the 21st Century,* (363-382).

employed (host organizations), and this may limit how they perceive client groups and a range of client diversity factors.

The *community domains* include the environmental context, social network sectors, and individual factors. The *environmental context* refers to such factors as the level of poverty/wealth in a community, the degree of residential segregation, the level of social isolation, and the level of access to health care services. The operation of community system and *social network sectors* is important to us in all phases of our work. We need to scrutinize how the community perceives service use, the amount of social cohesion and support present in the networks, how the community recognizes problems, how the community perceives the effectiveness of the service systems, and how the community experiences the care system.

When we analyze the *individual factors context,* we need to take into consideration the degree of acculturation and language understanding, the beliefs individuals have, the competing needs individuals have, and the individual's prior experience in accessing the care system, and we need to understand the risks presented by an individual's gender, race, and ethnicity. It is important for us to understand how the system and the community domains are linked and that mechanisms such as market failure, restricted pathways to and of care, and poor clinical encounters impact our work. The market failure mechanisms we need to be aware of include lack of availability of services and accessibility of services, institutional bias, and limited financial challenges. The *restricted pathways to and of care* mechanisms refers to the differential pathways our clients may face when attempting to access services, poor client and provider interaction, and communication and mismatches in service offerings to meet the needs of our minority or oppressed groups. The *poor clinical encounters* mechanism focuses on lack of community trust in the providers (including social workers), misperceptions about what to expect from services, limited workforce availability, and limited training in work with specific minority or oppressed groups. Understanding the two domains and the mechanisms that link the domains helps us to better understand how disparities emerge.

Disparities in outcomes for our clients could result in differences in functioning, an uneven burden of illness being experienced by individuals and groups, and a varying level of social integration and participation, which impact the overall quality of life experience for those seeking help. This has the potential to result in a cumulative disadvantage being experienced by individuals from minority and oppressed groups when they interface with community and treatment systems. Using this perspective, we can see how a person's individual cultural factors, clinician factors, and system and community factors can result in a lifetime of disadvantage, resulting in poor outcomes particularly for individuals who are viewed as a part of an oppressed group and/or culturally diverse community. Applying this perspective to other key systems where we work (such as the child welfare system, the school system, the judicial system, the aging system, and the welfare system) will ultimately assist us in understanding how disparities surface in a range of client groups across a range of diverse factors. It is critical for us to think beyond the individual and family encounters in our work and to recognize that individuals have different pathways to services and often, these pathways may

create additional burdens and challenges for them. This perspective helps us use a social justice lens to better understand the complexities involved in providing effective services in an environment where power and privilege can result in differential access to needed services for all clients.

Let's look at Case D (Jessica and Richard) to highlight how the sociocultural framework might explain the disparities in outcomes that we see for Jessica and Richard as it relates to their care in the VA system. Both Jessica and Richard are veterans and have been involved in the VA health care system. Jessica is an African American woman and Richard is a Caucasian male. Jessica appears to have more negative service outcomes than Richard, based on the information provided in the case situation. When we look at the system domains, both Jessica and Richard are eligible for services under the same federal policies. Using the sociocultural perspective, it is important for us to understand that Jessica, as an African American woman, and Richard, as a Caucasian male, might experience differences based on their race or gender identities in service access due to the design of the provider services or the organizational climate. We also would want to explore how provider/clinician/social work factors might impact the services either of these individuals receives. We should explore the providers'/clinicians'/social workers' training in working with diverse client systems and also what the attitudes or perceptions might be that could impact how potential individuals might perceive the provider's openness to helping them. Related to the community domains, it is important for us to explore whether Jessica receives different levels of community support than Richard based on her gender and racial identities. We need to determine how Jessica's prior experiences with the VA system and her beliefs about how the system works influence her ability to access and follow through with treatment recommendations/services. When we look at how the system and community domains are linked, do we find that there is institutional bias as it relates to serving African American women? Or that the pathways to care differ for Jessica based on her minority status? Or does a lack of trust exist between the VA providers and Jessica? While we would need more information, the negative functioning outcomes and the poorer quality of life that Jessica is experiencing may be related to the cumulative disparities in the system and community domains. The sociocultural perspective provides us with a way to examine how systems and the mechanisms put in place to help individuals and families in need may, in fact, not promote wellness and improved outcomes for these people.

REFLECTIVE LEARNING ACTIVITY

Using the sociocultural perspective, discuss how different pathways to services have created additional burdens or challenges for the clients in the case examples. How has this affected your clients at your field placement or those served by your volunteer/work agency? What do you see as the largest challenges involved in addressing the disparities that your clients or those in the cases may experience?

Evidence-Informed (EI) Practice Perspective

The final perspective that we will discuss in this chapter is the EI practice approach in our work with individuals, families, and small groups. In order to effectively use this approach, we are required to search the literature for the interventions that have the greatest chance of producing desired outcomes for our clients/consumers. In addition, the interventions selected need to respect and incorporate our client system's values and belief structures as well as fit with our skill sets when we deliver the interventions. We can operationalize this framework by using the five steps identified in the Client-Oriented Practical Evidence Search (COPES) developed by Gibbs (2003) and Straus, Richardson, Glasziou, and Haynes (2005). (See Figure 2.4.)

Figure 2.4   The COPES Process Diagram
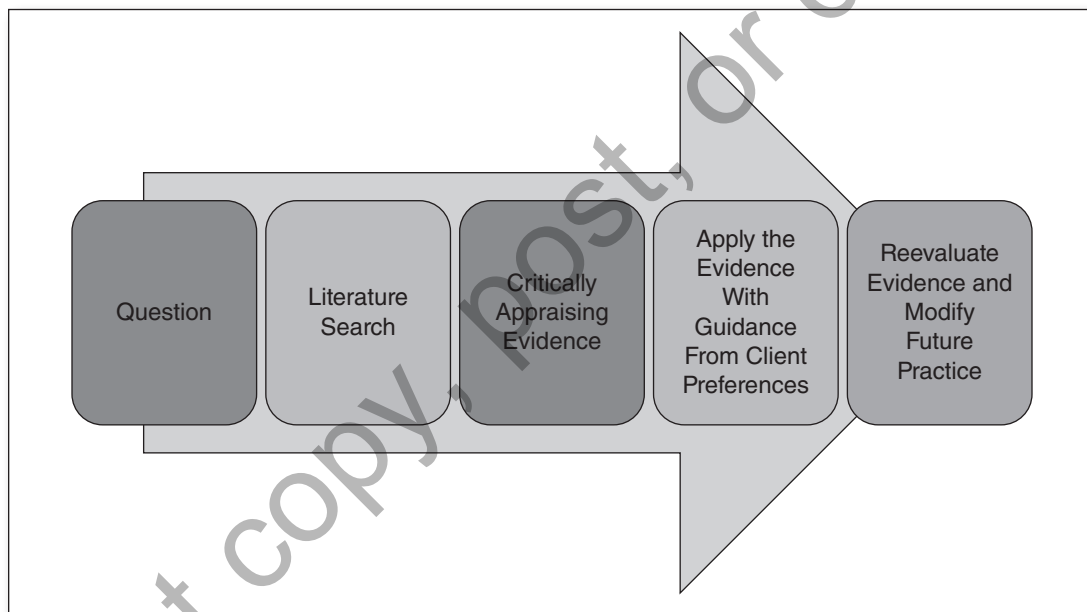
In the COPES process, you begin with a question based on the information provided during your initial assessment with the client (e.g., What is the best intervention to help a young African American girl [age 12] living with a bipolar disorder? Or what intervention works best to help families who are providing caregiving services to an adult family member living with Parkinson's disease? Or what interventions work best for helping adolescents at risk of dropping out of school to stay in school?). The second step involves you conducting a literature search to identify the evidence-supported resources that answer the question from your initial assessment. The third step involves critically appraising the evidence-supported resources to assess their value for your

client situation. The fourth step requires you to apply the evidence-supported resource with guidance from your client, taking into consideration their preferences, the clinical state or level of distress, and your practice expertise. The fifth and final step involves reevaluating how you applied the evidence-supported resources to assist you in modifying your future practice. The EI practice framework challenges us to guide our work by using what we learn from research and integrating it with our practice wisdom.

A helpful diagram that captures the current thinking about how an EI practice framework can be implemented in day-to-day practice can be found in Figure 2.5 (Barth et al., 2011). As you can see from this diagram, the COPES process occurs continuously and encourages us to examine policy and values directives, practice principles, common factors, common practice elements, manualized evidence-supported treatments

Figure 2.5   A Framework for Conceptualizing the Role of Various Components of Evidence-Supported Social Work Practice
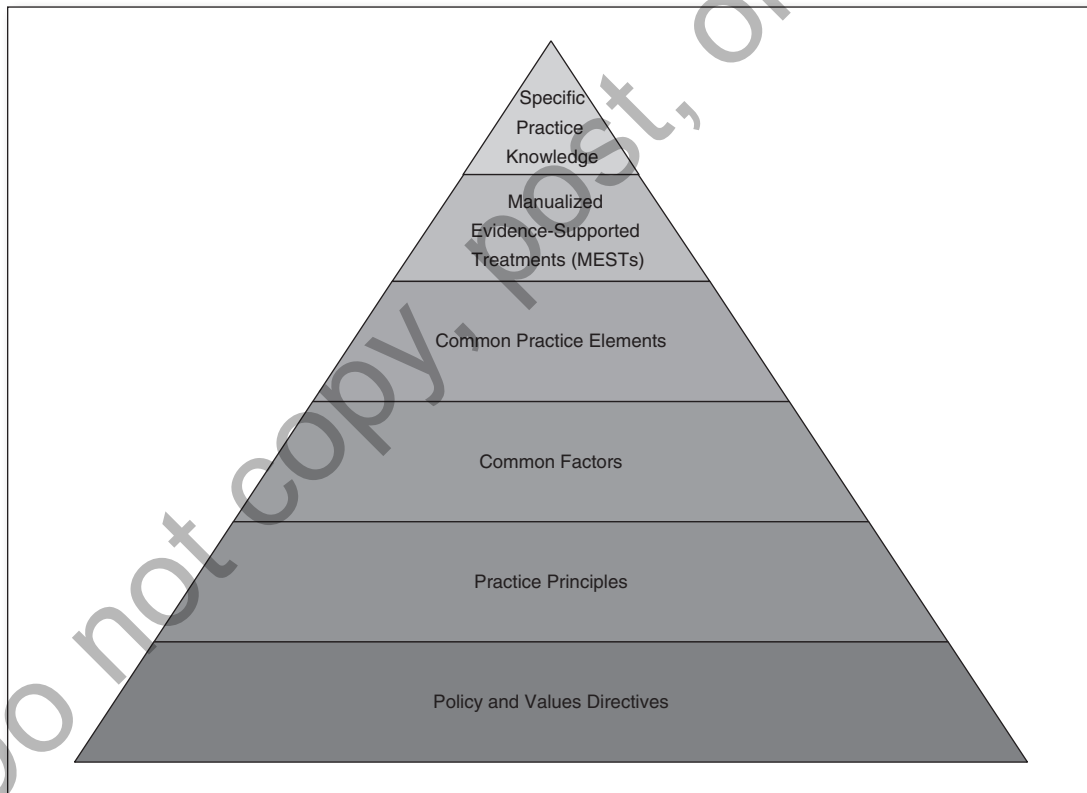
Source: Barth, T. P., Lee, B., Lindsey, M., Collins, K., Strieder, F., Chorpita, B., Becker, K. & Sparks, J. (2011) Evidence-based practice at a crossroads: the timely emergence of common elements and common factors. *Research on Social Work Practice.* Thousand Oaks: SAGE Publications.

(MESTs), and specific practice knowledge. The *policy and value directives* give our social work profession legitimacy through legal and agency mandates as well as provide us with the framework for the ethical conduct to guide our practice. *Practice principles* are specific models of care that operate within particular service sectors or agency-based practices, such as family-centered practice, person-centered practice, or recovery-oriented practice. *Common factors* include our personal qualities as a social worker, the understanding of the importance of the therapeutic alliance, and our client's hopes and expectations. *Common practice elements* refer to our individual treatment practices such as psychoeducation, positive reinforcement, and cognitive restructuring that emerged from EI practices (Chorpita, Daleiden, & Weisz, 2005). The MESTs are the manuals that were developed in randomized controlled trials (RCTs), which spell out the process steps, and the skills and techniques used in the trials that support the positive change observed for our client systems. The *specific practice knowledge* focuses on the importance of addressing culture, circumstances unique to our client system, and other diversity factors to enhance our practice effectiveness.

We have adopted an evidenced-supported social work practice framework in our organization of this book. In the skills chapters, you will note that we examine the cross-cutting skills that make up the common factors and common practice elements components contained in this model. As we shared in the introductory chapter, you need to have knowledge and skills that are shared by all social workers (generalist practice), and when you specialize, you will need to gain more in-depth knowledge and skills in a particular or more specialized area. Specialized knowledge and skills are often developed by becoming certified or trained in specific evidence-supported treatments (e.g., trauma-focused cognitive behavioral treatment, dialectical behavioral therapy, integrated dual disorders treatment) that include manuals and protocols that, if used with fidelity (as they were used in the RCTs), will produce positive outcomes for individuals and families (and small groups).

REFLECTIVE LEARNING ACTIVITY

Ask for a list of evidence-supported or EI practices that are used in your field placement or where you volunteer/work. Inquire whether you would be able to shadow those practitioners who are implementing evidenced-informed practices so you can learn more about them and see how they are applied.

Integrating Conceptual Perspectives

These conceptual perspectives (ecological systems, life model of social work practice, empowerment, sociocultural, and EI practice) capture for us different ways to make sense of the problems and concerns that individuals, families, and small groups bring to the helping process. These core perspectives contribute to our understanding of the challenges associated with engaging in effective change efforts.

In day-to-day practice, we seek to integrate the core themes from these different frameworks by using

1. a meta-systems framework (one that looks at the person-in-environment to better understand the contexts for change),

2. a bio-psycho-social-spiritual perspective in working with individuals and families (we will address this perspective in more detail in Chapter 6),

3. a strength orientation to change (the strengths-based orientation to practice moves us to search for competencies and capacities within individuals, families, and their nested environments and to look for ways to build hope and positive expectations for change while building resilience and resources to assist individuals and families in reaching their goals),

4. a perspective that values diversity and cultural norms (we engage in the helping process while remaining mindful of our commitment as a professional to promoting social justice),

5. an emphasis on informed practice that incorporates emerging evidence, and

6. an awareness of how the various service sectors that influence service delivery within the health and behavioral health sector, the justice sector, the child welfare sector, the schools, the welfare sector, the aging sector, and other relevant service sectors may influence outcomes.

REFLECTIVE LEARNING ACTIVITY

Take a moment to review the core perspectives and principles discussed in this chapter. Develop your own concept map of the core principles and perspectives that you will use to guide your social work practice. You might find it helpful to use a free web-based concept mapping tool to help you organize your thoughts for this map. Choose one case that was presented at the beginning of the chapter and make a list of the core principles and theoretical perspectives you might consider using if you were working with the case.

CHAPTER REVIEW QUESTIONS

1. How have the IFSW definition of social work, the CSWE purpose of social work practice, and the NASW Code of Ethics mission helped you to develop your professional identity as a social worker?

2. What does a just practice perspective include?

3. In what ways can you promote a social justice perspective in your day-to-day work?

4. Identify the core constructs associated with the ecological systems theory perspective, the life model of social work practice perspective, and the empowerment perspective.

5. Describe the sociocultural perspective as it relates to understanding relationships among cultures, race/ethnicity, and system disparities.

6. Why is it important to do a meta-analysis of the systems involved in providing care for your clients?

7. What does a COPES approach to social work practice involve?

8. Why is it important to integrate core theoretical perspectives when engaging in change efforts with our clients?

REFERENCES

Adams, R. (2008). *Empowerment, participation and social work.* Hampshire, England: Palgrave MacMillan.

Alegría, M., Pescosolido, B., Williams, S., & Canino, G. (2011). Culture, race/ethnicity and disparities: Fleshing out the socio-cultural framework for health services disparities. In B. Pescosolido, J. Martin, J. McLeod, & A. Rogers (Eds.), *Handbook of the sociology of health, illness, and healing: A blueprint for the 21st century* (pp. 363–382). New York, NY: Springer.

Barth, R. P., Lee, B., Lindsey, M., Collins, K., Strieder, F., Chorpita, B., . . . Sparks, J. (2011). Evidence-based practice at a crossroads: The timely emergence of common elements and common factors. *Research on Social Work Practice, 22*(1), 108–119. doi: 10.1177/1049731511408440

Chorpita, B., Daleiden, E., & Weisz, J. (2005). Identifying and selecting common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7,* 5–20.

Council on Social Work Education (CSWE). (2008). *Educational policy and accreditation standards* (Revised in March 2010). Retrieved July 25, 2014 from http://www.cswe.org/File.aspx?id=13780

Finn, J., & Jacobson, M. (2003). Just practice: Steps toward a new social work paradigm. *Journal of Social Work Education, 39*(1), 57–78.

Germain, C., & Gitterman, A. (1996). *The life model of social work practice* (2nd ed.). New York, NY: Columbia University Press.

Gibbs, L. (2003). *Evidence-based practice for the helping professions: A practical guide with integrated multimedia*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.

Gitterman, A. (2011). Advances in the life model of social work practice. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 279–292). New York, NY: Oxford University Press.

Gitterman, A., & Germain, C. (2008). *The life model of social work practice: Advancement in theory and practice* (3rd ed.). New York, NY: Columbia University Press.

Gitterman, A., & Heller, N. (2011). Integrating social work perspectives and models with concepts, methods and skills with other professions' specialized approaches. *Clinical Social Work Journal, 39*, 204–211. doi: 10.1007/s10615–011–0340–7

Hepworth, D., Rooney, R., Rooney, G., Strom-Gottfried, K., & Larsen, J. (2010). *Direct social work practice: Theory and skills* (8th ed.). Belmont, CA: Brooks/Cole.

International Federation of Social Workers (IFSW). (2004). *Statement of ethical principles.* Retrieved July 25, 2014 from http://ifsw.org/policies/statement-of-ethical-principles/

International Federation of Social Workers (IFSW). (2008). *Definition of social work.* Retrieved July 25, 2014 from http://ifsw.org/policies/definition-of-social-work/

Lee, J., & Hudson, R. (2011). Empowerment approach to social work practice. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 157–178). New York, NY: Oxford University Press.

National Association of Social Workers (NASW). (1996). *Code of Ethics of the National Association of Social Workers* (Revised in 2008). Washington, DC: Author. Retrieved July 25, 2014 from http://www.naswdc.org/pubs/code/code.asp

Straus, E., Richardson, S., Glasziou, P., & Haynes, R. (2005). *Evidence-based medicine: How to practice and teach EBM.* New York, NY: Elsevier.