Dana N. Christensen
Jeffrey Todahl
William C. Barrett

Solution-Based **CASEWORK**

An Introduction to Clinical and Case Management Skills in Casework Practice

Solution-Based
CASEWORK

Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

Dana N. Christensen

Jeffrey Todahl

William C. Barrett

Solution-Based CASEWORK

An Introduction to Clinical and Case Management Skills in Casework Practice

LONDON AND NEW YORK

First published 2009 by Transaction Publishers

Published 2017 by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN
52 Vanderbilt Avenue, New York, NY 10017, USA

Routledge is an imprint of the Taylor & Francis Group, an informa business

Copyright © 1999 by Taylor & Francis.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Notice:
Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Catalog Number: 2007036390
ISBN: 978-0-202-36118-5
Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Christensen, Dana N., 1950-
Solution-based casework : an introduction to clinical and case management skills in casework practice / Dana N. Christensen, Jeffery Todahl, and William C. Barrett.
p. cm.
Includes bibliographical references and index.
ISBN -13: 978-0-202-36118-5
1. Social case work. 2. Family social work. 3. Solution-focused therapy. I. Todahl, Jeffery, 1963- . II. Barrett, William C., 1948- . III. Title.

HV43.C516 2007
361.3'2—dc22 2007036390
CIP

ISBN: 978-0-202-36118-5 (pbk)
ISBN: 978-0-202-36117-8 (hbk)

Contents

Introduction xi

I. HISTORICAL CONTEXT

1 The Foundations of Solution-Based Casework 3

Family-Centered Practice 3
Ecological Perspective 4
Competence-Centered Perspective 7
Family Life Cycle Theory 9
Postmodern Family Casework 11
Solution-Focused Family Therapy 13
Relapse Prevention Theory 15
Integrating Solution-Focused and Problem-Centered Models 17

2 Searching for Solutions in the Postmodern World 21

The Evolution of Casework Practice 22
Current Challenges to Casework 25
Rising Pressure from the Welfare to Work Movement 28
Emerging Responses to the Crisis in Casework 29

II. ASSESSMENT

3 Anchoring Casework in Everyday Life Events 37

"Sorting Things Out" Together 37

Partnership Changes the Meaning of Assessment 38
Keeping Ourselves Focused on Everyday Life 38
Routines Are at the Heart of Family Life 39
The Problem with Solutions 40
Overview of Family Development 41
Beginning Couple 42
Infant Preschool Family 43
School-Age Family 44
Adolescent Family 45
Launching Family 46
Postparental Family 47
Divorce and Remarriage 47
Keeping Your Finger on the Pulse of Family Life 48
Everyday Life and Patterns of Discouragement 49

4 Recognizing Patterns 51

Assessing Patterns in Everyday Life 51
Creating a Partnership to Find Solutions 52
Techniques for Building Partnerships 53
Recognizing Dominant Patterns in Everyday Life 56
Helping the Family Describe the Problem in Everyday Life Terms 57
Decision-Making in Assessment 62

5 Assessing Problem Detail 65

Relapse Prevention Requires Specific Skills 65
What Skills Should Be Targeted for Outcome? 65
Steps to Promoting Prevention Skills 68
Step 1: Recognizing Patterns in High-Risk Situations 68
Step 2: Learning the Details of High-Risk Patterns 69

Step 3: Practicing Small Steps toward Change 73
Step 4: Creating a Plan That Stays Focused on Solutions 76
Reinforcing Client Progress During Assessment 79
Summary 80

6 Building a Consensus for a Prevention Plan 83

Co-Constructing Measurable Goals with Your Clients 83
Searching for Solutions 83
Strategies That Work in Gaining Goal Consensus 86
Helping Clients Establish an Initial Safety Plan 94
Thinking Long-Term While Taking Short-Term Steps 95
What Goes into a Good Initial Safety Plan? 96
Considerations on Implementing a Safety Plan 96
Summary of the Role of Assessment in Case Planning 97
Appendix 99

III. MANAGEMENT ISSUES

7 The Process of Writing Objectives and Tasks 105

The Advantages of Being Specific and Measurable 105
When Case Plans Become Court Documents 107
Writing a Case Plan That Is Focused on Solutions 108
Uniting Around a Family Goal 109

Breaking Down the Goal into Family Objectives 109
Going from Family-Level Objectives to Individual-Level Objectives 110
The Primacy of Risk-Related Objectives 112
Breaking Down Objectives into Manageable Tasks 112
Writing Action Plans to Prevent Relapse 118

8 Solution-Based Case Management 125

The Challenge of Staying the Course 125
A Reminder about Targeting Outcome Skills 126
Challenge 1: Making the Transition from Intake to Ongoing 127
Challenge 2: Making the Transition from Casework to Treatment 132
Challenge 3: Integrating Welfare to Work Objectives 136
Challenge 4: Making the Most of Setbacks 136
Supervisor's Role in Case Management 140
Taking the Time to Supervise 141
Maintaining a Partnership 142
Maintaining a Focus on Specific Situations in Family Life 143
Summary 146

9 Treatment Providers' Role in Case Management 149

Introduction 149
Gathering Basic Information about the Referral 152
What Happened? 152
What Is the Safety Plan? 153
How Has the Problem Been Defined with the Family? 154

Sample Dialogue at the Time of Referral 155
Offering Services to Mirror Family Developmental Needs 159
Overview of Steps to Prevention 163
Helping Clients Learn the Details of Their Patterns 164
Helping Clients Practice Small Steps of Change 166
Helping Clients Develop Relapse Prevention Plans 168
Summary of Solution-Based Interviewing Techniques 169
Strategies for Collaboration 170

10 Solution-Based Interviewing Techniques 175

Techniques That Build a Consensus about the Problem 176
Normalizing 177
Externalizing the Problem 178
Searching for Exceptions to the Pattern 179
Tracking the Problem Pattern 180
Techniques for Creating Interest in Signs of Change 184
Between Session Observation 185
Old versus New T-Charts 186
Scaling Questions 187
Time-Oriented Questions 189
Anchoring Change in the New Self 191
Expanding the Audience for Change 192
Reinforcing Progress through Credentialing 194
Celebrating Rites of Passage 195
Reference Reading Specifically for Technique 197

11 How Staff Experience Change 199

Frustration and Old Models 199
Advantages to Solution-Based Casework 203
Challenges Inherent in Changing Habits 207
Success Stories 209

Implementing Solution-Based Casework: Training Considerations 213

References 219

Index 225

Introduction

Solution-based casework is an approach to assessment, case planning, and case management that combines what we know from clinical social work with what we value about sound social work practice. This text is a broad-based introduction to the concepts, skills, and practices that are considered important to case work practice in the postmodern world. Solution-based casework is grounded in family-centered social work and draws from clinical approaches within social work and mental health. The model further combines the best of problem-focused, relapse prevention approaches, which evolved from work with addiction and violence (Marlatt & Gordon, 1985; Pithers, 1990), with solution-focused models, which evolved from family systems therapy (Berg, 1994; de Shazer, 1988). By integrating problem- and solution-focused approaches from the clinical and social work traditions, treatment partnerships are more easily formed between family, caseworker, and service provider. Although treatment partnerships have always been effective, they are increasingly critical in a postmodern world of limited resources and increasing demand. A solution-based casework approach to social services builds a partnership that pragmatically focuses on the necessary skills that will account for safety and restore family pride in their own competence.

The approach was developed through consultation with workers, their supervisors, and their treatment providers, who were attempting to remedy problems viewed as contributing to recurrence of abuse and neglect (Christensen & Todahl, 1999). Problems identified included the following:

- Casework relationships in high-risk cases were frequently adversarial, with significant barriers to information necessary for assessing risk.
- Case plans were often written with outcome goals designating attendance in counseling versus the acquisition of specific skills.
- At-risk cases were red-flagged after a recurrence of abuse or neglect, rather than much earlier (e.g., after a lapse into high-risk behavior).
- Assessments and case plans were often based solely on the caretaker's (typically the mother's) degree of protectiveness, with no individual goals delineated for the offending family member.

- The original everyday developmental tasks that the family was having difficulty with (e.g., toilet training) got lost in the case after a while, and compliance issues replaced them as the central concern.
- Caseworkers had one thing in mind (which was too often vaguely defined) and the treatment provider/clinician had something else entirely different in mind (also too vaguely defined).
- Because no outcome skills were defined, caseworkers often deferred to treatment providers to tell them (based solely on clinical judgment) whether or not clients were now safe.
- Courts were often provided facts about a case without an organized attempt to specifically identify which skills clients had to demonstrate.

Clinicians and caseworkers wanted to work more closely together on agreed-upon outcomes. Lacking a common conceptual map was considered a significant barrier to improving their partnership with each other and with families.

Solution-based casework has been shown to serve as a common conceptual framework for integrating disparate segments of a response network. Because the model provides for specific outcome skills necessary for relapse prevention, and embraces family competency, all members of a therapeutic system (defined broadly) can work toward common goals. Because the model utilizes a partnership model based on what is successful, the family members are in a position to share good news about their progress in one area with providers who are working on another related aspect of the problem. Moreover, solution-based casework provides a method for tapping a family's areas of competence without diminishing the significance of everyone's concern for safety. We believe that developing partnerships that lead to identifiable family solutions is the best way to prevent future relapse.

Solution-Based Casework: An Introduction to Clinical and Case Management Skill in Casework Practice has been written to provide practitioners with a critical set of perspectives and skills that will guide them in meeting the challenges they face in modern social work practice. Although the text includes many useful specifics regarding assessment, case planning, case management, and treatment collaboration, students of social work practice will clearly need to know other useful and necessary areas of knowledge that go beyond the scope of this text, for instance, information on culture and gender, the scope of social practice, and specific assessment tools. This text has been written to provide specific information on basic casework skills that ought to be an integral part of every practitioner's preparation.

The text is divided into three sections. In Section I, which includes Chapters 1 and 2, the conceptual history and theoretical foundations of solution-based casework are presented so that the reader can place this approach to casework within the ongoing professional conversation about what constitutes sound practice. Chapter 1 discusses the significant influence of family-centered practice approaches as well as the more clinical influences of solution-focused therapy and relapse prevention theory. Chapter 2 traces the evolution of casework practice and attempts to build a case for adapting our approaches to the needs of emerging crises in the postmodern world.

Section II addresses issues of assessment and case planning. Chapter 3 discusses the need to anchor assessment in the everyday life of the family so that the family views the casework relationship as a useful partnership rather than a judgmental requirement or imposition. Chapter 4 introduces the importance of tracking specific patterns in the everyday life of families that lead to high-risk situations. Chapter 5 continues to discuss patterns of behavior and their importance to identifying relevant skills that will be needed to prevent future recurrence of the presenting problems. Chapter 6 assists the reader in taking the assessment information and using it to build a consensus with the family regarding a prevention plan. The chapter includes information on how to co-construct measurable goals with the family, strategies for gaining goal consensus, and techniques for establishing an initial safety plan.

Section III focuses on case management issues and how treatment team members experience a solution-based casework approach. Chapter 7 discusses the relevance of writing objectives and tasks that will guide case management when constructing a case plan. Chapter 8 presents the real-world challenges that sound case management faces in a segmented service delivery system. Specific suggestions are offered regarding how to meet those challenges and maintain the treatment team's focus on critical prevention skills that will reduce risk to family members. Chapter 9 looks at case management form the treatment provider's position. The chapter is written specifically for clinicians who work closely with caseworkers as well as for caseworkers who want to understand how a treatment provider thinks about their collaborative work. Chapter 10 concludes this section by reviewing the major interviewing techniques useful in solution-based casework. Although interviewing techniques are discussed throughout the book, all of the interviewing techniques are pulled together in this chapter so that their differences and similarities can be studied and practiced.

Because solution-based casework offers such a different working experience for many social workers, Chapter 11 discusses how staff react to

the experience of working from a solution-based model. In their own words, workers, supervisors, and treatment providers discuss their frustrations with deficit models, advantages to changing their approaches, challenges to overcome, and finally their success stories. The text concludes with a brief description of several training considerations for a solution-based approach to casework.

Part I

Historical Context

Taylor & Francis
Taylor & Francis Group
http://taylorandfrancis.com

Chapter 1

The Foundations of Solution-Based Casework

The concepts underlying solution-based casework are strongly influenced by social work theory and practice (Adams & Nelson, 1995; Germain & Gitterman, 1996; Hartman & Laird, 1983; Kemp, Whittaker, & Tracy, 1997; Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992), family developmental theory (Carter & McGoldrick, 1980; Duvall, 1957, 1971), solution-focused therapy (Berg, 1994; de Shazer, 1985, 1988, 1991; O'Hanlon & Weiner-Davis, 1989), and relapse prevention theory (Lane, 1991; Pithers, Marques, Gilbat, & Marlatt, 1983).

Informed by that rich body of literature, solution-based casework assumes that human problems can only be accurately understood in light of the context in which they occur and that case planning must take into consideration environmental factors, client competencies, family development, and relapse prevention strategies. Each of these factors is important in the effort to form enduring worker-client partnerships and in developing case plans that (1) are tied to everyday life events, (2) are measurable, (3) are accountable, (4) specifically target high-risk behaviors, and (5) plan for relapse prevention. Solution-based casework is a conceptual and skills-based practice model that we believe complements the social work and casework literature (e.g., Kemp et al., 1997). This chapter describes the major assumptions of solution-based casework and their relevance to social service professionals.

FAMILY-CENTERED PRACTICE

Solution-based casework is a family-centered model of casework practice. We agree with Nunnally, Chilman, and Cox (1988), who define family as "two or more people in a committed relationship from which they derive a sense of identity as a family," thereby including "nontraditional family forms that are outside the traditional legal perspective, . . .

families not related by blood, marriage, or adoption" (p. 11). Solution-based casework assumes that casework and human service delivery "should address the interface between human beings and their impinging environments" (Pecora et al., 1992). Further, as described by Germain (1979), practice should be "directed toward improving the transactions between people and environments in order to enhance adaptive capacities and improve environments for all who function within them" (p. 8).

Given these assumptions, solution-based casework emphasizes ecological variables (Germain, 1979), community and community resources (Adams & Nelson, 1995), individual and family resources (Hartman & Laird, 1983), developmental theory (Carter & McGoldrick, 1980), and client competencies (Maluccio, 1981). Further, the permanency planning orientation, which argues that "all children are entitled to live in permanent families . . . preferably his or her own biological family" (Pecora et al., 1992, pp. 43–44), is endorsed. Casework should have as its primary objective the prevention and reduction of destructive behaviors. This is most apt to be achieved with a casework model that integrates (1) an ecological perspective, (2) an emphasis on communities and families as resources, (3) a respect for client competence, (4) a postmodern value base, and (5) planning that is rooted in relapse prevention. This orientation promotes partnerships between professionals and service recipients that are focused on the prevention and reduction of destructive behavior.

ECOLOGICAL PERSPECTIVE

The ecological perspective suggests that individuals and families influence and are influenced by their social context. "Ecology," therefore, is a metaphor that urges social scientists to understand behavior in light of the surrounding environment (Hartman & Laird, 1983). For instance, marine biologists readily acknowledge that to understand the rapid extinction of a particular species of sea life it is often necessary to study certain contextual variables, e.g., weather patterns, pollutants, and disease. Likewise, social scientists who adopt an ecological perspective assume that individual behavior is multi-influenced by context. This stands in stark contrast to historical clinical paradigms, which assume that the contents of one's psyche adequately explain one's behavior. Seen in the light of ecology, behavior is multifactorial, i.e., influenced by one's beliefs, social values, socioeconomics, and a host of other variables. As described by Hartman and Laird (1983), "a human being can be considered variously as a psychological system, a chemical system, a biological system, or as a

subsystem of many social systems" (p. 63). Individuals and families are therefore not seen as isolates, but as participants in a dynamic, living environment. To adequately understand individuals and relationships, one must also understand their "surround" (von Bertalanffy, 1968).

Given its affinity for context, the ecological perspective demands a panoramic view of assessment. Rather than attempting to understand behavior through the narrow lens of any single explanation, e.g., psyche, ego, or psychopathology, an ecological perspective investigates numerous micro and macro explanations. As a result, factors that are considered potentially relevant to problems in living are significantly expanded. This extension of assessment data is literally reflected in assessment questioning. For instance, rather than a primary interest in client mood, deficits, and beliefs, questions also are raised about community beliefs, community resources, potential acculturation issues, etc. It is not immediately assumed that clients live and breathe in an impenetrable shell that separates them from their environment. Instead, environmental factors are seen as completely relevant in assessing needs and in planning. Indeed, given the living, dynamic, and mutually influencing nature of individuals and society, changes in the environment are noteworthy. The correlation between the closing of an industrial plant, rising unemployment, and rising domestic assault should be considered relevant to the social service professional. Although one may not be able to change capitalist tides, one can assist clients in recognizing how their employment-related stressors contribute to their overall ability to manage their anger and factor that knowledge into relapse prevention planning. In that regard, traditional psychological explanations of problematic behavior are assumed to be inordinately narrow and, taken by themselves, inadequate.

When assessing problematic behavior, the ecological perspective holds that competent assessment must attend to micro (e.g., personality) and macro (e.g., socioeconomic) factors. However, given the abundance of potential contributing factors, this can be a daunting, even overwhelming task. Indeed, many ecologically sensitive assessment models have been promoted. Lee (1994) advocates "fifocal vision," an approach to assessment that fosters client empowerment by placing problematic behavior in an historical, class structure, and gender context. With this perspective, assessment moves well beyond a search for individual psychopathology. Instead, one wonders for instance how racism, social policy, gender discrimination, ethnocentrism, and classism may contribute to presenting issues. It is not immediately assumed, therefore, that stress is only self-induced or that stressors reside exclusively within the individual. Fifocal vision, argues Lee, is empowering and has direct implications for intervention. "These principles can guide us in thinking about situations of

oppression . . . and in empowerment, including the development of critical thinking, praxis, and raised consciousness" (p. 27).

Ecological assessment also considers environmental "fit," or the degree to which the environment provides adequate resources and, in turn, the degree to which residents meet their own needs in light of those resources. In this sense, dangerous behaviors are often associated with one's "mis-fit" with his or her environment. Consider the father who forcibly restrained and assaulted his adolescent son because, as described by the father, "The boy is bad. He is a bad boy." The temptation is to readily conclude that any father who assaults his child is destructive, unhealthy, and requires intervention to manage his impulses. Upon further inspection, however, it is discovered that fourteen months prior to the violent incident this family moved to the United States from Nigeria. Further, this was the first incident of physical violence between any members in the family; the disagreements between the adolescent and his parents were around curfew, clothing choices, and "the way he talks to us now"; and the parents stated, "We don't know how to handle this . . . he's never been a bad boy . . . usually this can be discussed with the elders." This information, which places the father's abusive behavior in context, suggests that he and this family are, not surprisingly, stressed by their new environment and their struggle to "fit."

Given this, assessment should include an interest in how clients seem to be coping with and adapting to their environment (Dubois, 1968; Germain & Gitterman, 1996). Indeed, problematic behavior at times may be less about one's character and more about cumulative discouragement as he/she struggles to adequately cope with and adapt to environmental demands. It is assumed that behaviors are significantly influenced by environmental demands. It is sometimes argued, however, that contextual explanations dismiss individual responsibility. Contextual explanations and individual responsibility, we believe, are not incompatible. This father is absolutely responsible for his choice to assault his son. The contextual perspective is a partial and accurate explanation that is palatable, reduces defenses, and is essential in the effort to minimize relapse. An ecological perspective is distinguished by its refusal to immediately assume that destructive behavior is fully explained by individual pathology. A host of assessment variables, such as environmental fit and the enculturation process (as experienced by this family) are deemed completely relevant (Falicov, 1988).

An ecological, panoramic view of assessment can be daunting. Solution-based casework provides a manageable assessment road map by merging macro considerations with more focused and tangible assess
ment questions rooted in everyday living. Chapters 3–6 will focus specifically on the skills of solution-based casework assessment for case planning.

COMPETENCE-CENTERED PERSPECTIVE

In the latter half of this century, casework practice has been heavily influenced by physical and mental health treatment models that place primary emphasis on dysfunction (McDaniel, Hepworth, & Doherty, 1992). These models suggest that accurate diagnoses ought to instruct caseworkers and clinicians, i.e., certain diagnoses lead directly to prescribed, corresponding interventions. With this approach, individuals and families have been viewed as service recipients rather than capable, active partners in the change process. Indeed, the social service profession has been criticized as aloof, assuming an objective posture and emphasizing client deficits and pathology (Minuchin & Nichols, 1993). Further, clients who do not accept professionals' perceptions and recommendations are often labeled "resistant" and their contribution to the change process is minimized (Berg, 1994).

More recently, however, models that emphasize collaboration, client competence, individual and environmental change, and solutions (versus cures), and a mutually engaging relationship between clients and professionals are enjoying rising acceptance (Berg, 1994; de Shazer, 1991; Kinney, Haapala, Booth, & Leavitt, 1990; Maluccio, 1981; Pecora et al., 1992; Smale, 1995; Wood & Middleman, 1989). This shift in the professional relationship reduces contentiousness and facilitates working partnerships. Middleman and Wood (1990) provided the movement with critically useful descriptions of direct practice skills that structurally support a collaborative model.

Solution-based casework endorses this trend. It is assumed that the family and individuals within the family have attempted to resolve conflict, have too frequently been unsuccessful in those efforts, and are consequently discouraged. Emphasis, therefore, should be placed on detailing attempted solutions, identifying moments of success, and encouraging the use of underutilized resources. This, however, is not to suggest that failed attempted solutions and deficits should be dismissed. Instead, they are seen as one aspect of a larger question. Namely, how can this family more completely meet the needs of its members at this particular moment in their life cycle? Accentuating client capabilities, we believe, is essential in effectively responding to that question.

At any given moment, social service professionals have the opportunity to emphasize clients' failure or clients' assets. It is indeed a choice between highlighting resilient forces or further perpetuation of discouraged processes. Bandler (1963) argued that social service professionals ought to emphasize interventions that mobilize clients and support their desire to relieve environmental pressures. He described the tension between progressive and regressive tendencies in the following manner.

> Two major tendencies in all people from birth to death . . . are ceaselessly in opposition. These [are] the progressive and regressive trends in nature. Other things being equal, progressive forces are stronger. . . . We must identify the progressive forces with which we can ally ourselves and which, at the appropriate time, we can help mobilize. (pp. 42–43)

Burke (1997) argued that punctuating client competence is perhaps the most salient ingredient in facilitating therapeutic change. "An active belief in clients' competencies is so essential that it alone can encourage 'spontaneous' change . . . a genuine conviction in the client's native capacities can be relayed without minimizing emotional pain." These assumptions "bank on the idea that individuals are often better able to modify their own reality than they realize and encourage clients to investigate positive solutions" (p. 2).

Client Resources Are Underutilized

It is not assumed that clients—even those with chronic histories of abusive and neglectful behavior—are void of the skills necessary to avert destructive behavior. To assume otherwise is to dismiss them of responsibility and support the problem-perpetuating belief of "I can't help it, I don't even notice when it's about to happen" (Jenkins, 1990). Instead, it is assumed that client skills are underutilized (Aponte, 1976). Indeed, a search for exceptions to maladaptive behavior will uncover problem-averting behaviors that the client has employed in the past, even if on only one occasion.

Clients Are More Than Their Symptoms

Clinical referrals and diagnostic categories typically use definitive and narrow descriptors. That is, a client is depressed, is a perpetrator, is obsessive-compulsive, is a crack addict, is the survivor of childhood sexual assault. Although these descriptors may be accurate for a given client, they are also seen as incomplete. That is, clients are more than the few sentences or paragraphs found in a case file. One is not only depressed, a perpetrator, obsessive-compulsive, etc. Further, case files reflect clients at their worst moment. Accepting this narrow definition reduces the perception of client capabilities and potentially undermines expectations. That is, a client who is obsessive-compulsive is not capable of removing the trash and the stench from his/her home. And, if he/she were to remove it, it would only prove temporary given his/her obsessive-compulsive condition. Accepting narrow definitions, therefore, too easily dismisses clients from their responsibilities and creates an atmosphere in which one too easily throws in the towel.

Protective Services Clients Tend to Expect Criticism

Clients who have been referred to protective services are, not surprisingly, often guarded and defensive when caseworkers, therapists, and other social service professionals intervene in their lives. This can be due to several factors, such as embarrassment; the client may have something to hide; anticipation of criticism by the professional; a belief that he/she has been misunderstood, wrongly accused, or discriminated against; a belief that personal life is no one else's business; and guilt associated with the harmful behavior.

Assuming client competence, as reflected in the worker's line of questioning, e.g., "Describe a moment when you were close to hitting him but didn't. What did you do?" reduces defenses and is important in developing a working partnership and in pointing out client ability and potential for mastery. Clients tend to anticipate that they will be criticized by professionals. They also do not tend to anticipate being asked what their personal goals are or how they believe they can be achieved, or for the worker to assume a collaborative posture. When this environment is created, and particularly when capability is assumed, the seeds for change-oriented work are planted.

FAMILY LIFE CYCLE THEORY

Although variation occurs in light of cultural diversity and family configuration (e.g., blended families, interracial marriage, gay and lesbian couples), family developmental theory suggests that families experience fairly predictable life stages and associated tasks (Carter & McGoldrick, 1980; Duvall, 1957, 1971). The developmental stages and their associated tasks are widely documented (Carter & McGoldrick, 1980). According to Carter and McGoldrick (1980), common family developmental stages are the beginning couple, infant/preschool years, school-age, the adolescent stage, launching, postparental, and considerations regarding divorce and remarriage. These developmental stages, their associated tasks, and their usefulness in casework practice will be discussed in more detail in Chapter 3.

Developmental theory is quite valuable as a way to (1) organize the complexity of case material, (2) normalize the challenges the family faces, and (3) develop partnerships based on a shared reality. Caseworkers, therapists, and other social service professionals are faced with the dizzying task of collecting data, developing rapport, determining objectives, and a host of management responsibilities (e.g., determining imminent risk, contacting collaterals, preparing legal documents, consulting with

supervisors). Given this breadth of responsibility, case planning is often hurried and only vaguely attends to the specificity of the tasks the family is facing. However, anchoring case plans in the developmental tasks of everyday life, where the danger occurs, is instrumental in developing a clear, pertinent and tailored case plan.

Case Example

A young mother (Ms. Smith) who physically harmed her child comes to the attention of social services. The caseworker learns that Ms. Smith has a significant temper problem when she feels that her son is being verbally or physically aggressive toward her. She gets angry at other times but reports being able to manage her anger then (exceptions). When the caseworker asks her about the sequence of events (destructive pattern) that led up to the incident in question, they (the partnership) learn that the mother is more at risk when she is exhausted due to lack of sleep (she has an infant daughter), or has been discouraged about finances (near the end of the month) such as when the father of her four-year-old son has not sent his child support payment. She agreed with the worker that the morning is her most difficult time, particularly when she is tired, financially stressed, and/or has been drinking the night before.

This family is dealing with numerous stressors, including the normal tasks associated with single-parenting preschool children, e.g., financial burden and harried morning routines. Given these developmental stressors—and given that this parent has identified she is most at risk to abuse under these conditions, case planning[1] ought to precisely target those particular moments. Essential, developmentally minded assessment questions include (1) What everyday life task(s) is the family having difficulty with? (2) What are the details of the family interaction when they try to accomplish these tasks? (3) What individuals in the family are unable to maintain enough self-control to tolerate tension in meeting the tasks in question?

Several assumptions based on developmental theory are noteworthy. It is assumed that (1) families encounter common developmental challenges, (2) dangerous behavior occurs within the context of those common developmental challenges,[2] (3) understanding which moments a particular family or family member is at risk to abuse is essential to case planning, and (4) organizing case plans around those high-risk moments maximizes efforts to reduce relapse of destructive behavior.

Indeed, whether one is a third-generation welfare recipient or a super visor of social services, one can appreciate the mundane struggles around curfew, disagreements with extended family, and sibling rivalry. Acknowledgment of the relative universality of life tasks reminds client and