Pearson New International Edition

Direct Practice in Social Work
Boyle   Smith   Farley   Hull   Mather

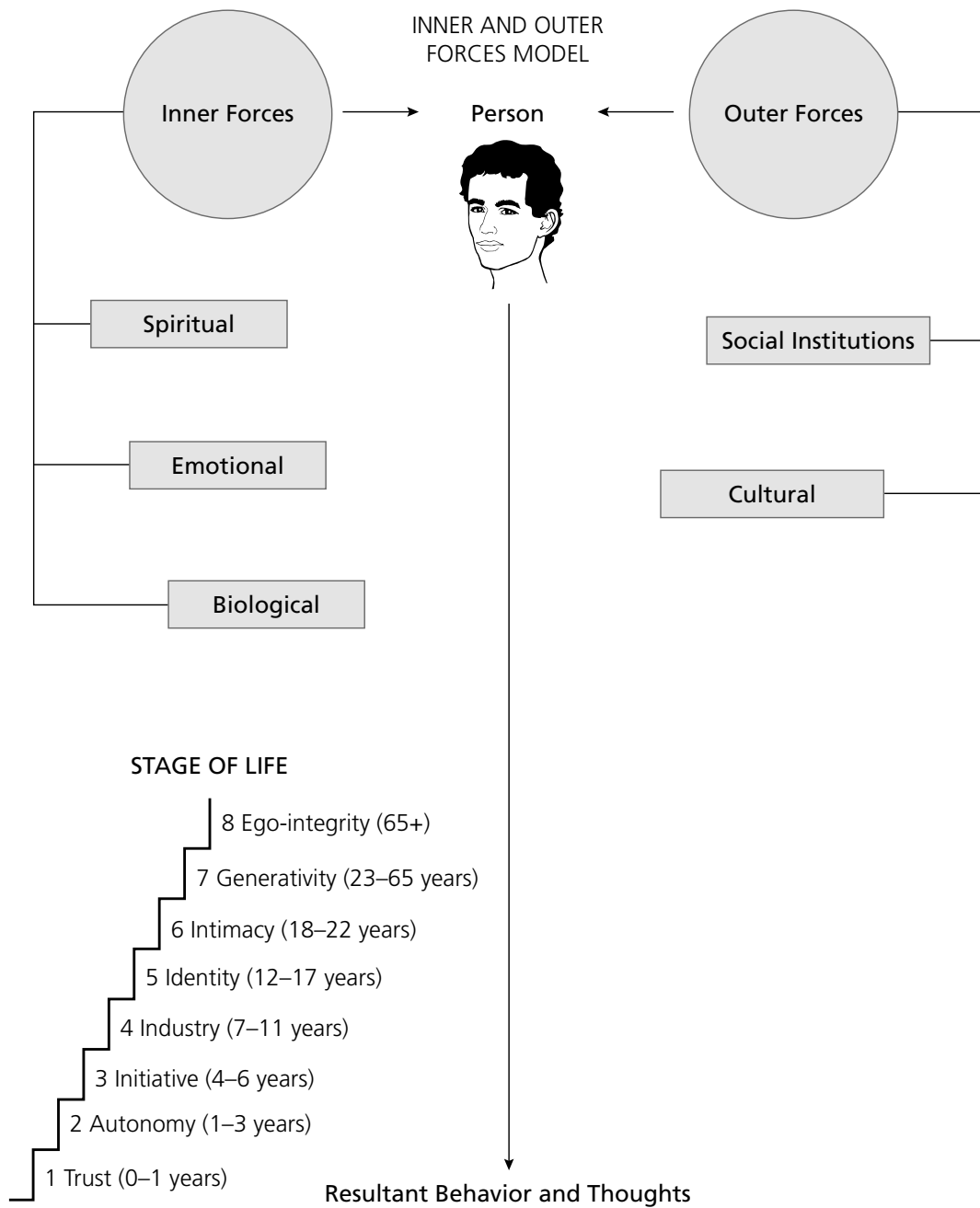Second Edition

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Figure 4

Inner and Outer Forces and Life Stages

INNER AND OUTER
FORCES MODEL

Inner Forces → Person ← Outer Forces

Spiritual

Social Institutions

Emotional

Cultural

Biological

STAGE OF LIFE

8 Ego-integrity (65+)

7 Generativity (23–65 years)

6 Intimacy (18–22 years)

5 Identity (12–17 years)

4 Industry (7–11 years)

3 Initiative (4–6 years)

2 Autonomy (1–3 years)

1 Trust (0–1 years)

Resultant Behavior and Thoughts

the model, the worker can ask the following questions:

1. What stage of life is the child in? What are the most important developmental tasks for the child at this time?

2. Is it inner, outer, or a combination of forces that seems to be causing the problems?

3. If it seems to be the inner forces, is the main problem in the psychological, emotional, biological, or spiritual realm, or some combination of these? Does the child have feelings of depression that prevent him from working, or does he have something wrong with his eyes that hinders reading? Does the child have a spiritual problem according to the cultural and religious beliefs of his family?

4. If the problem is mainly in the outer forces area, is the child having trouble in the family because of the impending divorce of his parents, a newly blended family, or an unsafe neighborhood with ongoing conflicts? In the cultural area, it might be discovered that the child's Hispanic parents speak only Spanish in the home, making it difficult for him to relate to class material written or spoken in English.

A series of questions that a social worker could ask about a client is shown in Figure 5.

Erikson's stage 4, industry versus inferiority, is highlighted because it most closely relates to the chronological age of the person being assessed. As the diagram is followed horizontally, the main systems of inner and outer forces are considered. This diagram can help social workers assess the problems in a logical fashion. Also, it can assist the social worker in looking across the individual's total experience.

The inner and outer forces model can help organize the assessment process. However, the social work student needs to understand that there are many theories of human behavior that are useful in understanding and treating a client's problems. These theories can be used separately or blended with other constructs such as the inner and outer forces framework. The remainder of this chapter briefly discusses some of the important assessment theories and protocols that each student should know and consider for their social work practice.
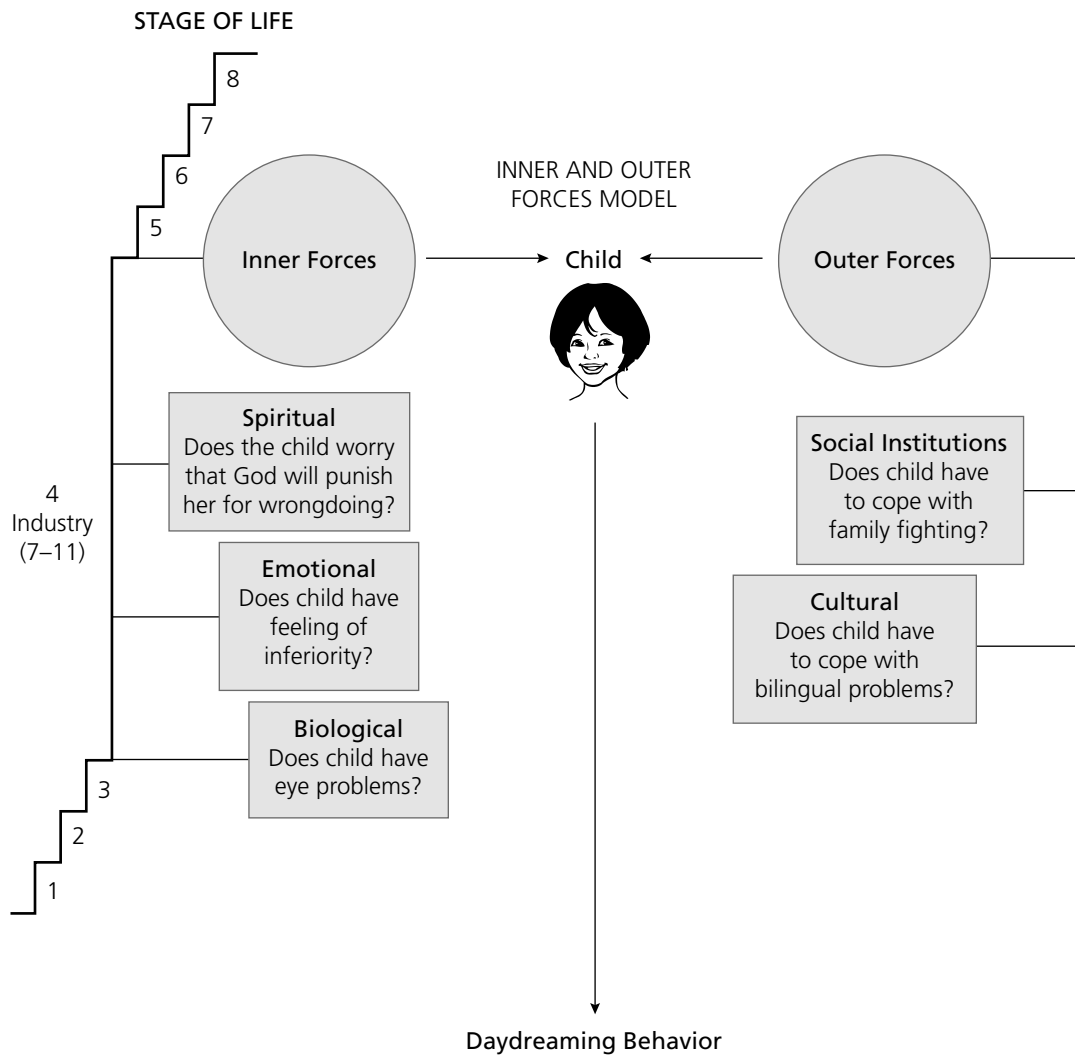
Psychoanalytic and Ego Psychology Assessment

Lemma (2003) suggests that a number of things need to be assessed in psychoanalytic psychotherapy, including the following:

- Client's perspective on the problem or situation
- Client's motivation level
- Client's "internal world and the quality of object relationships"
- Characteristic and nature of the client–worker transference relationship
- Formal and informal networks available to the client
- Client's level of ego strength
- Degree of superego integration experienced by the client
- Nature of defense mechanisms employed by the client
- Level of client's development vis-à-vis character organization
- Client's ways of regulating affect
- Client's physical condition
- Client's culture, heritage, tradition, and related factors

Because psychoanalytic and psychodynamic approaches are more involved, the assessment tends to be more involved as well,

Figure 5

Inner and Outer Forces and Life Stages: Applied to Child

STAGE OF LIFE

8
7
6
5

4
Industry
(7–11)

3
2
1

Inner Forces

INNER AND OUTER
FORCES MODEL

Child

Outer Forces

Spiritual
Does the child worry
that God will punish
her for wrongdoing?

Emotional
Does child have
feeling of
inferiority?

Biological
Does child have
eye problems?

Social Institutions
Does child have
to cope with
family fighting?

Cultural
Does child have
to cope with
bilingual problems?

Daydreaming Behavior

ultimately leading to decisions by both the therapist and the client about whether this approach is best. According to assumptions underlying the theory, in order for psychological wounds to truly heal, the root source of the problem must be addressed. As such, psycho-analytic and psychodynamic assessments place primary emphasis on the past.

Many of the ideas of Freud and the ego psychologists who followed him are still used to some extent in social work assessment. Freud's ideas about the biological or

instinctual influences of human behavior that had to be held in check by society have given rise to many different forms or protocols for taking social histories. Although there is much-deserved controversy about Freud's theories, evidence suggests that many social workers explore the client's past in order to determine "what went wrong." It is also quite evident that social workers are still interested in the life-stage development of individuals. The developmental stages of Erik Erikson (1963), a student of Freud, are also widely used in social work because they help focus on important areas of development within certain age brackets. Although Erikson used many of Freud's ideas, he minimized the biological instinct drives and neurotic symptomology and focused on the individual's healthy, adaptive qualities. He also believed that personality or human development was based on an "epigenetic process" in which certain personality tasks had to be accomplished at certain ages if the person was to acquire important life skills. If these skills were not acquired, clients must be helped to readdress them in order to solve their dysfunctional behavior.

The value of Freud's work for assessment has been repeatedly challenged. It is, for example, focused on deficits and dysfunctional or problem behaviors and often ignores client strengths. It also is based on a medical model that presupposes the existence of some underlying disease process. Moreover, traditional psychoanalytic models require treatment regimens that involve significant periods of time and therefore conflict with the dictates of managed care. The primary benefit of this work is the attention it pays to the importance of the ego, the value of doing social histories that identify resources and potential sources of help available to the client, and the utility of considering the role physical factors play in the client's well-being.

Behavioral Assessment

Behavioral assessment takes into consideration two significant areas of interest. First is the behavior of the client. Is the client being aggressive, impulsive, or withdrawn; are they on or off task; are they attending to instructions that are being given, or preoccupied with some other stimulus? These behaviors, and many other possibilities, are identified as the target behavior or the behavior that becomes the focal point for change (whether to increase it or decrease it is based on the desired goal).

Once the target behavior is determined, the social worker will conduct a behavioral analysis. This step is to determine the baseline of the behavior. Essentially, this consists of measuring the frequency, intensity, and/or duration of the target behavior. In addition, the assessment also takes into consideration what is happening in the environment, specifically what antecedents and consequences occur around the target behavior. Is a child being prompted by someone or something prior to exhibiting a behavior? Also, what happens immediately following the target behavior? How do people or the environment react?

Recognizing these two areas of importance, the target behavior and its antecedents and consequences, behaviorists have sought to identify structured methods of assessing these conditions. Merrell (2003) has identified three general categories for observing and recording behaviors. They include naturalistic observation, analogue observation, and self-monitoring.

The *naturalistic observation* method of behavioral assessment is the most direct method available. The assessor observes the client in his or her natural environment and attempts to

do so with as little interference or disruption as possible. Typical environments might include a child in his or her home, at school while on the playground or attending class, or at day care. Although the introduction of a new person into the environment will influence how people respond, over time this presence may become less of an influence as the new person becomes integrated into the system.

The *analogue observation* method of assessment attempts to re-create as closely as possible the environment and circumstances in which the behaviors of concern occur. Most often this will take place in the social worker's office, in a laboratory (if research is being conducted), or in some other available setting. Because it is a re-creation of previous events, it inherently carries with it problems of bias, whether purposeful or not. Clients role-play certain situations and infer how they would behave. In this environment, the practitioner has the ability to alter or direct behavior change as a way of positively influencing clients. A key to this method of assessment is to re-create as accurately as possible the conditions of the natural setting. For example, if two brothers are frequently fighting over the attention of their parents, the conditions of the home environment (chairs, toys, and other distractions) ought to be re-created in the office to the extent possible.

With the *self monitoring* method, clients must first be taught to observe and record their target behavior. Then they are instructed to do the observations and recording on their own for a specified time period. One advantage of this type of assessment is that it can incorporate the client's thoughts that precede a valuable assessment device in the application of cognitive–behavioral therapy, especially as it relates to anger, anxiety, and depression. The reliability of the assessment is dependent on the client accurately observing and recording the behaviors as well as any covert changes.

Social Learning Theory and Assessment

Prominent learning theorists developed the construct that as we directly observe desired changes in a person's performance, we must infer that learning, an internal cognitive process, has taken place. In other words, people who have been able to positively change their responses to a particular problem or set of problems have learned to function more effectively.

Behaviorists have offered a much more positive view than psychoanalytic theorists because they insist that the problem area or maladaptive behavior is the problem rather than merely a symptom of an underlying disease. As a consequence, the individual has only to unlearn the maladaptive behavior and/or learn more functional behavior in order to solve the problem.

Social work assessments can use behaviorist theories. The client's overt behaviors are important to note in any assessment process. Also, the notion of imitation or modeling is important to understand as the client describes important people in his or her life. Finally, the social learning principle that inner and outer stimuli constantly interact to create psychological functioning is seminal to the social work assessment process.

Cognitive Therapy Assessment

Cognitive therapy deals specifically with thoughts. Thus, assessment in cognitive therapy looks at thoughts and thought patterns. Cognitive therapy focuses more on the recent past and the present rather than on the distant past (Simos, 2002). Therefore, the assessment is more "now" oriented. Following from that,

Simos (2002) has pointed out some areas the therapist ought to examine during the initial assessment. This assessment helps produce "a comprehensive problem list of the major problems across many modalities that a client currently experiences" (pp. 9–10). These include:

- Work relationships
- Relationships with significant others, family, and friends
- Available networks and support systems
- Nutrition and substance usage
- Level of physical activity

Many social workers who implement cognitive theory use the depression, hopelessness, and anxiety inventories developed by Aaron Beck (Beck, 1995). These inventories help establish a baseline and give the social worker an idea of the client's mood, or affect. Willis and Sanders (1997) have written, "assessment involves full understanding of the presenting symptoms and underlying factors, allowing a clear direction for the therapy and establishment of a base-line from which the comparative outcome of the therapy can be measured" (p. 17).

With regard to assessment, Judith Beck (1995) recommends that "preparatory to the first session, the therapist reviews the patient's intake evaluation. A thorough diagnostic examination is essential for planning treatment effectively because the type of Axis I and Axis II disorders (according to DSM) dictates how standard cognitive therapy should be varied for the patient. Attention to the patient's presenting problems, current functioning, symptoms, and history helps the therapist to make an initial conceptualization" and develop an intervention plan (p. 26). Again, the therapist seeks information on the present problems.

Willis and Sanders (1997) do not see a DSM diagnosis as a necessary step in assessment. "The aim of assessment is not to 'label' or 'diagnose' the client but [to] reach some early, and therefore provisional, agreement on the issues to be worked on in therapy" (p. 70).

Assessment in cognitive therapy focuses on the present and recent past and looks specifically at how clients are functioning in the different areas of their lives. It provides an initial agreement about the direction the intervention will take. In using postulates from cognitive therapy, assessment is based on "how the individual perceives, interprets, and assigns meaning to that event" (Beck & Weishaar, 1995, p. 236). The social worker doing the assessment can watch for patterns in how the client thinks about life situations. This theory is useful in understanding why two people who are in the same situation, such as listening to an employer talk about needed improvements in the workplace, will interpret the presentation differently. One individual might believe the presentation was a positive challenge to help the company move forward, whereas the other might interpret the talk as being negative and designed to threaten employees.

Perhaps one of the most practical uses of the cognitive approach is in understanding depression (Beck, Rush, Shaw, & Emery, 1979). The theory presents a practical way of understanding the depression process. The practitioner considers the cognitive triad. The first component of the triad is directed at those irrational thought processes the client has learned or developed that declare himself or herself continually in a negative light. Second, the depressed person thinks that the "world" is treating him or her unfairly. Finally, the depressed person believes that his or her sad plight will continue indefinitely.

A second aspect of cognitive assessment is to examine a client's thoughts to determine if they are based on common "cognitive dis-