Juan advocates for gun control legislation

Juan is a social worker at a community behavioral intervention agency serving school-aged children. During the past year, an emotionally distraught student entered a middle school in Juan’s district with an assault rifle and seriously wounded two students. Thankfully, the two students survived. However, many students, teachers, staff members, and family members have suffered emotionally as a result of the traumatic event. In Juan’s therapeutic role, he is working with the survivors of this ordeal. In addition, in the wake of this and other school-based shootings, an appreciable number of students, teachers, and parents have initiated efforts to advance state and federal legislation to regulate the possession of assault rifles. Although primarily a therapist, Juan is revising his role and practice as a social worker at his agency. He has begun examining research about gun control, preventative best practices, and school shootings. Juan also has identified emerging strengths from his clients and various affected community members as they share their experience, thoughts, emotions, and perspectives. With his colleagues and supervisors at the behavioral intervention center, Juan is exploring and has initiated active dialogue about appropriate, professional ways to advocate with clients and community members to influence gun control policies and legislation in a meaningful manner.

Planned change process and contemporary perspectives and orientations

In present-day language, the planned change process provides social workers with a framework (e.g., engagement, assessment, planning, implementation, and evaluation) to assist consumers of services to address needs (Cox, Tice, & Long, 2019). Such frameworks and processes are predicated on client self-determination and provide steps and an outline to guide social work relationships and practice with consumers of services. Although planned
change frameworks can vary in the number and amount of detail included in steps, they are typically suited for use with client systems of all sizes (e.g., individuals, families, groups, organizations, and communities). These frameworks are also amenable for applying various theories, approaches, and orientations in practice for prompting critical thought and providing insight.

In the course of using frameworks in planned change, social workers may struggle with conflicting perspectives, theoretical approaches, paradigms, and models. For example, the strengths perspective recognizes that people do better when someone helps them identify, recognize, and use their unique characteristics, capabilities, and strengths to create solutions to life conditions even when none seem possible (Saleebey, 1992, 1996; Weick, Sullivan, & Kisthardt, 1989). In contrast with the strengths perspective is the history of social work problem solving that is rooted in understanding the complexities and problems associated with the bio-psycho-social environment (Cowger, 1994; Franklin & Jordan, 1992; Graybeal, 2001; Gutheil, 1992; Rodwell, 1987). Another well-established perspective in social work is the advocacy orientation, which is especially suited for macro practice. An advocacy approach promotes change benefiting specific consumers of services as well as efforts to eradicate the root causes of oppressive and unjust issues. Each such perspective or approach can create tension for the social worker, especially when they elicit competing or conflicting thoughts and ideas about decisions and action in the planned change process.

Following the examination of advocacy and macro practice in Chapter 1, this is a good place to consider a variety of relevant and important theories, perspectives, and orientations when entertaining large-scale change in social work practice. Before launching into this topic, it is important to consider the influence of a longstanding problem orientation on the social work profession. For many social workers, multisystem-level (e.g., individual, family, group, organization, community, and society) problem-centered intervention is the cornerstone of macro practice. The problem-centered focus involves thinking and activities intended to address an entanglement of social problems or conditions. More specifically, this orientation focuses on the problem or what underpins the problem, examining the cause of the problem by collecting evidence, assessing the data, reformulating the problem (e.g., via a specific problem definition, label, or diagnosis), setting goals, developing an intervention that addresses the problem(s), and evaluating outcomes.

This chapter examines the problem-centered approach, the strengths perspective, an advocacy model, ecological theory, empowerment, the person-in-environment orientation, the person-in-environment approach, and interprofessional practice for use in macro social work practice. Shifting from a problem-centered approach toward other orientations provides the social worker with a
multitude of lenses for viewing larger scale change. An eclectic approach allows social workers to draw upon various applicable outlooks and perspectives when assessing and promoting social change.

THE PROBLEM-CENTERED APPROACH

Macro practice is often developed in response to social rather than personal problems. For example, a community recognizes a growing problem with truancy in its middle and high schools. A school social worker facilitates a collaborative partnership between concerned parents, students having been truant, concerned classmates, elected officials, area clergy members, and teachers. The result is a multidimensional response. The group’s collaboration results in extending morning free play in the gymnasium, providing program alternatives (e.g., work experiences, after-school offerings, and community service), developing an antibullying initiative, and offering peer advising.

Unfortunately, the relationship between social problems and macro practice interventions is often complex, and not all social problems generate macro practice interventions. Sometimes social workers label a condition or situation as insurmountable or a phenomenon to be dealt with later in the context of future problems. A social problem, in this sense, is a condition that affects the quality of life for large groups of people and/or is of concern to economically or socially powerful people but can’t be readily addressed or resolved.

Time to Think 2.1

Unfortunately, large-scale change (e.g., through policy and legislative initiatives) often occurs in the wake of tragedy and loss. The voice of victims and survivors can be very powerful in planned change efforts involving macro-level change. Gun control is a very controversial issue in the United States, as illustrated in the opening case. As a social worker, could you support consumers to advocate for gun control legislation if you personally opposed such laws?

It is important to keep in mind that problem definition is often shaped by a set of societal and personal values that reflect the preference of those in power and holding a decision-making capacity. Thus, a condition is labeled as a problem partially on the basis of analysis and often times based on the beliefs and values of people in powerful positions. For example, the high cost of prescribed drugs may be a significant problem for people with chronic health conditions and limited access to health insurance. Conversely, high drug costs may be of little concern to drug companies and officials, as these industries and their executives stand to profit from the overpriced drugs.

To further illustrate the problem-centered approach, read the following situation, noting the information that appears most important or significant. Even
though you may desire additional information, think of what immediately comes to mind in terms of how you might start working on this situation.

A board member from a rural AIDS task force expresses her anxiety about writing a grant for a community education program. Although the agency’s board of directors has approved the grant submission, she fears that the rural community, with its geographic isolation, high poverty rates, conservative political officials, and fundamentalist religious views, is not prepared for AIDS education in the local high school. Nevertheless, the board member also knows that the number of people affected by HIV/AIDS is increasing dramatically in the tri-county region.

The information in this situation is very limited, but often it takes only a few data points to stimulate thinking about what is wrong, what are the community issues, and what may be the area’s failings. A list of problems or deficits and beginning assumptions soon emerges. For the most part, the picture is one of problems and program barriers. Problems are emphasized as being most relevant and significant, rather than the positive attributes and areas of strength of the rural community. Indeed, in many ways, social workers are often prompted to document or translate the story told to us by consumers of services and community members into professional language, jargon largely consisting of problems and deficits to which some form of intervention can be applied (Blundo, 2001).

The preoccupation with problems and human deficits, for example, what is broken or has failed in organizations and communities, has traditionally dominated the attention of social work assessment and practice. For micro and macro change, the problem-centered orientation is often associated with a medical/pathology/scientific paradigm that underlies the traditional social work theories, practice models, and educational materials found in many social work curricula. In practice, many factors need to be considered in the social worker’s problem assessment. Although the format changes from one agency or work setting to another, the problem assessment process follows a similar procedure across a variety of settings. Problem-based planned change typically involves an analytical framework with some version of the following steps:

1. **Identification and Statement of the Problem.** The majority of social problems can be constructed as the interlocking relationship between three parts: (1) existence of a social condition or situation, (2) people’s evaluation of the situation or condition as problematic, and (3) the reasons advanced to support the evaluation (Pincus & Minahan, 1973, pp. 103–104).

Consider a young, single mother who has three children under 8 years of age and a high absentee rate at the chemical factory where she works. The factory manager is concerned with the pattern of missed work. The mother needs reliable child care, especially when school is closed or dismissed early. The children long to be with their mother and enjoy playing with one another. A social worker, employed in the Employee Assistance Program at the factory, is contacted regarding the mother’s work absences. The social worker at the
elementary school notices that the children are often tardy in arriving at school. The challenge is to examine the three components of the problem and identify the *presenting problem*—the reason that brings the consumer to the social worker (Pincus & Minahon, 1973, p. 106).

The presenting problem should be considered from a dual perspective: as a private situation and as a public issue. A *private problem* is one that has a direct impact on an individual’s quality of life or life opportunities—for example, failing health or limited work skills. The social worker must be aware that private situations are often created or exacerbated by a *public problem* or issue. For example, a person’s failing health (a private situation) may be directly related to limited access to health care (a public problem). Thus, problem definition often links micro social work practice with the need for macro interventions. Austin, Anthony, Knee, and Mathias (2016) suggest that practitioners experience micro-informed macro practice as well as macro-informed micro practice and develop crossover skills involving communication, relationship building, advocacy, and leadership.

2. **Analysis of the Dynamics of the Social Situation.** At this stage, the social worker expands the problem statement to include the relevant social systems that define the situation. For example, in the presenting problem involving a female single parent, which systems are relevant to the problem? Considerations might include the absence of social support—the father, family members, the school, community resources for daycare, and a lack of state and federal support for daycare.

This broad picture attempts to capture all of the individuals and systems affected by the defined presenting problem. Analyzing or mapping the problem in this way assesses the dynamics of a problematic social situation. To accomplish this, the social worker applies current theories, perspectives, and social work concepts to explain and explore individual behavior, system responses, and societal responsibility. The problem assessment and analysis phase provides the foundation and direction for the remainder of the planned change, sometimes referred to as the problem-solving process.

3. **Establishing Goals and Targets.** The social worker continues to build a relationship and work with the consumer(s) of services to establish goals for the defined problem situation. The goals, short term and long term, must be relevant to the consumer and centered on values, choice, and the self-determination of the consumer as well as feasibility given the available resources and the systems involved.

4. **Determining Tasks and Strategies.** The reason for the problem assessment is to design strategies that affect a course of action toward change. The costs and benefits of various strategies and the anticipated outcomes are weighed in order for the social worker and the consumer to determine action steps, ascertain the sequence for such actions, and establish reasonable goals for desired change. The social worker provides relevant information and perspectives allowing the consumer of services
to exercise informed judgment in making decisions. The social worker and client work collaboratively to address and achieve desired goals.

5. **Stabilizing the Change Effort.** Systems theory suggests that changing one aspect of a person’s life or situation will have both anticipated and unanticipated consequences for other elements of the situation. Evaluation of the impact of change strategies is essential and directs the next steps in the problem-solving process as well as when intervention strategies need to be modified, can be ended, or require follow-up.

Problem assessment serves as the traditional blueprint for planned change with consumer systems of all sizes. In the problem assessment process, the social worker is frequently reassessing the nature of the problem to ensure the appropriateness of interventions. Thus, it becomes the problem(s) driving the majority of social work interventions across various consumer systems.

The premise of this problem-centered practice is derived from a medical/pathology framework. It is the incapacity of the consumer(s) that is being addressed, not only in terms of the underlying cause of the problem but also in the ability of people to create change. As described in Chapter 1, organizations such as the Charity Organization Society (COS) and workers like Mary Richmond directed friendly visitors away from seeing poverty and human difficulties as mere moral failings in need of principled uplift. Instead, Richmond advanced the view of human suffering as a phenomenon for rational understanding. Richmond, who was greatly influenced by the community medical practice efforts at Johns Hopkins University Hospital in Baltimore, Maryland, specifically formulated the start of much of our present-day social work language and thinking. The “study, diagnosis, and treatment” model used in the emerging science of medicine was adapted to the practice of social work and included efforts to document and describe need to promote large-scale change.

Over the next decades, these concepts became the basis of practice and the benchmark of good practice within the developing schools of social work. Thus began the diligent practice of lengthy process recordings and intake summaries focused on obtaining a broad spectrum of information, believed to be necessary in constructing a diagnosis of social problems similar to that of an underlying medical condition.

These developments established a course for the social work profession. Specifically, social work embraced the medical/scientific method of data collection, analysis, and diagnosis. This prescribed a focus on the problem or underlying causes to be discovered by means of “objective” observation and inquiry. It demanded the incorporation of and reliance on theories of behavior and emotions to provide a means of understanding the consumer’s problem.

As illustrated in Table 2.1, a consequence of these problem-oriented assumptions involves the enormous amount of information, particularly focused at individual and families, that social workers were encouraged to gather. Indeed, in contemporary social work education, many departments and schools of social work continue to assign practice texts and diagnostic assignments containing various assessment forms, inventories, and grids. These analytical tools, often
referred to as bio-psycho-social assessments, are created to assist social workers in gathering an appreciable amount of relevant information concerning presenting problems and conditions. Arguably, the remnants of Mary Richmond’s translation of the medical pathology model into a form of social diagnosis remain a fundamental underpinning in contemporary social work education and practice.

It is important to note that during social work’s early developmental period, social work practitioners and scholars began to embrace psychiatry and the

<table>
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<tr>
<th><strong>TABLE 2.1</strong></th>
<th><strong>Traditional Assessment Format</strong></th>
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<tbody>
<tr>
<td><strong>Typical Content Areas</strong></td>
<td><strong>Traditional Information</strong></td>
</tr>
</tbody>
</table>
| Presenting problem | Detailed description of problem(s)  
List of symptoms  
Mental status  
Coping strategies |
| Problem history | Onset of duration  
Course of development  
Interactional sequences  
Previous treatment history |
| Personal history | Developmental milestones  
Medical history  
Physical, emotional, sexual abuse  
Diet, exercise |
| Substance abuse history | Patterns of use: onset, frequency, quantity  
Drugs/habits of choice: alcohol, drugs, caffeine, nicotine, gambling  
Consequences: physical, social, psychological |
| Family history | Age and health of parents, siblings  
Description of relationships  
Cultural and ethnic influences  
History of illness, mental illness |
| Employment and education | Educational history  
Employment history  
Achievements, patterns, and problems |
| Summary and treatment recommendations | Summary and prioritization of concerns  
Diagnosis: DSM-IV, PIE  
Recommended treatment strategies |

emerging scientific inquiry into personality development, particularly psychoanalytic thinking and practices, along with the methods and practice procedures of medicine. The emerging knowledge base for future generations of social workers would be focused on the internal mental constructs of their clients. The internal, mental status of consumers of social work service and a therapeutic approach was at the heart of social casework. Social work was developing as a profession with a specific common mode or practice, named social casework, and a corresponding body of knowledge and practice principles to support that work. To date, some states continue to reserve terms such as social psychotherapy in scope of practice sections of licensure laws regulating social work practice.

Interestingly, although research is limited, some social workers argue that given the clinical, therapeutic, and micro practice orientation of state licensure laws, a macro emphasis in social work practice could be a disadvantage for employment (e.g., Rothman, 2012). Other social workers (e.g., Ezell, Chernesky, & Healy, 2004) suggest that macro-level social workers compete for employment with graduate-level prepared professionals from other fields of study (e.g., public policy, management, nonprofit administration, public health). Donaldson, Hill, Ferguson, Fogel, and Erickson (2014) provide a comprehensive examination of the implications of social work licensure for contemporary macro practice and education, indicating that only a few state licensure laws acknowledge advanced macro requirements for licensure.

As noted earlier, this model prescribed a focus on discovering the underlying causes of the problem by means of “objective” observation and inquiry—using theories of behavior and emotions to understand the client’s problem. In addition, emphasis was placed on biological, psychological, and social factors contributing to problems, often actualized through bio-psycho-social assessments. It was the scientific knowledge possessed by the social work expert that was seen as necessary to decipher what had gone wrong or had failed, especially the social aspects (e.g., significant others, family, groups impact, and important organizational influences), in order to address problems.

Time to Think 2.2

Take a moment to consider a condition that has a negative impact on a group of people. Perhaps it is the situation faced by older people who do not yet qualify for Medicare but can’t afford conventional health-care insurance. Or, you know Deferred Action for Childhood Arrival (DACA) individuals, having been brought from another country to the United States by their parents, who faced deportation or restrictions concerning educational, recreational, and employment opportunities. Consider what needs to happen in these situations to gain the attention of law and decision makers. What could be some possible macro interventions to address these situations? Why would such situations be ignored by the people in power, especially elected officials?
THE STRENGTHS PERSPECTIVE

Traditionally, social work practice has focused on the identification definition of a problem(s) as a precursor for assessing the appropriateness of social work interventions. And, although social work has possessed a bias toward approaches and orientations that define and label problems, the profession has not ignored the importance of individual and environmental strengths. Bertha Reynolds (1951) suggested that even before asking a client, “What problem brings you here today?” the social worker should first ask, “You have lived thus far, how have you done it?” (p. 125).

What are strengths? To begin this discussion, let’s do an exercise to see how it feels to be described by your deficits and your strengths. This exercise can be done with a friend or alone.

First, using pathology or problem-based descriptive terms or words, describe yourself in 75 words or less—for example: I suffer from long periods of feeling blue or down. Some call me depressed. When I am down, I don’t clean up the house and I don’t take good care of my hair or clothing. I often miss appointments on purpose and make up excuses. My eating habits become extreme. I either binge or go for long periods of time without food. Sometimes I drink an excessive amount of beer.

Now, using strengths-based descriptive terms or words, describe yourself in 75 words or less—for example: I am a loyal friend who is kind and thoughtful. I really take good care of my family, especially my mother, who lives alone. I am independent, logical, and even enjoy a wonderful career. Even when busy with work, I manage to go to the gym three or four times a week. I am active in a neighborhood association and several social service organizations. My two Scotties give me much joy. (Adapted from Van Berg & Grealish, 1997)

How did each style of introduction feel to you? If you were a consumer of services, which would you prefer as a starting point in a relationship designed to make major changes in your life? The exercise helps us to consider what it feels like to be defined by our deficits, and it also sheds light on some common aspects of strengths.

As one of the originators of the strengths perspective in social work, Saleebey (1997, pp. 51–52) indicates strengths can take various forms:

- People learn about their strengths in their world as they cope with the chaos and challenges of daily living.
- Strengths are the unique characteristics, traits, and virtues of people and communities. These attributes can become resources and a source of motivation.
- People’s talents—for example, playing an instrument, writing, or home repair—can be tools to assist individuals and groups in attaining their goals.
- Cultural traditions and personal stories can provide inspiration, pride, and motivation to individuals in their communities.
The language of strengths gives us a vocabulary of hope and appreciation concerning common human needs rather than one of disdain for the people with whom we work. Towle’s (1965) *Common Human Needs* is a logical companion piece to the strengths perspective because it, too, recasts problems into a positive framework of common human needs. According to Towle,

We fail to comprehend the interrelatedness of man’s [human] needs and the fact that frequently basic dependency needs must be met first in order that he may utilize opportunities for independence. Accordingly, funds are appropriated for school lunches and school clinics less willingly than for schoolbooks. (p. 5)

In the tradition of Towle, social work intervention is a tool for helping people meet their basic needs, including food, shelter, clothing, education, and community participation (Tice & Perkins, 2002). Given this point, “people with similar needs differ widely in the barriers they face in getting their needs met” (Chapin, 1995, p. 509). Placing the emphasis on human needs presents social workers with practice considerations:

- When common needs are highlighted as the basic criteria, people do not have to be described as deficient to justify receiving benefits and having their needs met.
- The social work values of self-determination and respect for worth and dignity are operationalized by focusing on human needs.
- Recognizing common human needs supports the conceptual core of the strengths perspective, whereby social workers collaborate with people as opposed to exerting the power of expert knowledge or of institutions.
- Human needs involve communities as a resource that offers opportunities for growth and development. (Chapin, 1995; Saleebey, 1992; Tice & Perkins, 1996, 2002; Towle, 1965)

Social work scholars, including Shulman (1979), Germain and Gitterman (1980), and Hepworth and Larsen (1990), have stressed the importance of expanding assessments to include a focus on strengths and including the consumer as an active participant in the change process. Saleebey (1992) advanced the assessment of strengths by articulating a strengths perspective for social work practice. According to Saleebey, the strengths perspective is represented by a collection of ideas and techniques rather than a theory or a paradigm. It seeks to develop abilities and capabilities in consumers and “assumes that consumers already have a number of competencies and resources that may improve their situations” (Saleebey, 1992, p. 15).

Table 2.2 defines the principles of the strengths perspective, as compared to problem solving, and provides a lens for examining social work practice. A theme emerges from the principles. Specifically, the strengths perspective demands a
different way of seeing consumers, their environment, and their current situations. Social workers who approach consumers through a strengths perspective in practice can expect changes in the character of their work and in the nature of their relationship with consumers.

**CASE EXAMPLE: THE STRENGTHS OF CONSUMERS IN PROGRAM DEVELOPMENT**

Consider a social worker in a rural social agency in the foothills of the Appalachian region. Consumers of services and other colleagues have identified a significant number of people with persistent mental health challenges. There is a consensus that people would benefit from a drop-in center that provides socialization and recreational opportunities, as well as education and support on legal issues, parenting, housing discrimination, and employment. Consumers have become excited about the prospect of such a center and have initiated a set of planning meetings.

In the past few days, several relatively influential people learned about the plan to petition for the center and responded with outrage. They claimed the

<table>
<thead>
<tr>
<th>Principle</th>
<th>Relationship to Social Work Practice</th>
<th>Problem-Solving Corollary</th>
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<tbody>
<tr>
<td>1. Every individual, group, family, and community have strengths.</td>
<td>Encourages respect for the stories of consumers and communities.</td>
<td>The situation and the person in the environment are assessed.</td>
</tr>
<tr>
<td>2. Challenges may be threatening, but they may also be sources of opportunity.</td>
<td>Consumers are viewed as resilient and resourceful.</td>
<td>Problems are identified and prioritized.</td>
</tr>
<tr>
<td></td>
<td>Meeting life’s challenges helps one discover capabilities and self-esteem.</td>
<td></td>
</tr>
<tr>
<td>3. The aspirations of individuals, groups, and communities must be taken seriously.</td>
<td>A diagnosis, an assessment, or a program plan does not define the parameters of possibilities for clients.</td>
<td>Realistic goals and an intervention plan are developed.</td>
</tr>
<tr>
<td></td>
<td>Individuals and communities have the capacity for restoration.</td>
<td></td>
</tr>
<tr>
<td>4. Consumers are served best through collaboration.</td>
<td>The role of “expert” or “professional” may not provide the best vantage point from which to appreciate client strengths.</td>
<td>Professionals facilitate a problem-solving process.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Every environment is full of resources.</td>
<td>Communities are oases of opportunities.</td>
<td>Available resources are used.</td>
</tr>
<tr>
<td></td>
<td>Informal systems of individuals, families, and groups amplify community resilience.</td>
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</table>

**TABLE 2.2**

Principles of the Strengths Perspective Compared to Problem Solving

Source: Adapted from Saleebey, Dennis (Ed.), *Strengths perspective in social work practice*, 3/e. Published by Allyn & Bacon, Boston, MA. Copyright © 1998 by Pearson Education.
center would have a negative impact on real estate prices and would drain an already limited funding stream for social services. The administration at your agency has become concerned about the consequences of the proposed center for fundraising efforts.

What does a strengths perspective offer to this type of situation? What kinds of opportunities exist for consumers, especially those who are vulnerable and disadvantaged? Regardless of what decision is made about proceeding with the center, why is it important that the strengths of consumers be considered and allowed to emerge?

Thinking Critically About the Case Example

1. What might current research indicate concerning the effectiveness of drop-in centers in providing services and programs for people with persistent mental health challenges?

2. Many people believe that the presence of human service centers “runs down” real estate values. Is this based on information, opinion, social facts, or bias?

3. Watch for newspaper or magazine articles depicting persons with mental health challenges. Do these articles describe the strengths of consumers of services? Strive to recognize and identify any deceptive practices in the reporting of human service delivery in the mass media.

ECOLOGICAL THEORY

Tice and Perkins (1996) contributed to theoretical understanding and development by specifying the contributions and relevance of ecological theory to the strengths perspective. Carol Germain’s ecological perspective was first introduced in 1979 and further elaborated upon (Germain, 1991) in an attempt to advance social work theory with an analogy from biological ecology. Germain drew some ideas directly from ecology—most notably the concepts of environment, adaptation, and adaptedness—and used others as suggested analogies. The concept of “environment” includes physical aspects, such as air, geography, water, plants, and material items. However, the environmental components Germain cites as central to the ecological perspective appear to come mainly from the social sciences. The twin notions of stress and coping come principally from psychology, as do the concepts of life course, human relatedness, competence, self-direction, and self-esteem (Germain, 1991).

There are several reasons for selecting the ecological theory as a cornerstone of the strengths model. As illustrated in Table 2.3, the social environment component of the ecological theory involves the conditions (social and physical) and interpersonal interactions that permit people to survive and thrive in hostile circumstances. The concept of social environments includes people’s homes,
communities, and financial resources, as well as the laws and expectations that govern social behaviors. The ecological theory encourages active participation of people in their communities that reflects the “individuality of people and presents opportunities for personnel growth, mutual support, and an array of relationships” (Tice & Perkins, 1996, p. 16). Finally, ecological theory supports the value of transactions between people and aspects of their physical and social environment as a forum to build on the strengths of informal and formal support systems.

Integral to ecological theory and the strengths model is a commitment to providing services in collaboration with consumers, confronting ineffective service systems, and strengthening existing social structures (e.g., organizations and communities). The notion that services and assessments are collaborative ventures supports the social work value of self-determination and nurtures the relationship between the social worker and the consumer. According to Tice and Perkins (1996), collaborative assessment occurs when (1) engagement is viewed as a distinct activity that constitutes the initial step in developing a relationship, (2) the relationship between the social worker and the consumer is recognized as essential to the helping process, (3) dialogue focuses on the consumer’s accomplishments and potential, (4) consumers’ directives and desires are addressed and not judged,

<table>
<thead>
<tr>
<th>Term</th>
<th>Ecological Concept</th>
<th>Strengths Model</th>
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<tbody>
<tr>
<td>Social environment</td>
<td>Conditions, circumstances, and interactions of people</td>
<td>Involves the community and interpersonal relationships as resources that are supportive of growth and development</td>
</tr>
<tr>
<td>Person-in-environment</td>
<td>People’s dynamic interactions with systems</td>
<td>Provides a sense of continuous membership and connectedness</td>
</tr>
<tr>
<td>Transactions</td>
<td>Positive and negative communications with others in their environment</td>
<td>Fosters dialogue and collaboration to strengthen formal and informal support systems</td>
</tr>
<tr>
<td>Energy</td>
<td>The natural power generated by interaction between people and their environments</td>
<td>Results in reciprocity that creates new patterns and resources</td>
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<tr>
<td>Interface</td>
<td>Specific points at which an individual interacts with the environment</td>
<td>Recognizes that intervention begins in individualized realities</td>
</tr>
<tr>
<td>Coping</td>
<td>Adaptation in response to a problematic situation</td>
<td>Highlights the innate ability of people to change and be self-motivated</td>
</tr>
<tr>
<td>Interdependence</td>
<td>Mutual reliance of people on one another and their environment</td>
<td>Occurs in relationships based on reciprocity, a common purpose, and recognition of the community as a resource</td>
</tr>
</tbody>
</table>

Source: Adapted from Tice and Perkins (1996, p. 17).
and (5) mutual trust is discussed, acted upon, and felt by both the consumer and the social worker (p. 24).

Compare the problem assessment format described in Table 2.1 with the one found in Table 2.4. The additional information gathered in the latter format reflects the realization that consumers are the experts on their own lives. In essence, the social worker transforms the content of the assessment by the way it is written, through the questions asked of consumers, and by the inclusion of responses that come from a place of hope and possibility.

### TABLE 2.4
**A Strengths Assessment**

<table>
<thead>
<tr>
<th>Typical Content Areas</th>
<th>Traditional Information</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting problem</td>
<td>Detailed description of problem(s)</td>
<td>Emphasis on client’s language</td>
</tr>
<tr>
<td></td>
<td>List of symptoms</td>
<td>Exceptions to problem</td>
</tr>
<tr>
<td></td>
<td>Mental status</td>
<td>Exploration of resources</td>
</tr>
<tr>
<td></td>
<td>Coping strategies</td>
<td>Emphasis on client’s solution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Miracle question</td>
</tr>
<tr>
<td>Problem history</td>
<td>Onset and duration</td>
<td>Exceptions: When was the problem not happening or happening differently?</td>
</tr>
<tr>
<td></td>
<td>Course of development</td>
<td>Include “future history”—vision of when problem is solved.</td>
</tr>
<tr>
<td></td>
<td>Interactional sequences</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Previous treatment history</td>
<td></td>
</tr>
<tr>
<td>Personal history</td>
<td>Developmental milestones</td>
<td>Physical, psychological, social, spiritual, environmental assets</td>
</tr>
<tr>
<td></td>
<td>Medical history</td>
<td>“How did you do that?”</td>
</tr>
<tr>
<td></td>
<td>Physical, emotional, sexual abuse</td>
<td>“How have you managed to overcome your adversities?”</td>
</tr>
<tr>
<td></td>
<td>Diet, exercise</td>
<td>“What have you learned that you would want others to know?”</td>
</tr>
<tr>
<td>Substance abuse history</td>
<td>Patterns of use: onset, frequency, quantity</td>
<td>“How does using help?”</td>
</tr>
<tr>
<td></td>
<td>Drugs/habits of choice: alcohol, drugs, caffeine, nicotine, gambling</td>
<td>Periods of using less (difference)</td>
</tr>
<tr>
<td></td>
<td>Consequences: physical, social, psychological</td>
<td>Periods of abstinence (exceptions)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Person and family rituals: What has endured despite use/abuse?</td>
</tr>
<tr>
<td>Family history</td>
<td>Age and health of parents, siblings</td>
<td>Family rituals (mealtimes/holidays)</td>
</tr>
<tr>
<td></td>
<td>Description of relationships</td>
<td>Role models—nuclear and extended</td>
</tr>
<tr>
<td></td>
<td>Cultural and ethnic influences</td>
<td>Strategies for enduring</td>
</tr>
<tr>
<td></td>
<td>History of illness, mental illness</td>
<td>Important family stories</td>
</tr>
</tbody>
</table>

(Continued)
EMPOWERMENT

The liberating nature of empowerment is also related and integral to the strengths orientation and the assessment of strengths in planned change and action. Empowerment involves the process of assisting people, families, and communities to discover and expend the resources and tools within and around them. Empowerment encourages and prompts human service resources to be tailored to individuals in such a way that those receiving help have the opportunity to affect decision making and experience the personal power that leads to and affects change (Rapport, 1990). A product of the 1980s and 1990s, Solomon’s (1976) Black Empowerment: Social Work in Oppressed Communities, a classic in the policies and practice of empowerment, concludes that the aims of empowerment are to do the following:

- Support consumers in finding solutions to their own problems.
- Recognize the knowledge and skills that social workers can offer consumers.
- Consider social workers and consumers as partners in solving problems.
- Consider the power structure as complex and open to influence. (Payne, 1997, pp. 277–278)

The basic objective of empowerment is social justice—giving people greater security as well as political and social equality—through mutual support and shared learning that moves incrementally from micro- to macro-level goals (Rees, 1991). Considering the following example:

**TABLE 2.4 (Continued)**

<table>
<thead>
<tr>
<th>Typical Content Areas</th>
<th>Traditional Information</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and education</td>
<td>Educational history</td>
<td>List of skills and interests</td>
</tr>
<tr>
<td></td>
<td>Employment history</td>
<td>Homemaking, parenting skills</td>
</tr>
<tr>
<td></td>
<td>Achievements, patterns, and problems</td>
<td>Community involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spiritual and church involvement</td>
</tr>
<tr>
<td>Summary and treatment</td>
<td>Summary and prioritization of concerns</td>
<td>Expanded narrative— reduce focus on diagnosis and problems</td>
</tr>
<tr>
<td>recommendations</td>
<td>Diagnosis: DSM-V, PIE</td>
<td>Summary of resources, options, possibilities, exceptions, and solutions</td>
</tr>
<tr>
<td></td>
<td>Recommended treatment strategies</td>
<td>Recommendations to other professionals for how to use strengths in work with client</td>
</tr>
</tbody>
</table>

CASE EXAMPLE: CONSIDERATIONS FOR EMPOWERMENT IN MACRO PRACTICE

Rosa Gonzales is a social worker with the Family Services Center, a multiservice agency for families. During a session with Chung Li, an immigrant from Vietnam, Rosa learns that the Li family has been denied library membership because the family members are not citizens and cannot produce an acceptable identification card. Mrs. Li is concerned because she is working with her children on language acquisition, and the library is a major resource for books and films as well as an array of literacy programs.

After some investigation, Rosa realizes that the Li family is not the only immigrant family denied library membership. In time, Rosa and Mrs. Li organize a few families through the Family Services Center who agree to invite the county librarian to a meeting to discuss their needs. The librarian takes the concerns of the families to the library’s board of directors for discussion. Eventually, the board revises the membership qualifications to include individuals and family members such as the Li family for community membership.

How did the individual wants of Mrs. Li incrementally change to a macro focus of the community? What are the political and social issues embedded in the situation? Finally, what are some of the strengths Mrs. Li displayed? As illustrated by Mrs. Li, concepts of empowerment include impact and control over one’s life, confidence in the ability to act on one’s own behalf, and access to choices and independence from others in making life decisions (Gutierrez, 1995). The following describe other important features of empowering practice:

1. All people and their communities have skills, capabilities, and the ability to change.
2. People have the right to be heard and to control their lives in the communities where they reside.
3. The problems of people and communities always reflect some issues related to oppression and discrimination.
4. Collective action is powerful, and social work practice should build on this.
5. Social workers must facilitate challenges to oppression that lead to empowerment. (Payne, 1997, p. 281)

A strengths assessment nurtures empowerment by supporting the wants and needs of consumers with social work interventions that are designed through collaborative partnerships, based on soliciting and relying on consumer participation,
and focused on understanding people within their own frame of reference. In essence, the strengths perspective, including the strengths assessment, recognizes the power of consumers, encourages consumers to use that power, and supports the collaboration of social workers with consumers to organize change across levels of practice.

Consider how the term empowerment reflects social values and both professional and consumer responsibility concerning issues. Take some time to write your own definition of empowerment for social work practice. Be prepared to describe how your personal definition of empowerment reflects your values and broader responsibility for social action.

**SYSTEMS THEORY**

Systems theory as applied to social work emphasizes the importance of families, groups, organizations, communities, and society in assessing the consumer’s social environment as well as when contemplating targets for change in planned change. Social systems are ever changing and in a dynamic state of change. Social systems are interrelated and interdependent with each other. As a consequence, a change in one social system can affect both planned and unanticipated changes in other social systems.

Social systems are also important aspects of communities and societies. In macro social work practice, practitioners depend on the strengths of not just individuals but importantly social systems to advance large-scale change. Most systems are defined as one of the following:

- **Formal systems**: Professional agencies, unions, community organizations, and service clubs represent formal systems. Each of these systems provides members with support based on membership criteria and obligations.

- **Informal systems**: These are systems that develop naturally in settings and communities—family members, friends, groups, and neighbors. Informal systems provide people with various types of support, including emotional, spiritual, and financial.

- **Societal systems**: These are national service agencies, hospitals, institutions, and other organizations that provide people and communities with assistance. (Pincus & Minahon, 1973)

To highlight the importance of systems in our lives, take a moment or two to complete the following exercise:

Consider your informal system of support, and write a paragraph that captures the strength of that system. List an occasion or two when you went to your informal support system for assistance. How do the members of your informal system interact with the community where you live and are there important physical aspects of the environment to be considered?
Ecological theory suggests that we can best understand social systems by doing exactly what you just did in this short exercise on informal systems, focusing on the transactions that occur between different systems. In macro practice from a strengths perspective, social workers address the problems and strengths of interactions between social systems by (1) assessing the strengths of communities; (2) enhancing and building new connections between people, resources, systems, and communities; (3) helping people to use their capabilities and strengths to solve community-based issues; and (4) solidifying change through political tactics, policy initiatives, establishment of an agency, and evaluation of the change effort (Brueggemann, 1996).

**PERSON-IN-ENVIRONMENT**

It is important for social workers to conceptualize consumers of services in a dynamic and continual process of interacting with and adapting to their environment, sometimes intentionally and other times as a result of unanticipated needs. The **person-in-environment** highlights “how people are affected in positive and negative ways by their surroundings” (Cox et al., 2019, p. 43). Adjusting to one’s physical and social environment (e.g., conditions and expectations) is an ongoing and natural process, involving both effort and abilities that often require encouragement and strengthening by social workers.

Recognition that consumers of services are confronted by and challenged to adapt to ever-changing needs and conditions is important in social work practice. Such knowledge and understanding are highly aligned with the strengths, social system, and ecological perspectives and orientations by emphasizing the relevance of each person’s surrounding environment in everyday life. Consumers of services, be they individuals or groups of people, seek assistance not only because of personal problems, as implied by a problem-solving approach, but also in relationship to changes in various aspects of their social and physical environment.

**ADVOCACY MODEL**

Advocacy in social work practice involves activities to “defend, represent, or otherwise advance the cause of one or more clients at the individual, group, organizational, or community level in order to promote social justice” (Hoefer, 2012, p. 3). Case advocacy refers to advocating for social justice with one person, family, or entity. Cause advocacy encompasses advocating for social justice in a larger fashion to create or develop programs, policies, laws, and practices to advance the rights and abilities of groups of people. Of course, case advocacy can spur cause advocacy as injustice experienced by a specific person, family, or group often prompts an awareness and understanding that a large segment of a population is facing a form of social and/or economic injustice. Cause advocacy is more aligned with macro social work practice, as it involves larger scale change involving larger social systems (e.g., organizations, communities, and society).

Advocating for justice is a complex process, containing a number of key elements for consideration. As can be seen in Figure 2.1, Cox et al. (2019) offer
and describe a dynamic advocacy model that identifies four interlocking tenets (economic and social justice, supportive environment, human needs and rights, and political access) as factors for reflection when advocating for change. It is noted that “in social work practice with real people and situations, these tenets have considerable overlap with and influence on one another” (Cox et al., 2019, p. 69). Although not exhaustive, the advocacy model and its tenets are offered “to prompt critical and multidimensional thought and discussion about advocacy in social work practice” (Cox et al., 2019, p. 69).

A brief and succinct description of the four tenets of the dynamic advocacy model by Cox et al. (2019) is provided in Table 2.5.

A COMMUNITY-BASED PRACTICE ORIENTATION

At one time, the majority of programs in social work education included courses in community organization, development, and practice. However, over recent years, the profession of social work has often struggled with maintaining community development and community organization as particular areas of practice, education, and inquiry in light of a demand for the employment of clinical social workers. Pritzker and Applewhite (2015) examine and describe this marketplace challenge...
TABLE 2.5
The Four Tenets of the Dynamic Advocacy Model

<table>
<thead>
<tr>
<th>Tenet</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic and social justice</td>
<td>Emphasis is placed on advancing economic and social rights for all people. These efforts are often actualized through the development and establishment of liberties, rights, duties, access, opportunities, and the active voices of people in specific domains (e.g., education, employment, housing, religion, voting, safety, citizenship, and marriage).</td>
</tr>
<tr>
<td>Supportive environment</td>
<td>Examination of the total social, economic, and physical (natural) environment takes place and is aligned with the aforementioned systems, ecological, and person-in-environment perspectives. A supportive environment for advocacy can be derived from significant others, friends, family members, churches, companies, associations, community entities, and community and national groups and organizations. Natural and tangible aspects of the environment are also important considerations; these could include factors such as buildings, use of land, monetary support, water, food, computer access, technology, and so on.</td>
</tr>
<tr>
<td>Human needs and rights</td>
<td>Special consideration in advocacy needs to be given to who is defining human needs and why. Implicit in the definition of human needs and rights is power. How should and can consumers of services be involved in defining human needs and rights? The active participation of consumers of services in defining human needs and rights is highly aligned with the notion of empowerment and the ability of consumers to influence and affect decision-making processes.</td>
</tr>
<tr>
<td>Political access</td>
<td>Who has access to political power and why? Identifying key stakeholders and their influence over policy and legislative development is crucial. Politicians are responsible to the public and their constituency but often beholden to the people and political parties who significantly donated to the campaign fund and assisted with their election. Political access typically involves the building of relationships with politicians, elected officials, and key stakeholders. McBeath (2016, p. 9) identifies “developing external advocacy networks” (e.g., between professional, public, businesses, nonprofit, and private entities) as a top strategy for reenvisioning macro social work practice.</td>
</tr>
</tbody>
</table>

and the plight of macro practitioners, recognizing that “important benefits accrue to the profession and to its vulnerable clientele when social workers hold [macro-oriented] positions with substantial community or policy influence” (p. 191).

A decision was made to write this book with an emphasis on community-based practice, because it is our communities that provide us with a network of care, support, membership, and celebration. The focus is primarily on traditional communities—cities, towns, and villages (Schriver, 1998). Warren (1978) concludes that traditional communities serve a number of vital functions, including socialization, mutual support, and social control, through the enforcement of community norms. Whether urban or rural, traditional communities share similar traits, such as the inclusion of residences, recreation facilities, social service agencies, and businesses. Consequently, social interactions occur through work, play, worship, and other activities.

Take a moment to think about a community with which you are familiar, perhaps the community where you were raised or the one in which your university is located. Now consider the following questions:
1. Is the community located in a rural or urban setting? Describe the buildings of your community. Do you walk, ride public transportation, or use a private car to attend school, see a movie, or visit with a friend or family member?

2. What are some of the recreational opportunities in your community? Do the activities support people across the life cycle? For example, are there activities for young children, such as T-ball or soccer teams? What about organized events or facilities for older people? Describe opportunities for intergenerational activities.

3. Describe some of the social service agencies located in the community. List the churches, synagogues, temples, meeting houses, and mosques where people from your community worship.

4. Who has power in your community? Who is responsible for enforcing the laws and regulations of the community?

The dual professional role of working in and with the community offers social workers multiple opportunities to initiate macro change (Kirst-Ashman & Hull, 2001). For some, this means working at the polls on election day or supporting a candidate who will further social work goals. Some social workers are active in politically focused organizations such as Amnesty International. Others petition for revisions in laws, policies, or procedures aimed at fundamental social change.

One of the many advantages of social work education is that it develops a knowledge and skill set for working with individuals and groups that is equally appropriate for community-based interventions. For example, communication skills can be used to listen and respond to one person or a mass gathering of people. Writing skills are necessary for preparing social histories and service documentation such as progress notes after an individual counseling session with a consumer; these skills are equally essential for harnessing the media, mounting writing campaigns, and creating educational materials. Advocacy skills, including assertiveness and negotiation, can be used to improve the quality of life for one person or an entire community.

In the course of work with individuals, families, groups, and organizations, social workers encounter community problems and opportunities for change. But the idea of intervening in the community or at the societal level may seem overwhelming, especially if you need to go beyond your specific job description. Furthermore, unlike micro and mezzo social work (which involves practice with groups and organizations), macro change involves a variety of people and systems, so you will need extensive support from your colleagues, consumers, and other influential people if your intervention is to succeed. Specht and Courtney
(1994) emphasize the role of macro social work practice in the change process as follows:

Social work’s mission should be to build a meaning, a purpose, and a sense of obligation for the community. It is only by creating a community that we establish a basis for commitment, obligation, and social support. We must build communities that are excited about their child-care systems, that find it exhilarating to care for the mentally ill and the frail aged, and make demands upon people to behave, to contribute, and to care for one another. (p. 27)

INTEGRATING PERSPECTIVES AND ORIENTATIONS WITH MACRO PRACTICE

How can the various perspectives and orientations examined in this chapter support the planned change process? To answer this question, it will be necessary to examine the foundation of knowledge and the value base of the macro practice. From the outset, you will notice the unifying effect that the strengths perspective has on micro, mezzo, and macro practice (Bronfenbrenner, 1979; Magnusson & Allen, 1983). The strengths perspective recognizes the interactions of each level of practice and the subsequent interconnection process that links strengths with a sense of empowerment (Compton & Galaway, 1994; Tice & Perkins, 1996).

According to Germain (1979), knowledge about people and their environment is a cornerstone of social work practice. Thus, with a person-in-environment focus, the strengths perspective uses ecology theory to conceptualize macro practice. As defined in Table 2.4, macro practice involves addressing environmental problems and human needs where the field of concern is the social and physical environments, including national and international political and economic structures. The power of bureaucratic organizations, their system of status definition, and their socialization of people into unhelpful attitudes can obstruct consumers’ adaptation to their communities.

Like micro practice, macro practice from the strengths perspective begins with a strengths assessment. Kretzmann and McKnight (1993) suggest that communities have resources and assets that are often overlooked or underused. They conclude that communities have desperate needs and that:

In response to this desperate situation well-intended people are seeking solutions by taking one of two divergent paths. The first, which begins by focusing on a community’s needs, deficiencies and problems, is still the more traveled, and commands the vast majority of our financial and human resources. By comparison with the second path, which insists on beginning with a clear commitment to discovering a community’s capacities and assets, and which is the direction [we] recommend, the first and foremost path is more like an eight-lane superhighway. (p. 1)
This is especially the case in communities in which people have learned to live under difficult situations. Community assets should be accounted for and mapped as a basis for working with and from within a community by compiling an inventory of specific resources in the community, organizing the resources according to partnerships and collaborative relationships, and targeting strong reciprocal relationships to enhance relationships that need support and attention.

Three principles define the macro practice strengths assessment (Saleebey, 1997). Using community as a unit of analysis, the assessment starts with what resources are present in the community, not what is missing. The emphasis on strengths directs attention to community assets, possibilities, and potentials. Second, engagement in the community is necessary for the social worker to conduct internally focused community development. Engagement requires a period of observation and culminates in an understanding of the history, unique experiences, and complexities of the community (Landon, 1999). During this timeframe, social workers use the principle of **professional use of self** to form relationships with others in the community (Kirst-Ashman & Hull, 1999). Finally, the entire process is driven by relationships—relationships between social workers and consumers, consumers and the various systems of support, consumers and the community, and social workers and communities.

A considerable portion of this chapter has been dedicated to an analysis of the relationship between the strengths orientation, traditional problem-solving processes, empowerment theory, and the ecological orientation. Indeed, when compared to traditional approaches, the strengths perspective offers a unique and refreshing outlook for social workers engaged in macro-level change in community-based practice.

It is also important to understand the relationship between the strengths perspective and empowerment theory. Although these orientations have similarities and tend to complement each other, they offer distinct contributions to macro social work practice.

Fundamentally, empowerment theory focuses on the liberating ability of people to gain control and power and have an impact over their lives. As suggested earlier, it involves identifying and building upon both personal and social dimensions of power so that people, organizations, and communities can acquire power in order to effect change. In such, empowerment offers both a conceptual outlook for macro practice and a process to help direct social workers in their work (Miley, O'Melia, & DuBois, 2001, p. 87). An important dimension of acquiring power involves identifying and using strengths and resources. This is true regardless of the system level—individual, family, group, organization, community, or society. Of course, utilization of resources and strengths lies at the core of the strengths orientation.

Similarly, when social workers apply a strengths perspective and move away from a preoccupation with problems, there is a greater appreciation of the resilience, resourcefulness, and strengths found in various social systems. For example, when working with communities, there is a realization that communities have “internal assets and capabilities that can be developed and used in increasing the
human and social capital of the community” (Saleebey, 2006, p. 255). The net result of any such awareness involves empowerment, as people recognize their potential in effecting change and taking control over their lives.

In planned change, macro practice that embraces a strengths perspective builds a critical mass of support at the grassroots level. It embraces the environment using concepts, thinking, and principles from ecological theory, the person-in-environment perspective, empowerment, and systems theory. As one community partners with another and then another, the power structure can be challenged to support human well-being and individual and collective efficacy. Toward this end, the dynamic advocacy model by Cox et al. (2019) is provided to promote advocacy, a foundational base of social work, as a vital component in macro practice.

The Value Base

The knowledge base of macro social work practice, from an eclectic as well as the more focused strengths-oriented perspective, is supported by values or judgments—a value base. Values are beliefs about what is good or desirable and what is not. Social workers employ macro interventions in organizations and communities, the environment, laws, and policies; these efforts affect what we can and should do. Table 2.6 applies the core values of social work, as defined by the National Association of Social Workers, to critical elements of macro practice.

Macro social work practice does not mean forcing people and their communities to change. Rather, self-determination, another value of social work, suggests that, when appropriate, social workers and consumers should build on the unique strengths of communities while pursuing three avenues of inquiry:

1. Consider how values may restrict progress toward the objectives desired by the community.
2. Consider possible alternatives and their consequences for achieving the objectives.
3. Consider the rights and needs of others residing in the community.

(Compton & Galaway, 1994, p. 111)

Confidentiality, an integral value of social work, requires that social workers and consumers negotiate who will share what information and how the macro intervention will proceed. From a strengths-oriented perspective, confidentiality is a resource that must be offered, but it should not be used as “a justification for failure to act, a justification for shielding consumers from responsibility for their own behavior, or a justification for failure to assist consumers in building support systems and mutual support groups” (Compton & Galaway, 1994, p. 163).

Another value related to those defined in Table 2.6 is social advocacy. Case advocacy refers to activities on behalf of an individual, family, or specific entity that often address the accessibility, availability, and adequacy of services.
TABLE 2.6
Social Work Values and the Strengths Perspective

<table>
<thead>
<tr>
<th>Value</th>
<th>Relationship to the Strengths Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service: Providing service and resources</td>
<td>Individuals and communities have the capacity to grow and change. Help people change and control the</td>
</tr>
<tr>
<td>and helping people to reach their potential</td>
<td>structures affecting them.</td>
</tr>
<tr>
<td>Social justice: Commitment to a society</td>
<td>Define and respond to human needs on society’s behalf, ensuring that resources are effectively used.</td>
</tr>
<tr>
<td>in which all people have the same rights,</td>
<td>Socioeconomic structures cause problems.</td>
</tr>
<tr>
<td>opportunities, and benefits</td>
<td></td>
</tr>
<tr>
<td>Dignity and worth of the person: Belief</td>
<td>Take individual, family, and community visions and hopes seriously. Enable personal change and control.</td>
</tr>
<tr>
<td>that each person is to be valued and treated</td>
<td></td>
</tr>
<tr>
<td>with dignity</td>
<td></td>
</tr>
<tr>
<td>Importance of human relationships:</td>
<td>Share knowledge with consumers, empowering them to act on their own behalf.</td>
</tr>
<tr>
<td>Valuing the connection between social work</td>
<td></td>
</tr>
<tr>
<td>and consumers as essential to creating</td>
<td></td>
</tr>
<tr>
<td>and maintaining a helping relationship</td>
<td></td>
</tr>
<tr>
<td>Integrity: Commitment to honesty and</td>
<td>Social work should create structures for client cooperation to advocate for their own needs.</td>
</tr>
<tr>
<td>trustworthiness</td>
<td></td>
</tr>
<tr>
<td>Competence: Commitment to the necessary</td>
<td>Social work considers the consumer to be the expert. Social workers engage in lifelong learning.</td>
</tr>
<tr>
<td>knowledge and skill to work effectively</td>
<td></td>
</tr>
<tr>
<td>with consumers</td>
<td></td>
</tr>
</tbody>
</table>

By contrast, cause advocacy, more directly related to macro practice, involves addressing issues that affect groups of people. In either form, advocacy involves resistance and subsequent efforts to change the status quo (Kirst-Ashman & Hull, 1999). A strengths-oriented perspective toward macro practice embraces advocacy as a method of mediating the inevitable conflict between people and using the strengths and assets of groups of people, social institutions, and community support systems to advance justice.

**Interprofessional Practice**

In contemporary practice, social workers are increasingly being educated and trained to work and practice in collaborative and coordinated ways with other professionals in a variety of organizational contexts (e.g., clinics, centers, private practices, schools) with a variety of helping and health-care professionals. When interprofessional practice is actualized, each professional brings a unique knowledge and skill base to the practice setting to provide a comprehensive and integrative approach to address the needs and wants of consumers of service in a holistic manner. In interprofessional practice, social workers practice with counselors, psychiatric nurses, psychologists, psychiatrists, physician assistants, physicians, nurses, occupational therapists, health service administrators, and, as appropriate, a variety of specialized health-care providers.
Although social workers are recognized for their clinical and micro-oriented abilities when working with individuals and families, it is the macro practice element that differentiates social work from other professions. Social workers, regardless of their specialization, are committed to larger scale change, promoting social and economic justice, as well as the view that groups, organizations, communities, and societies are important as client systems, areas for assessment, and targets of change in planned change processes. Social workers are known as effective advocates, champions for diversity and inclusion, administrators, and leaders, as well as for their community practice approach.

### Ethical Considerations

A major focus of this chapter relates to the knowledge, skill, and value base of social workers engaged in macro, community-based practice. Understanding the perspectives, theories, and orientations underpinning preparation for social work macro practice is essential for social workers. However, social workers often compete with other professionals for macro employment opportunities, especially leadership and administrative positions and other decision-making roles (e.g., supervisors). More specifically, Pritzker and Applewhite (2015) assert that social workers often vie with a variety of graduate-level professionals (e.g., MBAs, MPHs, MPAs, and JDs) for prominent positions in human service organizations.

Ethical practice in social work is guided by the National Association of Social Workers (NASW) *Code of Ethics* (2017) and core values and principles involving ethical versus unethical behavior, client self-determination, accountability, a commitment to social justice, integrity, working with a scope of practice, competency, the dignity and worth of each person, the value of human relationships, and a commitment to service to others above self-interest. Do other professionals hold themselves to these or similar ethical standards when advocating for change, engaging in macro-level change, and/or assuming a leadership or administrative role with a human service organization? Conduct an Internet search to identify and read the NASW *Code of Ethics*. Next, conduct an Internet search for the code of ethics in business, public health, law, or public administration. Do these professions and disciplines possess a similar code of ethics appropriately regulating actions involving large-scale change, advocacy, administration, and/or leadership? Regardless of their educational or professional background, should people engaged in macro-level roles and practice be held to lesser than ethical standards than micro-level clinical practitioners?

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SUMMARY

This chapter introduced specific themes that will run throughout the remainder of the book: the value of an eclectic approach when examining macro-level theories and orientation, the limitations associated with a problem-centered approach to planned change, the notion that the strengths perspective holds merits for macro practice, the benefit of a strengths assessment, the value of community-based practice, and the need to empower consumers of services to change systems to address common human needs. The problem-centered approach was examined as the historical base of social work practice and as a model of intervention that defines people and their communities by meticulously assessing pathologies and deficits. Next, the principles and values associated with the strengths perspective, ecological theory, empowerment, person-in-environment, and advocacy were considered. Throughout the chapter, a concerted effort was made to compare and integrate the various perspectives and theories examined. The chapter concluded with an examination of the relevance of macro-level practice for interprofessional practice as well as a consideration of ethical issues associated with macro practice. Examples, exercises, and vignettes were included in an effort to highlight the practical relevance of materials and promote advocacy as an important method to promote large-scale change.

TOP 10 KEY CONCEPTS

- community-based practice 43
- eclectic approach 26
- ecological perspective 35
- interprofessional practice 48
- person-in-environment 41
- problem-centered focus 25
- social environments 35
- social systems 40
- transactions 36
- value base 47

DISCUSSION QUESTIONS

1. Consider your own personal and professional strengths. How do these strengths support your work with consumers, communities, and other social workers? Do you conceptualize social issues in relationship to social systems and the physical environment? Or, do you see social issues as problems?

2. Discuss the relationship between the strengths of individuals and those of communities. Consider how a particular strength of an individual might influence a community and vice versa.

3. What is the difference between advocating with versus for consumers of services? Incorporate empowerment and the strengths perspective into your discussion.

4. Have you been exposed to interprofessional education and practice? If so, in what kind of practice setting? And, what are the macro practice advantages of social work participation and engagement? If you have not experienced an example of interprofessional practice, use Long and Rosen’s (2017) examination of interprofessional practice between social workers and optometrists for your discussion.

5. Identify and discuss examples of how macro-oriented theories and perspectives prepare social workers for macro practice in planned change.
EXERCISES

1. Visit a social work agency and speak with a social worker. Ask the social worker whether the agency is oriented toward a problem-centered approach or a strengths perspective. What portion of the social worker's time is oriented to advocacy and large-scale change? What is the professional background of the administrators and leaders at the agency? Are any of the leaders or administrators at the agency social workers?

2. Plan a discussion with a family member or a friend. How does this person view people in need? Is there any respect for the difficulties people go through in life when struggling with changes in the social or physical environment? Is community life an important aspect for your family member or friend? Identify one or two challenges in that person's community affecting the quality of life for residents. Explore how strengths-based advocacy could be implemented to address this challenge(s).

3. Consider visiting a political rally or protest march organized to advocate for social reform, rights, or legislative development. Observe the people at the event. What are the characteristics of those in attendance? Identify observable strengths that contribute to the event. These strengths could include people, resources, technology, and political access. Try to focus on the strengths associated with the event as compared to the problems.

ONLINE RESOURCES

- NAMI is the abbreviation for the National Alliance on Mental Illness, a national grassroots organization advancing the lives of people struggling with mental health. There are NAMI chapters in communities across the United States. Visit NAMI's website (www.nami.org) and examine how this organization uses the strengths and abilities of consumers of services to advance the rights, opportunities, and quality of life of people experiencing challenges with mental health.

- Visit the GSA Net Work at www.gsanetwork.org—GSA stands for Genders and Sexualities Alliance. It is a student-run club providing a safe space for students, often middle and high school students, to meet and provide support about issues related to sexual orientation and gender identity.

- If your university, like most, is immersed in DACA (Deferred Action for Childhood Arrivals) discussions and issues, visit the United We Dream website at www.unitedwedream.org to obtain up-to-date information concerning DACA and explore ways to support DACA students and legislative initiatives.