THEORY & PRACTICE IN CLINICAL SOCIAL WORK

THIRD EDITION

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Printed in the United States of America.
To Esther, Joey, Stevie, Andrea, Ryan and Ethan
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You are about to embark on a fascinating journey through clinical theory with many of today’s leading clinical social workers as your guides. The richness and comprehensiveness of this collection reflects the demanding reality of contemporary clinical practice. Never before have the client problems that confront clinical social work been so multifaceted and challenging, and never before have the demands from managed care and third-party reimbursers so emphasized evidence-informed justification for the care provided to the client. Moreover, never before have there been so many clinical modalities and evidence-informed treatment systems from which practitioners can draw and about which they must stay informed. This amply expanded third edition of Jerry Brandell’s text matches the challenges of our times by offering revisions that bring the chapters in earlier editions up to date and introducing new chapters that address today’s novel challenges.

Our profession is distinct within the mental health community as a result of its dual mandate: to ensure the mental health of our clients and pursue social justice. No other mental health profession—psychiatry, clinical psychology, psychiatric nursing, marriage and family counseling—shares this aspiration, and none practice with the appreciation we have of the interrelation between psychological well-being and social functioning. Clinical social work is at the heart of social work for good reason: it is the arm of the profession that directly intervenes to ensure the mental well-being needed by each individual to engage in society so that no one is left behind, no matter what the source—economic, social, developmental, or psychological—of their suffering or impairment. Despite its broader compass, clinical social work in the United States has come to be the foremost mental health profession, treating more individuals with mental disorders than any other profession.

Treatment of mental disorder is the major part of clinical social work, but our profession’s concern is with psychological problems that impair social role performance irrespective of whether the impairment is caused by a mental disorder, by anxiety or demoralization that results from a toxic or oppressive environment, or by a mismatch between the individual’s psychological resources and the demands of society or culture. While mental disorder is on the rise, an increasing proportion of the problems seen in the clinic are due to the fact that many nondisordered individuals do not possess the resilience and skills necessary to meet the ever-more-stressful demands of modern social life or overcome the effects of early deprivation. The human species evolved in small close-knit social groups, and as modern society reinvents the nature of human communities and social role expectations, our evolutionary biological shaping as a species becomes increasingly discordant with the current environment’s demands. Many impairing emotional responses to our novel social environment are not necessarily due to mental disorders but to the fact that our natural fit is to an environment that no longer exists.

This third edition of Theory and Practice in Clinical Social Work offers diverse ways to conceptualize such issues of person-environment interaction, whether the problem is mental disorder or some other source of person-environment mismatch, and to help each individual find a pathway to adaptive functioning.

Studies of therapy outcome assure us that certain common factors that are part of any good therapeutic relationship are a key predictor of progress in treatment, as client-centered, psychodynamic, and attachment-related perspectives have told us all along. This book also contains the other half of the story, which concerns not the general empathic, supportive nature of the relationship you have with the client but what you actually do with the client during the session to promote change—the evidence-informed technical or specific aspect of treatment. It is reassuring to know that the therapeutic relationship is likely to have a positive effect, and it is additionally reassuring to know that the theories and techniques discussed in this book are known through
empirical research to augment that effect when used with appropriate target problems.

With so many evidence-informed treatments available, clinical social workers may be uncertain about when and how to apply various methods and whether they are mutually incompatible. Upon first glance, the many theories and perspectives and modalities of clinical social work presented in this volume may seem overwhelming and bewildering. How to choose between them? The answer, of course, is that the approaches covered here are not “either/or.” Unfortunately, the creators and promulgators of each approach frequently tended to overstate the generality and effectiveness of their approach, as if there is one “right way” to intervene with virtually all problems.

The truth is more benign and more hopeful. Each major psychotherapeutic modality—behaviorist, cognitive, psychodynamic, family systems, neuroscientific, biological, and the many others you will be studying—focuses on select aspects of psychological functioning which are partial truths relative to the complexity of the multilevel human meaning system. The many theoretical perspectives and their associated techniques presented in this book will enable you to pursue this field with a broad vision of the best that research and theory has to offer. You owe this breadth of vision to your clients, because it will make you more effective. And, you owe a broad multiperspective vision to yourself, because you will find yourself facing complex and unexpectedly difficult multilevel clinical challenges that you don’t want to refer out and that ethically you want treat with the optimal technique. You then will be thankful to have a multitheoretical reservoir of approaches from which to choose what is most appropriate for each issue at each stage of treatment.

It is said that to a person whose only tool is a hammer, everything looks like a nail. One does not want to be the clinician with just one theoretical tool so that every problem, no matter what its true nature or how it responds to initial interventions, looks like an irrational thought, or an intrapsychic conflict, or a reinforced behavior, or a family problem, and so on. Instead of fitting every problem into the Procrustean bed of one theory, contemporary clinicians need a varied toolkit that allows them to fit their theoretical approaches to clients’ problems at each stage of treatment and to help clients to build a variety of psychological structures, or “mental prostheses,” that enable them to reduce the grip of the conditions that afflict them and move toward healing and adequate social functioning. This book’s synoptic coverage of today’s best thinking across theories, modalities, problems, and populations will allow you to do so.

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A number of people provided much-appreciated assistance and support during the preparation of this book. I am especially grateful to Ms. Kassie Graves, Vice-President and Director of Acquisitions and Sales for Cognella, through whose warm encouragement and guidance this project was developed and has come to fruition; to Ms. Amy Smith, my project editor, for her professionalism and seamless management of a complex and challenging anthology; to Ms. Alia Bales, for her efficiency and meticulous attention to the details of copyediting; and to Ms. Jess Estrella, Senior Graphic Designer, for the beautiful cover design she created. I thank Jerry Wakefield, one of the busiest scholars I know, for his eloquent foreword to this volume. I am grateful to Wayne State University, my academic home for the last 28 years, for the institutional support they have provided for this as well as for a number of other books and research projects. Last, but hardly least, I thank my life partner and closest confidant, Esther, for all of the valuable help she has given me, in so many different ways, for this project and all of the others that have preceded it.
Introduction to the Third Edition

Theory and Practice in Clinical Social Work (TPCSW), now in its third edition, remains the most comprehensive anthology of clinical practice in the field of clinical social work. Divided into three major sections, the first edition of TPCSW surveyed then-extant frameworks for clinical practice (systems theory, behavioral and cognitive theories, and psychoanalytic theory); specific treatment modalities (e.g., clinical practice with children, adolescents, couples, families, children’s groups, and adult groups); and finally, specialized clinical issues, themes, and dilemmas (e.g., family violence, treatment of infants, psychopharmacology, older adults, alcohol and drug problems, managed care, mourning and loss, and psychiatric rehabilitation). There were 24 chapters in all, each written by experts in that particular field of practice. By the time the second edition was published, in 2010, much had changed in the clinical social work field, requiring a thorough updating of the original content as well as four completely new chapters in neurobiology and clinical social work practice, clinical research, cross-cultural practice, and treatment of depressed clients. Some of the trends we noted in 2010 have continuing salience today, including

- an increased emphasis on the evidentiary basis for clinical social work practices;
- intensified focus on attachment theory and its relevance across clinical practice models, clinical populations, and problem areas;
- the broadening of our conception of trauma, trauma survivorship, and the different treatment models that have evolved to work with those who have experienced interpersonal traumata;
- the importance we now attach to understanding and working with survivors of community violence, disasters, and terrorism;
- the continuing evolution of relational social work models; and
- the ever-expanding reliance on psychiatric drugs to effect behavioral change, despite the absence of a solid body of research lending support to their efficacy.

We have witnessed what can only be described as transformative changes in the world of clinical social practice in the 23-year span separating the first edition of TPCSW and this third edition. Accordingly, although the basic framework of the third edition remains much the same as that of the first two editions, we have added new content to each chapter, thoroughly updated chapter references, and introduced important new themes. Moreover, entirely new content areas have been included to reflect the changing landscape of clinical social work as it is currently conceived and practiced.

The Design of the Book

Although there is some variation across chapters, contributors were asked to incorporate the following components, where relevant and feasible, into their chapters:

- relevant history—with particular attention to the social work profession—of the theoretical perspective, clinical method, or issue/theme/dilemma;
- discussion and elaboration of important ideas, concepts, and terminology having particular currency for the chapter theme;
- use of well-developed, illustrative clinical examples derived from contemporary practice;
- discussion of important new developments relative to the chapter theme; and
- content that addresses the clinical evidentiary base.
The principal audience for TPCSW consists of graduate students and their instructors, as well as entry-level clinical professionals. Mindful of this fact, we have once again asked contributors to include supplementary instructional materials (e.g., discussion questions, relevant readings, and websites) in order to maximize student learning of challenging content.

Additional Changes in Content

In addition to the changes noted above, the third edition of TPCSW contains entirely new, original chapters and content areas attesting to profound changes that have dramatically altered the scope and depth of our clinical knowledge. These include the following:

- **Clinical Practice With Gay, Lesbian, and Bisexual Clients**
  In previous editions of this anthology, content on clinical work with gays and lesbians was actually presented in separate chapters. However, after much deliberation, we concluded that this content could be meaningfully integrated into a unitary chapter that also incorporated new content on clinical work with bisexual clients. Virtually all clinicians, largely irrespective of the settings in which they practice, will come into direct contact with gay, lesbian, and bisexual clients. Beginning with a striking demographic—that 10 million Americans identify as gay, lesbian, bisexual, or transgender—the author provides a detailed history of the LGBT movement in this country that includes special attention to the AIDS crisis, the Stonewall riots, and the recent epoch of LGB marriage equality, and then goes on to discuss a range of clinically relevant topics, such as the development of sexual identity, “coming out” experiences, clients’ sexual practices, and the value of a phenomenological clinical approach in work with these populations.

- **Clinical Practice With Transgender Clients**
  This chapter addresses a clinical group, transgender clients, that has only recently begun to receive sustained and serious attention from clinical scholars and the mental health community more generally. As the author notes, transgender clients are increasingly seen in schools, mental health clinics, and various kinds of healthcare settings, as well as in private practice. The challenges of working effectively with this clinical population are multiple, calling not only for a familiarity of unique social, medical, and legal matters but also for an understanding of the importance of language that authentically represents and describes the lived experience of transgender individuals. Moreover, most clinical encounters with transgender clients will at some time, of necessity, involve medical considerations for hormonal interventions and/or surgeries to facilitate transitioning. Clinicians who find themselves working with such clients must therefore be knowledgeable about such medical procedures and skilled in transgender-specific assessment, as well as in intervention, advocacy, and education.

- **Clinical Work With Suicidal Youth and Adults**
  In this chapter, the multiple challenges associated with the diagnosis and treatment of suicidal clients are explored in depth. Suicide rates in the United States, particularly among adolescents, have risen steadily in the last 10 years and may be considered to represent a serious public health issue. Nevertheless, according to the authors, two thirds of recent social work graduates report that they were professionally unprepared for work with suicidal clients. The chapter considers such themes as the relationship of suicidal behavior to specific mental health diagnoses, whether suicide attempts are impulsive, the role of social media in the rise of suicide rates, the importance of good professional training, and liability issues arising from work with suicidal clients. Suicide risk assessment and safety planning are also examined in detail. The authors then present two cases, the first of which involved a biracial adolescent treated with attachment-based family therapy, and the second, an adult treated with cognitive-behavioral therapy for suicide prevention. Clinical process dimensions and important themes (e.g., cultivation of the therapeutic alliance, exploration of the suicide plan) are carefully explored, and guidelines for practice using both models are then presented.

- **Perspectives on Sexting in Clinical Work With Children and Adolescents**
  According to the authors, sexting may be broadly defined as “the exchange of sexually explicit
images and videos through electronic means.” It is a relatively recent social phenomenon, which has become more common as the use of smartphones with Internet capability has increased, particularly within the last decade. A major focus of this chapter is how adolescents’ normative development may be influenced in both negative and positive ways via sexting. In this regard, a critical distinction is made between private, consensual exchange of sexts and nonconsensual sexting. The former may actually be socially reinforcing and lead to enhanced self-esteem, while the latter may have pronounced detrimental effects on teens’ social and psychological development. As an illustration, the authors present a treatment case involving a distraught 16-year-old female adolescent who sought treatment at a community mental health agency after her ex-boyfriend distributed a topless photograph she had sent to him “around the school.” Treatment principles are then highlighted in this case, and more general recommendations for practice are discussed.

- Clinical Social Work In a Digital Environment: Ethical and Risk Management Issues

Clinical social work practice, the author of this chapter notes, is no longer restricted to face-to-face meetings conducted in an office setting. Indeed, digital technologies now make possible the delivery of clinical services in ways that were inconceivable less than a generation ago. While it may be argued that such technologies as distance counseling, self-guided web-based interventions, text messaging, and avatar-based platforms offer exciting new vehicles for therapeutic communication with clients, these same technologies may also raise serious challenges to professional ethics in relation to informed consent, privacy, confidentiality, professional boundaries, documentation, and other considerations. These ethical and legal perils are then examined in considerable depth through the use of brief clinical vignettes and clinical case exemplars, and specific guidelines for the protection of both clients and workers are presented.

Ancillaries

Theory and Practice in Clinical Social Work, Third Edition, is accompanied by the following supplements, which are tailored to match the content of this book.

Instructor Resources Site

The password-protected instructor’s site includes test questions, recommended readings, and relevant websites.
Part I
Frameworks for Clinical Practice
Systems theory enables us to understand the biological, psychological, sociological, and spiritual conditions and dynamics of clients in order to interpret problems and develop balanced intervention strategies with the goal of enhancing the goodness of fit between individuals and their environments. Systems theory does not specify a particular conceptual model for understanding problems, and it does not direct the social worker to specific intervention strategies. Rather, it serves as an organizing conceptual framework or metatheory for understanding (Goldstein, 1990; Hearn, 1958; Meyer, 1976, 1983; Siporin, 1980). By looking at clients holistically, recognizing the context of their life situations and interpersonal concerns of family, work, school, peers, and social support networks that are influenced by broader social and historical conditions, systems theory supports a competency-based assessment to understand the client’s condition (Gray, 2016). Thus, systems theory for social workers operates in such a way as to capture the person within the context of their environment. Gitterman and Germain (2008) have observed the following:

By immersing ourselves in clients’ stories and environments, social workers are in a natural position to describe adaptive and dysfunctional patterns, as well as processes of change. Through detailed and rich descriptions, including direct quotes from clients and significant environmental figures, we capture the whole person within a life course and ecological perspective (p. 129).

Thus, since Systems Theory focuses on change of the person-in-environment, the emphasis is more on how to help with changing environments rather than addressing individual psychological approaches to changing the individual (Payne, 2014).

Systems theory, as we know it today, has its origins in sociology and biology (Robbins et al., 2019). As early as 1887, sociologist Ferdinand Tonnies coined the terms Gesellschaft (the individual's self-interest) and Gemeinschaft (the best interest of the community) in his analysis of urban and agrarian societies (Tonnies, 1957). These concepts describe the competing, and sometimes balancing, of the individual’s needs and desires with the morals, values, customs, and expectations of a community. Other sociologists, such as Max Weber and Talcott Parsons, elaborated upon these ideas. However, within social work, systems thinking has been more heavily influenced by the work of the biologist Ludwig von Bertalanffy and, later, by social psychologist Uri Bronfenbrenner, who examined human biological systems within an ecological environment. These ideas ultimately led to our profession’s integration and application of systems theory into work with clients. With its roots in von Bertalanffy’s systems theory and Bronfenbrenner’s ecological environment, the ecosystems perspective provides a framework that permits users to draw on theories from different disciplines in order to analyze the complex nature of human interactions within a social environment.

A system is defined as “an organized whole made up of components that interact in a way distinct from their interaction with other entities and which endures over some period of time” (Carter, 2011, p. 4). A familiar demarcation of systems in social work involves the designation of nesting of particular social systems as being micro, mezzo, exo, macro, or chrono (Bronfenbrenner, 2004). Microsystems are understood to refer to small-size social systems, such as individuals and couples. Mezzo systems focus on the interactions between the microsystems, including groups, support networks, and extended families. The exosystem, then, is the interaction, linkages, and processes that occur between two or more settings.
where at least one does not contain the microsystem although nevertheless has an indirect influence on it (Bronfenbrenner, 2004). Macrosystems focus on overarching culture or subculture that provides defined beliefs, norms, values, and customs within the system (Bronfenbrenner, 2004). The chronosystem puts all of these transactions in historical context, addressing normative interactions across and within systems (Piel et al., 2017). Bronfenbrenner states that the chronosystem extends the environment into a third dimension (2004, p. 6), such as the relationship of the system to time. This differentiation of systems by size and time can be somewhat arbitrary, depending in part on the social worker’s perspective as well as the organizational context and purpose in which they practice (Greene, 2017). For example, an organization can be viewed from a macro perspective, or it can be viewed as a mezzo unit within the context of its broader community and political context.

Relevant History

Ludwig von Bertalanffy (1901–1972), as mentioned above, is credited with being the originator of the form of systems theory used in social work. Von Bertalanffy, a theoretical biologist born and educated in Austria, became dissatisfied with the way linear, cause-and-effect theories explained growth and change in living organisms. He thought that change might occur because of the interactions between the parts of an organism, a point of view that represented a dramatic change from the theories of his day. Existing theories tended to be reductionist, understanding the whole by breaking it into its parts. Von Bertalanffy’s introduction of systems theory changed that framework by looking at the system as a whole, with its relationships and interactions with other systems, as a mechanism of growth and change. This changed the way people looked at systems and led to a new language, popularizing terms such as open and closed systems, entropy, boundary, homeostasis, inputs, outputs, and feedback.

General systems theory is likened to a science of wholeness. Von Bertalanffy (1968) advocated “an organismic conception in biology that emphasized consideration of the organism as a whole or a system” (p. 12). He saw the main objective of the biological sciences as the discovery of organizational properties that could be applied to organisms at various levels for analysis. This led to the basic assumption that “the whole is more than the sum of its parts” (p. 18). Von Bertalanffy’s approach is derived from a basic concept that relies heavily on linear-based, cause-and-effect properties to explain growth and change in living organisms. There are two conditions on which these properties depend: (1) that an interaction occurs between parts and (2) that the condition describing the relationship between the parts is linear. When these two conditions are present, von Bertalanffy felt, the interaction was measurable and was subject to scientific inquiry.

Figure 1.1 depicts the linear nature of the system. There are inputs, outputs, and outcomes. However, what happens in the system is somewhat mysterious, and one can only measure the changes by observing the outputs in relationship to the outcomes or goals of the system. Workers can vary or
modify the inputs, including their own actions, to create a change within the system.

To measure the interaction, von Bertalanffy applied basic scientific principles to various types of organisms that explain and measure behavior. It is important to understand that von Bertalanffy’s original conception of systems theory was one of organization. He saw it as a method of organizing the interaction between component parts of a larger organism. Since it was a way of organizing information rather than explaining observations, it was easily adaptable to many different scientific fields, including psychology, psychiatry, sociology, and social work. The important distinction among the various fields adopting these principles was how they used other theories to explain the interaction within the organism. Thus, systems theory is an organizational theory that looks at interactions between systems: i.e., how a field defines the system determines the nature of the interaction. Von Bertalanffy was influenced by a number of sociologists, and their contributions are important to social work. To understand more fully the interactional properties of systems theory, it may be useful to understand the key concepts used by von Bertalanffy and other systems theorists.

Other Contributions to Systems Theory

Von Bertalanffy was influenced by Emile Durkheim and Max Weber, both of whom were early pioneers in the field of sociology. They took early systems theory as it was initially applied in the late 1800s and early 1900s to biological organisms and applied it to human social systems. Durkheim was interested in how societies were organized and how they maintained cohesion or group identity over time. He believed that human beings experience a unique social reality not experienced by other organisms and that order can only be maintained through the consent of individuals within the group who share the same morals and values. In his 1893 doctoral dissertation, later published as The Division of Labor in Society, Durkheim (1984) explained that in highly organized systems, the division of labor contributes to the maintenance of societies. In complex societies, individuals perform various roles that, while they lead to specialization and segmentation, also create a high degree of mutual interdependence between units. Although the individuals performing them will change, these roles persist over time and maintain a society (Durkheim, 1984). Durkheim also wrote about crime and suicide, believing both to be a result of disruptions or imbalances in the integration of individuals and society.

Durkheim was particularly interested in how roles and the division of labor-maintained society in a macro sense. For example, the role of the police in a society is to protect citizens from criminals and preserve order by enforcing the law. The stability or equilibrium of a society is threatened when the police abuse their authority.

We can also use role theory to judge how well individuals are functioning at a more micro level. Social workers are often called on to evaluate how well mothers and fathers care for their children. As parents, they are expected to conform to certain norms and role expectations that include providing their young with adequate food, shelter, and medical care and ensuring that their educational needs are met. Severe cases of role disruption can lead to state intervention through protective services. Durkheim is famous for his concept of “anomie,” which describes individuals who are alienated because they are unable or unwilling to fit into society through compliance with the normative expectations of the group and thus fail to fulfill expected roles. To a social worker, anomie describes situations where there is a severe disruption in the goodness of fit between an individual and their social context (Merton, 1938).

These concepts are identified in Figure 1.1, where the system exists within a social environment. Thus, certain factors in the social environment affect the system and its outcomes and outputs. The system also interfaces with other systems or collateral systems. There are expectations on the role and function of the system to conform to standards within the larger social environment. If the system does not subscribe to those norms, then the system is considered dysfunctional.

Max Weber was a contemporary of Durkheim known for his work studying complex social institutions and organizations. In addition to being one of the first sociologists, he was a lawyer, politician, and economist. Unlike Durkheim, who believed that societies are sustained through consensus and the willingness of individuals to comply with normative expectations and roles, Weber believed that governments and bureaucracies are essentially coercive in nature and are maintained through their “monopoly” in the legitimate use of violence or force. He also studied the way in which various types of leaders may influence society. Because they are very often government employees carrying out the policies of the state, it is important for social workers to be mindful
of Weber’s position that the best interests of the individual or client system they serve may conflict with the interests of those in power.

Cybernetics is an interdisciplinary approach that grew in part out of structural functionalism and an interest in understanding how systems create and use processes to regulate themselves. Niklaus Luhmann, a contemporary German sociologist, was, like Parsons, attempting to explicate a “grand theory” in sociology that could be applied to all social systems. For Luhmann, all social systems are communication networks, and a particular system selects what kind of information it will accept. This creates and maintains the identity of the system. When studying a particular society, Luhmann (1995) argued, its mass communications and media are its defining features.

The work of Durkheim and Weber directly influenced Talcott Parsons (1951), who augmented their work by elaborating on the specific functions of social systems. Parsons was an American philosopher, economist, and sociologist interested in articulating a unified conceptual framework or “grand” theory for sociology. Parsons called his theoretical framework “structural functionalism.” Structural functionalism states that social structures involve interaction and relationships among “actors” and are characterized by a functional imperative. This is to say that a defining attribute of a social system is its function in the larger social environment. Parsons delineated four functional states of social systems: (1) adaption (to the external environment), (2) goal attainment or growth, (3) integration (with other social systems), and (4) latency (homeostasis) or pattern maintenance (preservation of interactional patterns, norms, and customs through socialization processes). These states are not mutually exclusive but are integrated.¹

Adaptation describes the dynamic process in which a given system responds to the demands and pressures of external forces and conditions. It also includes the way in which a system is able to bring in resources from its outside environment. Adaptation involves reciprocal interactions and exchanges between the system and its environment, which ultimately results in both being changed. When a system determines and prioritizes its goals and then obtains and mobilizes resources in directed action to achieve those goals, it demonstrates the function of goal attainment. Integration describes the coordination and orchestration of the system’s internal components. This leads to a potential conflict where the goal of a member of a (family) system may be in opposition to the goal of the system (Carter, 2017). Finally, latency or pattern maintenance describes a system state in which the system is invested in maintaining and transmitting its norms and values (Blackwell Encyclopedia of Sociology Online, 2009).

Therefore, when attempting to understand and intervene in social systems, social workers must also consider the functional imperative of the system. Thinking of the function a particular system serves can help social workers to evaluate the extent to which the system is succeeding in fulfilling that purpose and to determine areas of weakness or dysfunction that can be strengthened so that the organization functions properly and supports the individuals and subsystems within it. For example, if we examine the prison system, we might raise questions about the function of prisons in protecting good citizens from criminals by their removal from society and institutionalization. We might then ask, does a higher rate of incarceration lead to a reduction in criminal activity? However, if we argue that a function of prisons is the rehabilitation of offenders, we may then pose very different questions. What are the recidivism rates for released prisoners? How do they fare once they are released? How well prepared are they to reenter society?

All social systems receive input from the environment, engage in processes, and generate outputs. In addition to having a structure, social systems serve particular functions. A university receives inputs from society (the student, dollars from the state and from tuition), engages in a process (educating students), and generates an output (educated individuals). A college or university may be considered a social system. It is, moreover, a component of a larger social system or institution—that of higher education.

The family is an essential social system. It serves a variety of functions, including socializing and caring for its members. As a system, when change happens to one member of the family, other members of the family system are also affected. Families have structure (roles, boundaries, and rules) and processes (communication and behavioral patterns). Social

¹ Luhmann (Kihlstrom, 2012) expanded upon these ideas by looking at the laws and roles of a system, which he referred to as the “society system,” and which included both interaction systems (face-to-face, as in the case of families) and organization systems (formal organizations).
workers need to address both of these dimensions in working with families (Becvar & Becvar, 2013).

Family systems theory was developed by Murray Bowen (1978). Bowen believed it was necessary to work with extended families inclusive of at least three generations in order to address problems. He identified five characteristics of a family system:

- external and internal family boundaries,
- family rules,
- family role organization,
- power distribution among family members, and
- the communication process.

Communication, as we know, is both verbal and nonverbal, and as social workers, it is an important aspect of our work to facilitate and clarify communication. Communication regulates and either stabilizes or disrupts a system. In the late 1950s, a group of mental health professionals in Palo Alto, California, began to use communication theory and cybernetics to study the origins of schizophrenia. Don Jackson, Gregory Bateson, and Virginia Satir, among others, recognized that communication patterns in dysfunctional family systems were disrupted. Although such patterns were not the cause of schizophrenia, as they had theorized, their contribution to family systems theory has remained influential. Bateson (1972) and Bateson et al. (1956) identified a particularly disruptive communication pattern in dysfunctional families. A double bind occurs when an individual is placed in a no-win situation through contradictory instructions or expectations. For example, when a child is told to “kiss mommy,” but her mother demonstrates rejecting behavior, the child is placed in what is termed a double-bind situation. If she doesn’t follow the injunction to “kiss mommy,” she risks her mother’s displeasure. However, she also risks displeasing her mother if she does comply.

Virginia Satir (1967) used the term metacommunication to describe “communication about a communication.” Such metacommunications may be made openly or implicitly by verbal as well as nonverbal mechanisms. The extent to which a message and a message about the message (metamessage) agree with each other is referred to as congruence or incongruence. Incongruence in communication may result in confusion and anxiety. For example, if a child is told that he performed well on a task but perceives through facial expressions or verbal tones that a parent may be disappointed, he is unable to discern the quality of his performance and the true nature of his parents’ approval.

Salvadore Minuchin, a therapist working with young juvenile delinquents, developed structural family therapy, a branch of family systems theory that emphasizes restoring appropriate family roles and boundaries (i.e., structure). In 1967, Minuchin was appointed the director of the Philadelphia Child Guidance Clinic, where Haley and others eventually worked. According to the Minuchin Center for the Family (n.d.), structural family therapy recognizes the following:

- Context organizes us. Individual behavior is a function of our relationships and interactions with others. The structural family therapist looks at what is happening between people rather than the psychology of individuals.
- The family is the primary context, or what is called the “matrix of identity” for individuals. The family is where we develop our sense of self as we interact with other members of the family. The family is constantly changing as members progress through developmental stages and exit and enter the system.
- Family structure is the product of repetitive patterns of interaction that develop over time as family members interact and adapt to each.
- A family that functions well is not devoid of stress or conflict. Rather, a healthy family is assessed by how effectively it handles them as well as its capacity to respond to the changing needs of individual family members and conditions in the environment.
- A structural family therapist locates, accesses, and amplifies underlying strengths within the family system in order to help the family minimize or eliminate interactional patterns that inhibit its successful adaptation to the needs of individual members and the larger social context.

Structural family therapists use role playing, rehearsals, homework, journaling, and other behaviorally based exercises to help restore healthy communication and structure in families (Minuchin, 1974; Minuchin & Fishman, 1981). For example, in Minuchin's work, often the “identified client” was an adolescent who was acting out. In intervening with the family, the structural family therapist helps the parents
reclaim their role and authority as parents, providing them with help in communicating appropriate limits and expectations as well as implementing consequences for misbehavior. The adolescent, now free to be a teenager rather than a pseudo adult or parent, then assumes their proper place in the family structure and is relieved of an excess of power.2

The Terminology of General Systems Theory

Von Bertalanffy believed that all things, living and nonliving, could be regarded as systems, and that systems have properties that are capable of being studied. Each system is a unit of wholeness with a distinct property or structural limitation that delineates it from other systems, a property von Bertalanffy termed the system's boundary. The boundary is what makes each system unique and gives it definition. Some boundaries are clearly defined; others may be permeable. In defining a person as a system, one may literally identify the person's skin as the boundary. Access to the person beyond the boundary is through various forms of communication, through the five sensory modalities, or through microorganisms that find ways of permeating the outer shell, or skin, of the person. However, the structure of the person is clearly defined by their physical being.

The boundaries of social systems can be partially defined by norms and customs. For example, a family is a system that defines its boundaries through sociological and legal definitions; groups are social organizations that define their boundary through group membership; and communities are social organizations that define their boundaries through either geographic definitions of community or an ethnic boundary definition, as in ethnic communities. Through this process, it is possible to see that each system has a characteristic boundary and way of defining itself. These invisible boundaries also regulate how individuals enter and exit the system.

A system grows through an exchange of energy between the system and its environment, a process that is possible only if the boundary possesses permeability. This energy can be tangible or intangible. Tangible resources would be food, money, shelter, and other things that contribute to the physical maintenance of the system. An intangible resource could be information, as exemplified when a member of the system is educated or has useful knowledge that helps the system. The amount of information or energy that is permitted to pass through a given system's boundary determines the permeability of that boundary. The more permeable the boundary, the greater the extent of interaction the system has with its environment, thus leading to greater openness.

Von Bertalanffy (1968) differentiated between open and closed systems, observing that “living organisms are essentially open systems” (p. 32, italics added). An open system, unlike a closed system, exchanges matter with its environment; closed systems “are isolated from their environment” (p. 39). An example of a closed system that may serve adaptive purposes could be an ethnic minority community that has limited access to the majority cultural institutions due to active discrimination directed against its members.

Recognizing that system growth derives from the ability of the system to import energy or system inputs from other systems, openness is a critical quality for system functioning, and possibly even survival. However, there are other times when a system does close as a perceived means of protecting itself. In these instances, the system is exporting (system outputs) more energy than it is able to import. Since systems rely on a flow of energy, with outputs relying on fresh inputs, too much exporting can lead to a state of disorder, referred to as entropy. When the system is importing more than it is exporting, it is termed negative entropy, or negentropy, a state of system growth.

The exchange of information between the system and its environment is regulated by a process called feedback, a method of evaluation used to determine whether the system's outputs are consonant with the perceived outcomes (goals) that the system has established for itself. In addition to this internal feedback, the system also has a method of measuring responses from the external environment. In both situations, if the system perceives a variance between output and outcome, it can alter the process by varying the level of inputs. A classic example of system feedback and response is the thermostat in your home. The thermostat is set to a certain temperature; the sensors in the device read the room temperature (input) and adjust the furnace (output) to reach the preset temperature. The room temperature is read again in a continual feedback loop that regulates the furnace.

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2 See Chapter 4, pp. 66–85, “Family Therapy: Systemic Approaches to Practice,” for a more detailed discussion of systems theory in relation to family theory and practice.
This modifying of levels of inputs and outputs is the form of control that all systems have in their interactions with their environment. In social work terms, an open system would generally (though not invariably) be considered a functional system, while a closed system would be classified as dysfunctional. A functional system interacts dynamically with the larger environment, a need that supports the survival of the system. Because there is a cause-and-effect relationship between the system and the environment, both are constantly changing in consequence of the interaction, so that the open nature of the system is one of constant change. Change does not always relate to disorder. Von Bertalanffy (1968) believed that if a system was working properly, it would achieve a form of dynamic equilibrium with the environment that he called steady state. Steady state is achieved through a process of ordering and growth (Dale & Smith, 2013).

The concept of steady state is a little misleading; steady here does not mean constant but a sense of balance between the system and the larger social environment (Anderson et al., 1999). To put it slightly differently, the ability of the system to adapt to its environment through changes in its structure leads to states of equilibrium and homeostasis, both of which relate to different types of balance. Equilibrium is the sense of being in balance. When something is in balance, there is little variability in movement before the state of balance is disrupted. On the other hand, homeostasis is a state of variable balance where the limits to maintaining balance are more flexible (Carter, 2017). These limits are determined by the system and may be likened to the idea of something bending without breaking.

Ecological Environment

The concept of ecological environment is credited to Uri Bronfenbrenner (1917–2005). Bronfenbrenner grew up in a state institution for the “feebleminded,” where his father was the neuropathologist. Prior to receiving any formal training in psychology, Bronfenbrenner lived on the 3,000 acres of the institution, where patients spent their time working on the farm or in the shops. Through these early life experiences, combined with his extensive study of the work of theorists such as Kurt Lewin, Bronfenbrenner developed a strong belief in the resilient nature of human beings. He regarded this resiliency as embedded in a cultural context that helped form and shape the individual.

Von Bertalanffy’s model assumed a single-dimension cause-and-effect relationship between social units within the environment. Bronfenbrenner, however, had some difficulty with the single-dimension relationship and felt that systems theory did not fully capture the complex dynamics that occur within social systems. In pure scientific situations, all aspects of systems can be carefully controlled for environmental effects. However, Bronfenbrenner (1979 & 2004) observed that there are a number of additional environmental factors in human social systems, which he referred to collectively as the ecological environment:

The ecological environment is conceived as a set of nested structures, each inside the next, like a set of Russian dolls. At the innermost level is the immediate setting containing the developing person. ... The next step, however, already leads us off the beaten track for it requires looking beyond single settings to the relations between them. (1979, p. 3)

In essence, this view states that human development cannot be seen in isolation but must be viewed within the context of the individual’s relationship with the environment. In addition, each individual’s environment is unique. The “person's development is profoundly affected by events occurring in settings in which the person is not even present” (Bronfenbrenner, 1979, p. 3). Within the context of a family, there may be forces affecting the parental subsystem that trickle down to affect the children without the children even being aware of them. For example, if a parent is experiencing stress at work and displaces their frustration at home by yelling at the children, one may see how events outside a child’s immediate environment may exert a pronounced effect on the child’s development.

When the concept of ecological environment is introduced into the formula of human development, the result is a complex matrix for defining behavior that not only includes here-and-now circumstances but also involves understanding the historical and cultural factors surrounding the family as well as any biological concerns, hence the bio-psycho-social-spiritual nature of ecological systems. Systems theory, as an organizational theory, can begin to introduce order to this complexity by lending it conceptual clarity.

Figure 1.2 depicts a graphic configuration of the ecological environment. There are individual systems embedded within systems, and those systems interact in a three-dimensional...
way both vertically and horizontally. Thus, if the unit of analysis is the individual, there are other individuals (horizontal interactions) that relate to them. There are also vertical interactions. These vertical interactions may originate from below (in relation to individual biology), or they can come from above (in relation to family or community values or even social policies).

**Ecological Systems Theory and Perspective**

The juxtaposition of Bronfenbrenner’s ecological environment with von Bertalanffy’s systems theory leads to the ecological systems perspective that examines transactional relationships between systems. Since von Bertalanffy and Bronfenbrenner developed their theoretical concepts for other disciplines, the connection to social work was not readily apparent. Carol Germain has made strides in applying these concepts to the social work profession.

Germain was instrumental in adapting these two theoretical models to an ecological systems perspective with specific applicability to social work. She strongly advocated looking at the bio-psycho-social development of individuals and families within cultural, historical, communal, and societal contexts, a perspective that requires us to look as well at all events in the person’s life. Social workers need to go beyond the scope of looking at the individual and rely on public policy, practice, and research to gain the information needed to make an adequate assessment. Germain (1991) characterized the nature of relationships between systems as transactional and “reciprocal exchanges between entities, or between their elements, in which each change influences the other over time” (p. 16). Such relationships are no longer linear but are circular, each system in the interaction affecting the others.

The idea of behavior as a function is adapted from Lewin’s field theory, which asserts that an individual can be studied by examining that person in the context of their environment. This may be symbolically represented through the equation $B = f(P,E)$, where $B$ is the individual’s behavior, a function of the interplay between person $P$ and environment $E$ (Lewin, 1935, 1976). Field theory adumbrates aspects of both Bronfenbrenner’s theory and Germain’s ideas regarding the person-in-environment.

Early social science practice focused on either the behavior of the person or the environment, not the complex interactions between the two (Bronfenbrenner, 1979). The ecological systems perspective, in contrast, is specifically concerned with the nature of such interactions between the individual (or group, family, or community) and the greater environment.

A case vignette may help illustrate the dual nature of person and environment interactions.

Valerie, a 16-year-old African American high school student, was involved in a program titled Career Beginnings, designed to identify at-risk high school students who had the potential for graduating from high school and then continuing their education at the college level. Valerie showed much promise and was academically successful. Her goal was to pursue a career in medicine.

Everything seemed to be progressing well for Valerie in the program. She had a good job, was responsible, had a good mentor, and maintained a 3.8 grade point average. Shortly before her 17th birthday, she appeared to be gaining weight. When asked, Valerie admitted that she was pregnant. On further exploration, Valerie said that she was the first generation in her family to be close to graduating from high school. She also revealed that she was being pressured by her mother and her grandmother to have a baby. Valerie was a firstborn child, as was Valerie’s mother. Both Valerie and her mother were born when their respective mothers were 16. As Valerie approached her 17th birthday, both her mother and her grand-
mother (who lived with them) began pressuring her to have a child since they viewed motherhood as Valerie’s primary role and 16 as the appropriate age to begin to have children. In effect, the family environment did not place the same emphasis on completing high school as did the program.

This case demonstrates the interplay of familial values on the individual. There may be times when the individual’s goals are at variance with the environmental forces that are acting on the individual and dictate a different path.

This example raises the importance of understanding the interactional quality of person-in-environment relationships. Shulman (2016) refers to this as “client-system interaction” (p. 8) and describes the need for understanding the context surrounding the individual. In such a process, the worker begins by looking at the client’s strengths rather than trying to identify the causes of the problem.

The nature of transactional relationships in the matrix of person-in-environment leads to the following nine assumptions of the ecosystems perspective:

Assumption 1: There is an underlying general order in the world.

Assumption 2: Social ordering is a constant and dynamic process.

Assumption 3: All human social behavior is purposive.

Assumption 4: All forms of social organization display self-maintaining and development characteristics.

Assumption 5: All social organizations are greater than the sum of their parts.

Assumption 6: Well-being is the natural state of all humans and human social organization. (This assumption serves as the foundation of the strengths perspective.)

Assumption 7: All forms of social organization can be characterized and studied as social systems.

Assumption 8: The social relationship is the fundamental unit of all social systems.

Assumption 9: The helping process seen in professional social work is the formalization of a natural social process (Dale & Smith, 2013, p. 18–19).

Germain’s (1991) position is that all organisms exist in a particular order in the world. A reductionist approach reinforces the need to understand that order. However, through the ecosystems perspective, it is not necessary to know the order to facilitate systemic change or adaptation; change becomes possible through the identification of the system’s strengths.

The ecosystem perspective views individuals as both the cause and the effect of their situation. Since the person is in a dynamic situation, each change they make causes a reactive change in the larger system. Germain (1991) identifies adaptation, life stress, coping, power, and human relatedness as important concepts for understanding the nature of the interactions of person-in-environment.

Adaptation

Given the dynamic nature of interactions in person-in-environment relationships, adaptation is the central ecological concept. Adaptation relates to the cause-and-effect relationship between the person and the environment, with change as the inevitable outcome of the interaction.

Adaptation may be directed to changing oneself in order to meet environmental opportunities or demands, or it may be directed to changing the environment so that physical and social settings will be more responsive to human needs, rights, goals, and capacities. (Germain, 1991, p. 17)

Adaptation, as it relates to equilibrium, would provide a short list of choices, whereas in achieving homeostasis, the system would have a more extensive range of options from which to choose. The following case example illustrates the process of adaptation.

Sarah, a 95-year-old woman, suffering from polio since the age of two.

Throughout her life, she constantly fought both her own body and her inability to access the larger systems that society had to offer. Sarah had undergone a number of spinal fusion procedures that temporarily alleviated some of her more distressing polio symptoms, helping her to adapt somewhat more successfully to the environment. But Sarah did not stop there. As an early activist, she became involved in bringing about awareness of the
plight of disabled individuals. She served on her local town’s disabilities committee, and when the Americans with Disabilities Act was passed in 1990, she became the director of the town’s commission on disabilities. She was recognized as the person who fought for and got the curb cuts installed in the town.

Although confined to a wheelchair because of her polio, Sarah continued to be an active leader in helping businesses in the town become more accessible to the disabled. When Sarah’s husband died, she might have become reclusive, since in many respects he was her link to the outside world, chauffeuring her to meetings and otherwise helping her remain connected to the world outside their home. However, because she was able to identify and develop strengths and adapt to her environmental milieu by using the resources she had helped create, Sarah remained active and involved.

Life Stress

Person-in-environment interaction leads to a normal tension, also referred to as life stress. Whenever different entities interact with each other, the ebb and flow between them creates some friction. The system’s need to continue to adapt and achieve a state of homeostasis is itself a source of stress:

Life stress encompasses both the external demand and the internal (conscious and unconscious) experience of stress, including both emotional and physiological elements. What is perceived as stressful varies across age, gender, culture, physical and emotional states, past experience, and the perceived and actual nature of the environment (Germain, 1991, p. 20).

In other words, two people in exactly the same environmental situation may have different experiences owing to their differing perceptions of that situation. For one it may be comparatively stressful, while for the other it could be comparatively stress-free.

Irrespective of the unit of analysis—individual, couple, family, group, or community—the ecosystems perspective is applied in essentially the same fashion, as the following example illustrates.

A group of previously married individuals, Center Singles, consisting of persons in their mid-30s to mid-50s, provided a variety of functions for its members. For some the group symbolized a social outlet, for others it was purely educational, and for still others the group was a means of social support. This was possible since the group’s goals were global, with a central focus on the problem of being single again following a divorce or the death of a member’s spouse. The global nature of the group’s goal was an attraction, since in all likelihood more specific goals would have limited its membership. As a consequence, there were significant differences among group members that represented each person’s capacity to cope with that particular life stress.

Two group members are used as further illustration of this concept. Susan was in her mid-40s and had three children, ranging in age from 14 to 18. Susan’s husband had recently told her that he wanted a divorce, to which Susan reacted with surprise and anger. She felt unable to function and had problems concentrating on simple tasks such as addressing envelopes. She was constantly on the verge of tears.

Elaine was also in her mid-40s. She had four children, ranging in age from 13 to 21. When her husband told her that he wanted a divorce, the first thing she did was to look at the want ads and find a job. Both Susan and Elaine were motivated to join the group for similar reasons, yet each dealt with this life stress differently.

Coping

The ability to cope requires both problem solving—what needs to be done to manage stress—and the ability to regulate negative feelings. The outcome of these factors leads to increased self-esteem, which helps diminish the negative feelings caused by a particular stressor.

For a person to cope successfully with stress, the individual must partially block out negative feelings “so that hope is maintained and some problem solving can begin. As problem solving proceeds, self-esteem is elevated, hope is strengthened, and the defenses that were needed at the outset begin to relax” (Germain, 1991, p. 22). Each
individual deals with life stress along a continuum in which adaptive coping and maladaptive defenses constitute the extremes.

The locus of the stress is an external source; however, the need to cope and to develop defenses arises from the internal anxiety created by an external stressor. Each person relies on their own strengths to cope with stressful situations. When people feel as though their resources have been tapped, their coping ability is reduced, and maladaptive defenses may predominate.

Laurie, a 40-year-old single mother of six, had a history of using drugs and alcohol to cope with the stressors in her life. She needed to supplement her income since the amount that she was earning was not sufficient to feed her family. She began working as a topless dancer but relied on drugs to diminish the shame and anxiety such work stirred up in her. As her financial situation worsened, she supplemented her meager income by performing lap dances and prostituting herself. Increasingly desperate, she turned to shoplifting and passed several bad checks.

By the time Laurie sought help through the Welfare-to-Work program, she had a long rap sheet with multiple convictions for shoplifting, passing bad checks, and welfare fraud. She had already spent some time in jail.

When the worker discussed strategies for potential employment with her, Laurie said that the only things she knew were shoplifting, sex, and drugs. Thus, clinical intervention involved more than simply finding this client a job; it was as important for the worker to promote new coping strategies that would keep her from landing in jail again. Intervention occurred on multiple levels to assist Laurie in developing more adaptive coping strategies for dealing with her financial situation. Other therapeutic foci included building her self-esteem and helping her confront an early childhood trauma stemming from molestation and rape by her maternal uncle when she was eight years old.

Power

Power has its derivation from a source extrinsic to the individual. Dominant groups in society use their position of power to influence subordinate groups through transactions in which resources are either provided or withheld. Germain (1991) observes “the abuse of power by dominant groups creates both social and technological pollutions” (p. 24).

The abuse of power by a dominant group can also be a source of tension in person-in-environment interactions. These tensions affect whole segments of the population, not just one individual. How the individual experiences this tension and is able to adapt to the tension-producing situation determines that individual’s capacity for negotiating power inequities and imbalances. Abuse of power may occur at any systemic level, including within families.

Human Relatedness

Paramount in the concept of person-in-environment is the individual’s ability to develop relationships and attachments. Three important relational aspects of person-in-environment interactions have been identified: (1) the attributes of human relatedness, competence, self-direction, and self-esteem, which are all outcomes of the person-in-environment gestalt; (2) the interdependence of such attributes, each deriving from and contributing to the development of the others; and (3) the apparent absence of cultural bias in such attributes. In other words, every human society, apparently irrespective of culture, values relatedness. Kinship structures and the rules for relating may vary by culture, but the attributes of human relatedness, competence, self-direction, and self-esteem are predictable outcomes of the person-in-environment relationship (Germain, 1991, p. 27).

Since these attributes—human relatedness, competence, self-direction, and self-esteem—exist in all cultures regardless of how the particular culture defines them, it underscores our need to understand the cultural values that contribute to the makeup of each client system.

Joe was a 40-year-old Jewish professional who had recently gone through a messy divorce. In this case, the divorce meant that he had minimal contact with his two sons. This proved especially difficult for Joe since much of his identity as a Jew was linked to culturally prescribed responsibilities as a husband and a father. His lack of contact with his sons was dissonant with his cultural value of fatherhood.
New Developments

Clinical Tools for Information Gathering

Certain assessment tools can be helpful in gathering information about the client and their environment. Three such tools—the genogram, the ecomap, and the social network map—permit a graphic depiction of some aspect of the client’s ecological environment, providing important interactional data that can aid the social worker in the assessment process. Such tools can also significantly shorten the traditional case-recording process (Holman, 1983; Sheafor & Horejsi, 2015).

Genogram

The genogram is similar to a family tree. It can describe family relationships in as many generations as the worker and the client wish but is typically limited to three generations. The genogram provides a historical overview of the family and is a useful way of obtaining a sense of the client’s historical milieu. By involving the client in helping identify each generation and the characteristics of the people within it, visual pieces of data are created that can be used to great advantage in the assessment process. Such data provide a picture that can often be used by the client to identify previously hidden patterns. Once these historical patterns emerge, the client is much better equipped to develop strategies for behavioral change.

Karen, 42 years old, had been married and divorced three times and was involved in a relationship with a man addicted to drugs and alcohol. A genogram helped Karen and her worker understand that all the men in Karen’s life—her grandfather, father, and previous husbands—had been substance abusers with depressive personalities just like that of the man in her current relationship (see Figure 1.3).

Ecomap

Whereas the genogram identifies the historical ecology of the client, the ecomap identifies the client’s current social context. The ecomap works by using circles to represent different factors affecting the client and by identifying other systems that have an interface with the client system. An ecomap of a family identifies the exosystems, or those systems that affect other family members but do not have a direct impact on the identified client. The ecomap is
constructed by having the client identify all the organizations that have some impact on their life. Each organization is depicted by a circle. The client then identifies the nature and direction of the flow of energy between the organization and self. Because this process meaningfully involves the client in identifying the current situation and pictorially expressing it through the ecomap, the client may develop a better understanding of their situation and ultimately reveal strategies for resolving the dilemma.

Helen was a 39-year-old single mother who had recently moved into the community but continued to have strong ties to her former residence. Her eight-year-old daughter was experiencing problems resulting from the girl’s father’s decision to move out of the country. An ecomap helped the mother identify resources and supports in her new community (see Figure 1.4).

Social Network Map
A social network map is “a tangible aid that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioral effects on the recipient” (Gottlieb, 1983, p. 28). The social network map is used in tandem with the social network grid to identify and engage the client in defining their social supports. Social supports are important and can be classified into five interaction systems necessary for an individual’s well-being: emotional integration, social integration, opportunity for nurturance, reassurance of worth, and assistance (Friedman, 1994, p. 16). They enable the individual to negotiate problematic situations and sustain well-being.

The social network map consists of concentric rings, with the client identified as the innermost ring. The client is then asked to identify supports and place them on the map, quantifying the amount of support received through placement in closer proximity to the center of the map—that is, the closer to the center, the greater the amount of support provided to the client. The tandem social network grid is used as a means of quantifying the level of support the client receives from their network. This is not an objective measure but is based on the client’s subjective perceptions in identifying the valence of the support.

Mark, 40 years old and homeless, had bounced around from shelter to shelter and was linked to the formal support system. However, he had no informal support system, as a network map revealed. This became a tool in building positive informal supports that helped him sustain a job and independent housing (see Figure 1.5).

Conclusion
Social work has been defined as “the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal” (Barker, 2014, p. 357). This definition emphasizes the role of the professional in understanding the client system within its ecological environment to build on client strengths. Social work clinicians need a theoretical framework that will enhance their understanding of person-in-environment interactions, which the ecosystems perspective can provide.

Regardless of the system’s size (individual, family, group, or community), an ecosystems perspective provides an
### FIGURE 1.5 Social Network Map

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Areas of Life</th>
<th>Concrete Support</th>
<th>Emotional Support</th>
<th>Information/Advice</th>
<th>Critical</th>
<th>Direction of Help</th>
<th>Closeness</th>
<th>How Often Seen</th>
<th>How Long Known</th>
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interactional view of any system within the context of its environment. The environmental context includes the interplay among multiple influences—biological, psychological, social, and spiritual. The role of the worker is to support the growth of the client system, a perspective that enables the clinician to work on multiple levels, incorporating other theories to develop strategies that address the person-in-environment change process. An ecosystems perspective places the focus on the interaction between the person and their environment rather than on one or the other. Since this perspective is not a theory but a method for organizing information, the worker uses other substantive theories, such as psychoanalytic or cognitive and behavioral theories, to help in the analysis of a particular person-in-environment interaction.

Germain, who was an influential social work theorist, adapted von Bertalanffy's and Bronfenbrenner's frameworks and created a social work model to describe person-in-environment interaction. She believed that the best method of analysis was to break down this interaction into its component parts—adaptation, life stress, coping, power, and human relatedness—to gain a clearer picture of client strengths. All systems interact with the environment as both causes and effects of a given situation, and it is important for the worker to understand fully the dynamic nature of this interaction. Just how the social worker chooses to gain that knowledge is left to the worker, since the ecosystems perspective does not dictate which tools to use but relies on the creativity of each worker to assess fully the dynamics of person-in-environment interaction.

Three specific tools—the genogram, the ecomap, and the social network map—were presented as methods for acquiring that knowledge. These tools demonstrate the variety of techniques that can be used to gain information about different aspects of systemic interaction. The more knowledge the worker has about person-in-environment interaction, the better informed they are and the better able to identify system strengths that will enhance or restore the client's social functioning.

References


