

PSYCHOLOGY REVIVALS

Family Systems Application to Social Work

Training and clinical practice

Edited by
Karen Gail Lewis



Family Systems Application to Social Work

Originally published in 1991, this title is a valuable social work text which demonstrated how to apply family system concepts to clinical situations encountered in work with inner-city populations at the time. Unlike traditional theories in clinical social work which were oriented toward the individual, this fascinating book offers a paradigm for social work that encompasses the client, his or her immediate and extended family, the community, the government, and the social worker. The family systems concepts in this refreshing volume are illustrated by case examples addressing the specific issues of AIDS and drug abuse, homelessness, foster care, wife abuse, care of those with intellectual disabilities, and adoption issues. Social workers and social work students can still gain perspective from these insightful chapters and will discover that it is not pathological people that make difficult populations, but difficult life situations that breed pathology.

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Karen Gail Lewis
Editor



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Family Systems Application to Social Work: Training and Clinical Practice

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ABOUT THE EDITOR

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Introduction

Karen Gail Lewis

Social work is unique among the other mental health disciplines with its dual emphasis of policy and clinical practice. Social work's origins are in social action, with the early friendly visitors, and later settlement house workers who were concerned about reforming conditions under which the impoverished and emotionally and physically handicapped people lived.

With the advent of Freudian theory, social work moved to establish credibility among the other mental health professions and began helping people understand their internal conflicts and better adjust to their life situations. Social work had moved from social reform to personal adaptation. The war on poverty renewed the focus on social action, but the split in the field remains, the battle between generic and specialization. Are we a clinical or social justice profession?

. . . Should social workers continue to devote as much effort as they do to ameliorating the human consequences of undesirable social and economic conditions? Would it not be preferable for the profession to devote all its energies to changing the conditions that seem to create these problems at least as rapidly as social workers can ameliorate them? (Briar, 1977, p. 1531)

I believe, as do the contributors to this issue, that the duality of purpose is what makes social work so powerful. However, the potential of the integration of these two components has not been maximized. Students learn the theory of policy and social justice but the clinical courses are based in individually oriented psychotherapy. Social work has theory for understanding the context of the lives of poor, underorganized, ghetto, often minority families but, unfortunately, no specific clinical theory for working with them. Social workers in the field lack professionally rele-

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vant tools to impact in any significant way on people with emotional problems or to help them understand how their real life problems create the emotional ones. If therapists do not recognize when people's behavior is a means of adapting to their life situation, they may interpret the behavior as pathological.

The more popular psychotherapy treatment theories, with their emphases on pathology, are non-systemic and use a diagnostic base that is irrelevant, ineffective and insulting to poor people, particularly people of color. They overlook cultural differences and values and seek to find causes of poor people's problems in their intra-psyche. Extreme poverty and homelessness can affect people's feelings about themselves, make some "crazy" and leave many more feeling helpless, powerless, and despairing. (Parnel and VanderKloot, page 7 of this issue)

The underorganization of these families grows more out of their social context than any pathology specific to individual families. Underorganized communities spawn underorganized families. (Aponte, p. 25 of this issue)

SOCIAL WORK AND FAMILY THERAPY

For some inexplicable reason, there has been an antipathy between family systems (family therapy) and social work.¹ Family therapy is a way of viewing rather than a technique for dealing with a situation or interaction. Family therapy has added a more systemic understanding of individual and family roles and patterns connecting over the generations. Family systems concepts fit well within the person in the environment framework, adding the extended family and the social community. The adversarial relationship has been a loss to both disciplines. Structural family therapy has its origin in working with the same population of disenfranchised people as do social workers; several other schools have techniques that are immensely helpful for working with families living in chaos. Is it coincidence that (a) the National Association of Social Work was established in the 1950s, the same time family therapy was beginning; (b) one of the pioneers of family therapy was a social worker, Virginia Satir; and (c) among the organization of trainers of family therapy (American Family Therapy Association), more than half have a masters in social

¹This may be more true in the schools of social work than in the field.

work? Despite the apparent antipathy between the two fields, I am pleased to note that there seems to be a move among female family therapists to return to their roots, owning their social work origins. This is in large part, I suspect, influenced by the developing influence of the feminist movement.

These Families

“These families” and “this population” are families overwhelmed by a social environment that provides little emotional, social, and economic support. They have euphemistically been called many names: low-income, poor, inner city, multi-problem, dysfunctional, disorganized, minority. By labeling these families, we dehumanize them. However, there needs to be a way to talk about this specific population of people so that we can acknowledge and address their unique situation. So, for the sake of clarity (and until a more accurate term is established and widely recognized), all of these labels are used interchangeably in this issue; no bias is intended.

From the social worker’s perspective, these families require a tremendous amount of physical and emotional investment with few rewards. They overwhelm social workers with their multitude of problems; they often appear to lack effort and interest in bettering their lives. They are families that perpetuate for generations a series of social problems such as teen pregnancy, drugs, crime, unemployment, welfare. The abundant services provided seems to have little effect. After a length of time working with this population, burn out is high, as is disillusionment and cynicism.

From the family’s perspective, they are beleagued with poverty, crime, disease, lack of education, unemployment, and few resources that, if available, could substantially help change their lives. They live with the stigma of racism and classism, with no expectation that things can really be different. They often lack a dream of a different reality for themselves. They see social workers as intruders, invaders of their world. While they may have an occasional caring one, their general view is that social workers cause more harm than good; they accuse them of being bad; they blame them for their situation. They come from the outside and offer suggestions with no real appreciation for what it is like to live inside the ghetto.

Within the family therapy world, the term isomorphism means a pattern that repeats itself on different hierarchal levels. Social workers’ frustration, hopelessness, and cynicism isomorphically are experienced by the recipients of social services. Clients are angry and frustrated in dealing with governmental agencies, hopeless in ever bettering their lives, and

cynical that social workers really care. You may be caring, but the last five . . .?

THE NEED FOR SOMETHING DIFFERENT

The articles included here should raise the poignant question of how we as professionals can help those who live in a very different world, where daily survival is a chore. How can we distinguish between what is pathological and what is adaptive when people live in a community that is often likened to a “war zone”? What is needed is a broader picture, a new paradigm for working with this population—a paradigm that encompasses the worker, the client, the extended family, the community, the government—a paradigm that understands the context in which people live and sees behaviors as attempts to adapt to impossible situations. Social work and family therapy together provide a perfect marriage for creating an ecosystemic theory and practice model.

A focus which draws boundaries too narrowly around individuals or families leads to treatment goals which primarily involve accommodation; an ecosystemic approach necessarily leads to the analysis of larger systems including political systems as an integral part of treatment. (Walker & Small, page 80 of this issue)

What does all this have to do with the social worker in independent practice? Can't we escape from having to deal with these issues? Simplistically, “If you aren't part of the solution you are part of the problem.” More specifically, we are the teachers, the supervisors, the role models, the leaders. We need to understand and teach; we need to see the connections between the “inner city” and the larger society. What happens in the isolated poor inner cities today forebodes the tomorrows of the suburbs. Systemically, we can not live in isolation, keeping our heads in the sand and hoping if we don't see it, it won't touch us. The fall out effect of disintegrating urban communities will eventually spill over and touch everyone. We can not hide our heads and assume it is not our problem. Further, we have a social obligation to see what is happening and if not speak out publicly, speak up within our smaller professional world. That is part of the social work ethic.

OVERVIEW OF THIS SPECIAL ISSUE

The articles here are not intended as a comprehensive overview of working with inner city, underorganized, culturally diverse people. Hopefully, they will act as a scanner, showing a range of social situations that social workers confront. The topics chosen are not all inclusive, but they do represent many of the more common situations. The first section of the book is focused on teaching and training at all levels: social workers with undergraduate degree, graduate degree, post graduate training. The first article, "Family Systems Thinking and the Social Work Dean," sets the stage for thinking about the larger systemic context in which we live and work. Ray Bardill speaks as a dean of social work, looking at family/systemic concepts that are important across the various hierarchies in the work family.

Tonti, in "Teaching Family Systems Therapy to Social Work Students," presents a model for teaching family systems in a graduate school of social work. As often happens, her course on family therapy is an elective, a separate course from the on-going clinical practice course. She uses a parallel (or isomorphic) model of learning, showing how students face the same issues families do as they struggle with the one-down position, ambivalently seeking new ideas.

Aponte, in "Training on the Person of the Therapist for Work with the Poor and Minorities," describes his training model for professionals who already have their graduate degree. This would include master level social workers who want to learn family therapy, specifically as it relates to working with multi-cultural poor, underorganized families. He presents a framework for his training and shows how he has students face their own biases and personal issues in working with this population.

The last article in this section, "Training Social Workers in Public Welfare: Some Useful Family Concepts" by Flashman, presents a training model for teaching family therapy concepts to welfare workers and case managers. She emphasizes four concepts most relevant to their work with employment: family context, single parent mother, use of positives, and rituals to mark change.

The second section covers specific clinical situations frequently encountered by social workers. The first article, "AIDS, Crack, Poverty, and Race in the African-American Community: The Need for an Ecosystemic Approach" by Walker and Small, presents an incredibly painful yet clear image of one segment of our population. They then present a treatment model for this community, emphasizing the necessity of having it

community based and led, where residents are a part of the identification of the need for and creation of their own programs.

Tracy and McDonell, in "Home Based Work with Families: The Environmental Context of Family Intervention," describe a modern day version of the friendly visitor. Home based workers are trained to assess and intervene from an eco-systemic perspective. In addition to the extended family focus, the physical and social environment are considered crucial in the assessment and treatment.

In "Doing with Very Little: Treatment of Homeless Substance Abusers," Berg and Hopwood describe using Solution-Focused Brief Therapy in their study of substance-using homeless adults. They inquired what type treatment and services the homeless wanted and needed. The authors do not offer happy ending stories, but they conclude with specific suggestions for treatment.

Another hidden group of social work recipients are the mentally retarded. "The Community Residence as a Family: In the Name of the Father," by Fenby, describes one unrecognized result of the transition from hospitals to living in the community: the administration represents power and repressiveness, and inadvertently perpetuates residents' child-like and dependent roles.

Lewis presents a model for helping families re-unify after foster care placement. "A Three Step Plan for African-American Families Involved with Foster Care: Sibling Therapy, Mothers' Group Therapy, Family Therapy" is an approach aimed at countering the high rate of recidivism. Before seeing the family together, the siblings work on identifying their role in making the reunification work and the birth mothers learn and practice executive skills.

Hartman, in "Every Clinical Social Worker is in Post-Adoption Practice," addresses a frequently unacknowledged topic—adoption. Social work participates in the silence around adoption by not recognizing that adoption touches birth parents, adoptive parents, adoptees and all their relatives. She discusses the two major themes—loss and identity—and discusses implications for practice.

Another painful and often hidden issue in practice is wife abuse. In "Shame and Violence: Considerations in Couples' Treatment," Balcom, uses a shame-based theoretical framework, discusses the interaction of shame and violence, describes the different types of shame cycles, and shows how shame effects the male development. Four stages of treatment are presented.

The last article, "Mental Health Services—2001: Serving a New America," by Parnell and VanderKloot, presents a clear picture of life in the

inner city—for the social worker and the clients. Using family systems and Chaos Theory, the authors present an empowerment-based treatment model for the urban poor, and combining both components of social work. They conclude with a social and political challenge to social workers in independent practice.

Many of the articles are disturbing; they may make you angry or anxious. We believe that is good. Social work is not a complacent field; it grew out of a need for social justice and reform; unfortunately, today's society still has these same needs.

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TRAINING

Family Systems Thinking and the Social Work Dean

D. Ray Bardill

With the emergence of systems thinking in the late 1950's as a theoretical base for working with family problems, new perspectives and new methodologies for treating dysfunctional family situations emerged. For social workers, family group interviewing provided one way to operationalize the "new systemically" oriented treatment approach (see Bardill and Ryan, 1969; Bell, 1961; Satir, 1967). The presence of an entire family unit in the treatment interview opened opportunities for a wide range of treatment strategies and techniques. In the ensuing years, expansions in theoretical considerations provided additional approaches to the emerging practice of family therapy (see Haley, 1976; Minuchin, 1981; Satir, 1972). For instance, the use of the two-way mirror and phone in supervision are treatment strategies which have added to the range of systemically based treatment possibilities. As the depth and breath of systemic thinking has evolved, its usefulness has expanded well beyond the realm of family therapy. Systemic thinking has permeated much of the theoretical basis for the profession of social work. Social work's person-in-environment

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perspective has been greatly enhanced by systemic thinking (see Germain and Gitterman, 1980).

Since 1979 I have used systemic thinking to refine my knowledge, understanding and skills in the art and science of both family therapy *and* academic administration at the level of dean of a school of social work. The reciprocal learning that has taken place from the wide range of experiences in both spheres has been beneficial to me both as clinician and as a dean. While the context for a family therapist and the context for a dean are clearly two distinct professional domains they both contain similar systemic dynamics.

A school of social work has all of the systemic characteristics of a social context. Like a family, a school of social work is an aggregate of people with all the active dynamics of any set of human systems. While a school of social work is not kinship based, it carries an ever evolving life history complete with stories to justify that history. Faculty members serve as historians for consciously, and unconsciously, promoting the continuation of the existing systemic rules for a particular school of social work. A school of social work has various overlapping systemic triangles such as dean/faculty/students and higher administrator/dean/faculty. As a system, a school of social work shows organizational tendencies, specific boundary characteristics and has its own unique communications style.

The purpose of this article is to consider how parts of systemic thinking may be used by a dean to establish a specific work-place atmosphere for a school of social work. While a dean may attempt to create a specific work-place atmosphere, the nature of any work environment is the result of the interactions between and among the people and structures involved; hence, any atmosphere is co-created. The particular systemic perspective used for this discussion will be referred to as the relational systems model. This version of systemic thinking is based on my interruption and expansion on some of the fundamental ideas of Virginia Satir (1967-1972) and John E. Bell (1961). As its basic theme the relational systems model posits that:

1. Human beings exist in a complex web of influencing relationships with each other and with multiple overlapping social contexts.
2. All that exists may be accounted for within the (a) human realities of (reality = what is) self—the personal dimension, other—the interpersonal dimension and context—the social systems dimension and (b) the spiritual reality—the life connection to the creator of the universe.
3. All realities contain the possibilities for enriching the positive