CHAPTER 2

Monkey Business Images/Shutterstock.com

An Integrative Multidimensional Framework

for Assessing Current and Developmental Concerns

Competencies:

- Evaluate the strengths and limitations of common theoretical approaches and perspectives for assessing human behavior concerns.
- Describe the limits of one-dimensional approaches to assessing human behavior and the social environment.

CASE A MRS. MORGAN

EP 7a 7b

MONICA MORGAN is an 82-year-old African American mother of six children and a grandmother of eight children. She recently moved to Brooklyn, New York, to live with her daughter and son-in-law because of health difficulties. She has a longstanding history of high blood pressure and other physical complications associated with the normal aging process. Mrs. Morgan resents that her children made her leave her home in Alabama. Prior to the move, Mrs. Morgan was spending long hours in bed and her children could not tell what was causing this noteworthy change in her behavior. They sent an older friend of the family to visit and determine what was causing her to stay in bed. The 80-year-old friend reported that the mother was just feeling sorry for herself. Because the problem continued, Mrs. Morgan's oldest son traveled from Atlanta to visit her; when he arrived she was able to get out of bed, but she passed out shortly after they had lunch. She was rushed to the hospital, and the doctors determined that she was bleeding in her stomach and had been doing so for quite some time. She probably would have died in bed during the night had she not passed out and was taken to the hospital. The doctor thinks that Mrs. Morgan was not taking one of her medications correctly and that it caused her stomach to start bleeding.

After the emergency hospitalization, Mrs. Morgan's oldest daughter insisted that she come and live with her because her mother was not able to properly manage her medications. While the daughter thought her mother would be grateful for this action, the mother had the opposite reaction. Mrs. Morgan became very oppositional shortly after moving to Brooklyn and began to verbally attack her daughter and son-in-law for moving her out of her home. Mrs. Morgan questions her daughter's motives because her daughter and son-in-law both work and she is left alone in their home. Mrs. Morgan believes that she could have stayed in her own home in Alabama, because she is equally at risk in Brooklyn while her daughter is at work. She relished her independence in Alabama and has started to regress.

Blend Images/Shutterstock.com

Mrs. Monica Morgan

The daughter has presented at a social service agency seeking assistance because her mother is constantly angry and is not open to making any efforts at adjusting to life in Brooklyn. She complains about the food, does not eat much, and refuses attempts to link with services for seniors and other available social support activities in the community. The mother is also refusing to do some care duties that she was previously able to do, such as making breakfast and doing minor personal daily-living activities.

EP 7a and 7b

Which statement offers the best understanding of Mrs. Morgan's situation? Explain your choice.

A. Mrs. Morgan is clinically depressed.
B. Mrs. Morgan is experiencing internal conflicts and distress because of her loss of control over her life, which is triggering significant frustration and aggression.
C. The mother's move to the daughter's home has resulted in multiple forms of role loss, which is threatening previously learned definitions of self and self-efficacy.
D. Mrs. Morgan has migrated to a new community with strange expectations and demands that are not supportive of her previous life experiences.
E. Mrs. Morgan's daughter implemented a plan for her mother's safety that failed to respect the mother's individual strengths and personal values. ■

CASE B EL CENTRO*

AN AGENCY in East Los Angeles has the primary function of teaching Latinos how to read and write in English. El Centro targets people between the ages of 18 and 65. This agency is supported by national, state, and local funding and is governed by a five-person board appointed by the mayor of Los Angeles. The board determines all the policies for the organization. One of its members serves as the agency's director. None of the board members is from the Latino community. The agency has four language teachers and six bilingual Mexican American assistants, who are under the supervision of the language teachers. The assistants are hired by the director and do outreach work in the community to encourage Mexican Americans and other Latinos who speak little or no English to enroll in language classes.

Teachers at El Centro attribute agency problems to the board, but they concur with administrators that the agency is not reaching as many members of the community as it should. One of the teachers told outside social work consultants that, to be effective, the agency needs at least five more teachers. Agency teachers also express concerns about the lack of up-to-date instructional materials, and they have sharply criticized the board's belief that language teaching methods should be the same as they were 25 years ago. In addition, some teachers believe that the underutilization of the agency's instructional services is caused in part by the values of East Los Angeles Mexican Americans, who the teachers think do not recognize the importance of learning English. (Many people are able to find jobs without having achieved competency in English.)

Administrators of the board believe that, in general, the agency is doing a good job. The program appears to be cost effective and is meeting the board's goal of saving taxpayers' money. Board members attribute the community's lack of interest in the program to factions within the agency. They believe that some of the teachers are trying to stir up their assistants. The administrators want to handle this by firing the teachers who they believe are responsible for the problems. However, they don't want to fire any of the Mexican American assistants, because doing so could further weaken the program's ability to reach members of the Mexican

Monkey Business Images/Shutterstock.com

Teacher and Student at El Centro

American community. The director of the program told an outside consultant that "Mexicans are not really bad, but they are somewhat lazy and must be taught to change their ways." He doubts that they would ever be able to run things by themselves. He assumes that if he changes the employees in his program, the agency will start doing a better job of "selling" the program in the Mexican American community.

The teaching assistants from the Mexican American community believe that both the board and the teachers are at fault for the program's inability to enroll sufficient numbers of students. They do not believe that the board is willing to spend the kind of money needed to pay for classes with adequate student–teacher ratios. They agree with the teachers that the program needs newer teaching materials. Several assistants who plan to leave the agency also pointed out that many of the teachers "really don't like us or accept us as Mexicans." One assistant told a consultant that "they want to make us like them." Another assistant said, "We often feel that we are being used by everyone. Why don't they give us the money, and we will do it all; it's our money too" (adapted from Ziegler, 1994).

EP 7a and 7b

Which statement offers the best understanding of El Centro's situation? Explain your choice.

A. This agency's board is suffering the consequences of what some organizational theorists have termed *bureaupathic behavior;* this behavior begins with people in authority needing to control those in subordinate positions. Moreover, the director has a bureaucratic personality and harbors biases against Mexican Americans that are affecting his relationships with staff.

B. The teachers in the agency are displacing their anger and frustration onto their assistants because of feelings of powerlessness. They also resent their dependence on their assistants in recruiting students for the program.

C. El Centro has teachers and administrators who have learned stereotypes about Mexicans that influence their behavior toward students and employees, and these stereotypes are causing much of the conflict.

D. The social institutions in this agency are not functioning well. In these institutions, people learn structured ways of relating to one another. Each group's norms are in conflict with the others', thereby triggering anger, frustration, and evidence of breakdown in institutional or socially structured patterns of relating.

E. El Centro has not adopted a system of service delivery that recognizes the strengths of its target populations and the professionals who serve that population. ■

CASE C JEAN DAVIS

JEAN DAVIS is a 19-year-old woman who is experiencing difficulties in college. She moved out of the dorm because she thought other students were out to ruin her life. Her former roommate said that Jean would stay up all night reading the Bible and laughing inappropriately. Jean claims that other students in the dorm were jealous of her because of her special powers. She will not tell anyone what these powers are; when asked, she just smiles strangely. Her mother recently learned that Jean stopped attending classes. Whenever the mother talks to her, Jean tells her that she needs to prepare because the end is near. Jean told the social worker that God speaks to her all the time, telling her that she needs to be prepared. But Jean says that she cannot tell anyone what she is preparing for. Her mother is frightened because this is not like the Jean she previously knew. She is concerned because Jean is not eating and is disturbing her neighbors, who have complained about hearing Jean pace the floor of her apartment throughout the night.

Christine Lange-Paschel/Shutterstock.com

Jean Davis

EP 7a and 7b

Which statement offers the best understanding of Jean's situation? Explain your choice.

A. Jean is suffering from schizophrenia.
B. Jean has developed an extreme fear of others and is seeking refuge in her spiritual beliefs.
C. Jean has learned to adapt to the stresses of college and young adulthood by withdrawing from others.
D. The lack of support in Jean's school environment has caused her to seek refuge in fantasy and other escapist activities.
E. Jean is acting irresponsibly so that she can avoid the stressful expectations in her everyday life. ■

CASE E TIM LAD

TIM LAD is a 7-year-old boy who was referred by the school counselor for running away from school and for constantly fighting with other students. Tim lives with his brother, sister, and mother in a poor section of a small southwestern town. Tim's father, who was an alcoholic and had a history of trouble with the law, deserted the family when Tim was 2½ years old. Tim is very impulsive and has difficulties controlling his behavior. His teachers say that he often misinterprets the actions of others. For instance, he bumped into a boy the other day in class, and the boy told him to be careful. Tim responded, "No one tells me what to do," and proceeded to attack the other youth. Tim also has difficulties with reading and sitting still in class. Tim's mother works long hours in a restaurant and says she is exhausted when she gets home. She reports that she is not sure she can control Tim any longer. Ms. Lad reported that Tim has always had a bad temper but is generally sorry for whatever he does wrong. When the social worker met with Tim, he was very cooperative and friendly throughout the interview.

EP 7a and 7b

Which statement offers the best understanding of Tim's situation? Explain your choice.

A. Tim has attention-deficit or hyperactivity disorder and a possible conduct disorder.
B. Tim is acting out his need for love.
C. Tim has learned that the only way to get what he desires is to act on impulse. He has not learned to reflect on his actions.
D. Tim is acting out because he is in a school system without adequate special-education resources. His school situation needs to provide him with a substitute father figure.
E. Tim is cooperative and willing to work with others, which is an important strength. ■

Tim Lad

alexandre zveiger/Shutterstock.com

EP 7b

In selecting appropriate statements to describe each of the preceding cases, some of you may have believed that all the descriptions applied. Others may have thought that none applied. In fact, all the descriptions may apply to some degree; they were based on established approaches for assessing human behavior. Each of these approaches has roots in biological, psychological, and social theory, and each includes concepts social workers can use in assessing individual and social issues.

The presenting problems and social issues encountered by social work practitioners can be extremely complex. Any single theory almost certainly will be incapable of accounting for the whole range of forces influencing a person's behavior in the social environment (Lyons, Wodarski, & Feit, 1998). Various approaches to assessing human behavior have guided the activities of social work professionals (Austrian, 2009).

These approaches include medical, psychoanalytic, social-learning, social-group, community, and organizational models, as well as moral or value models, antioppression models, and the strengths perspective. They direct the way practitioners define problems and seek solutions.

The Limits of One-Dimensional Approaches to Social Work Assessment

Did you notice a pattern in the descriptions of the cases that opened this chapter? All the "A" statements are similar, all the "B" statements are similar, and so on.

"A" Statements and Limitations

EP 7a

The "A" descriptions represent the *medical approach*, which is directed toward treatment of identified diseases and disorders. The medical approach implies that health is the absence of a disorder or disease. Diagnosis of a problem is based on criteria such as the ones that define disorders in the *Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association*. Although the second case does not have a DSM diagnosis, the "A" statement relies on a disease metaphor in structuring its description of the organizational difficulties expressed.

The major drawback of the medical approach is its focus on prevention or treatment of a disorder or disease; problems of living are essentially ignored. Thus, the danger ensues that a problem of living may be treated as a disease or a medical condition. *Problems of living* are normative aspects of everyday life. No one can avoid normal life troubles, such as the loss of a job, the death of a family member, or interpersonal conflicts. For example, normal anxiety over a divorce could be treated with medication designed for anxiety disorders, in spite of the absence of an actual anxiety disorder. The medical approach is also basically illness centered; it ignores many personal troubles that are fundamentally a result of variables in a person's external environment.

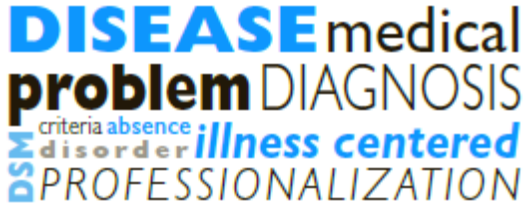

EXHIBIT 2.1a

"B" Statements and Limitations

EP 7a

"B" statements represent the *psychodynamic approach*, which is based on the work of Sigmund Freud and includes the theoretical modifications in the analytical tradition, such as ego psychology. Assessment focuses on symptoms and identifying the causes of the symptoms. Such causes could be traumatic life events or experiences; for example, depression could be attributed to loss of a loved one or to anger turned inward. Intervention is concerned with eliminating symptomatic behavior.

The danger of this approach is that it may increase the number of pathological labels assigned to clients based on questionable assumptions about theoretical etiology (i.e., the study of the origins and causes of psychological problems). This approach focuses on identifying causes of symptoms rather than on describing the presence of clusters of signs and symptoms associated with an established system of disease classification, as do the medically based "A" responses.

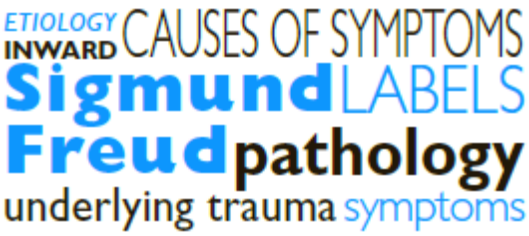

EXHIBIT 2.1b

"C" Statements and Limitations

EP 7a

The "C" statements represent the *learning approach*. This approach assumes that people learn adaptive and maladaptive functioning. Intervention is based on a client learning new behavior by manipulating the antecedent and consequential environmental conditions that maintain adaptive and maladaptive forms of behavior.

Some learning approaches focus only on behavior. These extreme forms of behaviorism do not take into account affective (emotional) dimensions of the human experience or innate dispositions to behavior due to temperament. That is, they ignore important limitations on behavior based on genetics and other biological influences. For instance, individuals can be predisposed to specific behavioral responses that are unconscious. We now know that the brain can react to automatic as well as to conscious emotions. That is, emotions are seen as a major contributor to motivation not recognized by some radical behaviorists such as B. F. Skinner, who assumed that all behavior is determined by contingent reinforcement processes in the person's environment. Skinner's theory of learning ignored the importance of mental and emotional processes. While interventions based on radical behaviorism are very successful with some types of behavior, most learning interventions today include mental and emotional processes as targets for change in the design of relevant intervention strategies. These cognitive behavioral approaches avoid some of the limitations associated with strict forms of environmental behaviorism.

EXHIBIT 2.1c

"D" Statements and Limitations

EP 7a

"D" statements represent *social, group, community, institutional,* and *organizational approaches*. These social approaches focus on how the structure and function of social relationships contribute to problems in human behavior. That is, these approaches assess how conflicts in the normative environment contribute to problem behaviors. In addition, they focus on how relations with other people influence individual, family, group, and societal behavior. Each of these models assumes that the structural aspects of behavior are seen as key determinants of many forms of social action.

The problem with these approaches is that explanations for behavior are limited to social factors and forces—roles, norms, institutions, technologies—extrinsic to the person. An individual's intrinsic biological factors often are held constant and are not assumed to play a pivotal role in variations in observed behavior. Interventions based on these approaches focus on changing external factors and their forces. For instance, social approaches focus on changing norms and other externally constraining factors that place limits on a person's life choices and life chances without taking into account the contributions of an individual's biological and psychological systems. This exclusion ignores the contributions of neurological and other biological factors in explaining human behavior. For instance, impulsive behaviors can be due to social maladjustment with roots in faulty socialization processes. However, some forms of impulsivity are influenced by neurological impairments, which some social theories do not take into account.

EXHIBIT 2.1d

"E" Statements and Limitations

EP 7a

"E" responses represent the strengths perspective. The strengths perspective emerged as an alternative to the problem-solving approaches to human-service interventions. This perspective introduces a different way of relating with and assessing clients. The professional does not act as an expert with

clients in this approach. The focus is less on ends and more on cooperative means. The practitioner's goal in the assessment process is to identify and appreciate the life experiences, wisdom, and resources (the strengths) of an individual or community.

EXHIBIT 2.1e

The strengths perspective was previously conflated with what was commonly termed *moral* or *value-rational* views of human behavior. Here the focus is on moral expectations or ideals, as defined by scholars who are committed to specific outcomes that are linked with specific ideals. Daniel Offer and Melvin Sabshin (1984) termed these approaches utopian because they are committed to achieving ideal or desirable outcomes of what should be considered normal forms of behavior. For example, theorists can evaluate behavior based on values or ideals that they presume are right or wrong without the benefit of compelling evidence of the validity of their assumption. The strengths perspective and positive psychology are building a body of evidence on strengths, character, and virtues that are empirically associated with quality of life outcomes (Compton & Hoffman, 2013; Linley, Joseph, Maltby, Harrington, & Wood, 2009).

Because the strengths perspective does not advocate considering the helper to be an expert, it adheres instead to an epistemology of pragmatism that seeks solutions that work in ways consistent with the resources and skills possessed by persons, families, groups, or other relevant social systems. Practitioners who adhere to this perspective employ modes of appreciative inquiry in assessing the strengths of persons and situations rather than their deficits. The strengths perspective is a way of thinking about people and situations that does not contain explicit hypotheses. This perspective offers practitioners an important lens for guiding practice that assumes that solutions to problems are rooted in strengths (Cowger, 1994; Cowger & Snively, 2002). However, an important limit of the strengths perspective is that it represents a perspective and not a theoretical framework. A **theoretical framework** offers an explanation for a specific phenomenon or a systematic account of the relationships among variables associated with that phenomenon. Indeed theoretical frameworks go beyond simply providing a lens or a way of thinking or looking at a phenomenon and offer instead a systematic explanation of a behavior. Researchers of strengths are not attempting to develop a grand theory capable of predicting all forms of human behavior.

Competencies:

- Contrast single-causal approaches to assessment with the integrative multidimensional framework described in this chapter.
- Identify and describe the four assumptions underlying the biopsychosocial framework employed in this book for assessing human behavior concerns.

We Cannot Limit Person and Environment Assessments to Single Causes

EP 2a,7b

If all people and situations were alike, applications of grand theories or models of assessment would be sufficient to guide social work activities in conceptualizing and describing cases and social situations. We know in social work, however, that all individuals and the situations they encounter have unique characteristics and histories that contribute to various types of human diversity. *Diversification* involves any process that influences variations observed in people and environments. People come from different ethnic backgrounds; have different likes and dislikes; convey various attitudes and prejudices; are of different colors, shapes, and sizes; have different predispositions, vulnerabilities and propensities; and come with different developmental history or life experiences. This form of interindividual difference or diversity provides the best evidence of potential for change and variation in the conditions of human life. Indeed, diversification in people and their environments makes the world interesting and can instill a fundamental sense of hope for valued differences in human lives. In order to understand issues of diversity, it is widely recognized that people and situations cannot be understood independent of their context or environment.

The Institute of Medicine of the National Academies (IOM, August 2006) acknowledged the success that the United States has made in reducing rates of disease and in raising the quality of human life over the past century. The IOM wrote, "But research conducted over the past few decades shows that this progress, much of which was based on investigating one causative factor at a time—often, through a single discipline or by a narrow range of practitioners—can only go so far" (Institute of Medicine, 2006, p. 1). For this reason, the Institute called on researchers to break out of their disciplinary silos by embracing a systems view "based on an understanding that health outcomes are the result of multiple determinants—social, behavioral, and genetic—that work in concert through complex interactions, the best health outcomes come from research that may be yet to come" (Institute of Medicine, 2006, p. 1). The IOM is recommending the adoption of an ecological model for understanding issues of health and well-being:

> An ecological model assumes that health and well-being are affected by interaction among multiple determinants including, biology, behavior, and environment. Interaction unfolds over the life course of individuals, families, and communities, and evidence is emerging that societal factors are critical to understanding and improving the health of the public. (IOM, 2006, p. 18)

The profession of social work has taken a similar position in its approach to understanding human behavior and the social environment though its biopsychosocial approach to understanding the ecology of person-and-environment transactions (Giterman, 2009). Social work has held for a long time that people—children, adolescents, and adults—live in distinct contexts that combine personal and social circumstances that result in different paths of development or change. For example, a fearful and easily threatened child develops in a very different context from a child who is not highly fearful or anxious. For this reason, it is important for social work practitioners to understand how the interactions of personal characteristics with environmental circumstances (such as poverty, violence, racial segregation, and other forms of oppression) contribute to different paths of development in the social lives of people (Ashford, 2013).

EP 4b

This book takes issue with adopting a single theory to understand human behavior and human developmental processes, whether they are person centered or environment centered. That is, human development cannot be understood by isolating the internal variables of people from the external variables of their environments. For this reason, this book uses an ***integrative multidimensional approach*** to guide our examination of human developmental process and for helping students learn how to formulate or construct biopsychosocial descriptions of cases and social situations.

Dimensions of Human Behavior and the Social Environment

EP 4b, 9b

What are appropriate measures for assessing human behavior? Are there different measures for assessing the social environment? Social work practitioners must be

clear about how they will systematically assess, measure, or describe the characteristics of their clients and their life troubles within their ever changing social and physical contexts. Any assessments that practitioners make will depend on their perspectives. As Carter (2011) noted, any viewpoint is relative to one's own perceptions of the system one is describing, and that system's environment. Social work professionals seek a perspective on human behavior that is consistent with the principles of their professional code of ethics, their commitments to respecting individual uniqueness, the strengths and empowerment perspectives, ecological theory, and principles from general systems theory (CSWE, 2015).

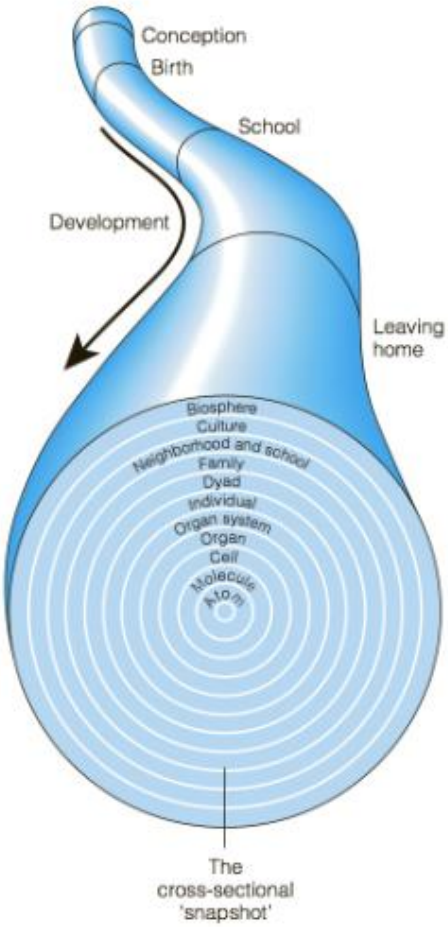

EXHIBIT 2.2 Illustration of the Interactions that are Taken into Account in the Biopsychosocial Approach

Many terms can be used to classify or define individuals and their environments. All sciences have systems for classifying and measuring areas of interest. Likewise, social work professionals are expected to use empirically validated classifications of behavior that transcend the biases associated with "common sense" and other forms of "conventional wisdom." These scientific classifications are needed to make important distinctions about client functioning. If practitioners lack reliable and valid categories or classifications for making such distinctions, they are unlikely to understand their clients' needs and concerns. Classifications are also needed to understand and describe their character strengths and virtues (Peterson & Park, 2009; Peterson & Seligman, 2004). Although social work has not established a unified system of human behavior classification, it has advocated the use of a biopsychosocial approach to understanding human behavior and the social environment.

EP 7b

The framework we use in this textbook subscribes to this approach. It is conceived of as a perspective and not as a theory. "A **theory** is an orderly, integrated set of statements that describes, explains and predicts behavior" (Berk, 2004, p. 5) [emphasis added]. Perspectives, on the other hand, do not offer explicit predictions or observations of human behavior. In other words, our framework offers practitioners a way to consider various points of view and integrate them into their assessments of human behavior as it occurs at individual, family, group, organizational, community, and societal levels. This biopsychosocial framework is based on principles from systems thinking that assume that "[e]ach person is composed of molecules, cells and organs; each person is also a member of a family, community, culture, nation and world" (Eisendrath, 1988, p. 36). The fundamental assumptions underlying this framework are as follows:

- There are three basic dimensions for assessing human behavior and the social environment: biophysical, psychological, and social.
- These three dimensions are conceptualized as a system of biopsychosocial functioning.
- This system involves multiple systems that are organized in a hierarchy of levels from the smallest (cellular) to the largest (social).
- This ascending hierarchy of systems is in a constant state of interaction with other living systems and with other nonliving components of the system's physical environment.


EP 8b

We assume that the multiple systems in this framework are needed to guide practitioners in understanding human behavior. They incorporate units of analysis for assessing the interaction of person-in-environment transactions. "The interactive process takes place at various levels from micro to macro at the same time, and at all these levels it can be analyzed theoretically and empirically using two perspectives: *current* **and** *developmental*" [Emphasis added] (Magnusson & Torestad, 1992, p. 91). Whereas the *current perspective* involves assessing how biological, psychological, and social systems influence current states of affairs, the *developmental perspective* focuses on how these systems interact in leading up to the current state of affairs. These dimensions provide perspectives on human behavior that form the bases for various kinds of intervention strategies. They also allow social workers to maintain their commitment to taking into account strengths and competencies in person-in-environment transactions when designing intervention strategies. Practitioners all too often focus on presenting problems and fail to zero in on areas of strength that can facilitate change in a person's situation (Saleebey, 1992b, 2001). The framework described in this book also directs practitioners to take into account strengths as important factors in assessing person-in-environment transactions.


EP 7b

For the above reasons, we will describe in this chapter a multidimensional framework for integrating knowledge and theory from biological, psychological, and social theories and perspectives on human behavior. We stress the need for social workers to take into account the interactions among these multiple dimensions in assessing people and situations in their social environment.

Multidimensional Framework

The biophysical dimension of the multidimensional framework consists of the biochemical systems, cell systems, organ systems, and physiological systems (Nurcombe, 2000; Nurcombe & Gallagher, 1986). This dimension, which is arranged hierarchically, helps in the assessment of an individual's physical growth and development. The functioning of this system refers to the balanced exchange of energy among its biophysical components. This dimension relies on biological theory and seeks to identify and explain the relationship between biological and physiological mechanisms that influence human behavior. Any change in this dimension will have corresponding changes in the other dimensions inside and outside this system. Humans are limited by their biological heritage (genetics) and their health status, and social workers need to understand these potential limits on human behavior in assessing human behavior concerns (Saleebey, 2001).

Regardless of your innate qualities, physical factors affecting your health status, such as extreme sleep deprivation, can place limits on your performance. For this reason, it is important in any assessment to identify *physical strengths* (factors that can enhance physical performance) and *physical hazards* (factors that can impede physical performance) that may affect an individual's behavior in a specific situation or circumstance. The biophysical dimension helps us look at the person as a physical organism or as a biological entity. Structural mechanisms and undefined impulses associated with these mechanisms are the physiological foundations for the roles people play. The physical foundations in some role contexts are more essential to behavioral outcomes than others (Gerth & Mills, 1953).

Physical hazards refer to factors in the external or internal environment of a person that can cause him or her an adverse or harmful health effect. For example, exposure to specific substances such as lead in the environment can threaten important physical developmental processes. This concern is very prominent in the minds of many Americans following the problems with lead identified in Flint, Michigan's water system.

Other naturally occurring substances in a person's physical environment can also be a hazard to his or her health and welfare. These external and internal hazards (like genetic abnormalities) differ from risks. *Risks* refer to the chances of a harmful consequence occurring after exposure to a hazard. In other words, hazards are not necessarily synonymous with risks. Many risk factors in and of themselves are not hazardous. For instance, salt is a nontoxic or nonhazardous substance, but it can be a risk for some adverse physical conditions. Social workers must identify whether clients have been exposed to hazardous physical factors or other types of risk factors because of the role they can play in health and welfare concerns.

maxim tkachenko/Shutterstock.com

For children, growing up near and playing around landfills and dumps, is a physical hazard. Identifying physical hazards and strengths is an important aspect of social work.

EP 7b

The *psychological dimension* represents the systems that contribute to the organization or integration of the individual's mental processes. This dimension involves several functions designed to help the person satisfy his or her needs. These psychological functions involve the systems of information processing and cognitive development; communication; social cognition and emotions; and psychological strengths, hazards, and risk factors.

The *social dimension* refers to the systems of social relationships that a person interacts with individually or in a group. The social groups and relationships included in this system are families, communities, and other support systems; gay and lesbian relationships; cultural groups and ethnic groups; and social institutions such as churches, political parties, schools, health care providers, and welfare services. These groups and relationships contribute to the organization and integration of social life.

This dimension contains categories that help practitioners locate the conduct of individuals in various social systems and social institutions. For the categories included in the social dimension, we stress both social position and social stratification constructs. By focusing on these concepts and constructs, we place issues of social class, culture, ethnicity, and sexual orientation at the core of our assessment process, rather than at the periphery (Johnson et al., 2003; Garcia Coll et al., 1996). In addition, we can examine how these positional, institutional, and social system variables serve as strengths, hazards, or risks to social functioning.

This book adopts the assumptions stressed in this new synthesis by emphasizing that development cannot be understood without taking into account biopsychosocial interactions across multiple levels of system organization.

The Biopsychosocial Interaction

Individuals and their environments represent multiple systems that extend from the biochemical to the psychosocial realm (Nurcombe & Gallagher, 1986; Puri, Lacking, & Treasaden, 1996). The biological realm of an individual extends from the molecular to the molar, or structural, level; the psychological realm extends from the emotional to the behavioral. The social realm of an individual includes the family and other groups, the neighborhood, the cultural setting, and the context of society. Such multiple sources of influence can be described as a person within a body, within a family, within a state, within a country, within the world, within the solar system, within the galaxy, and within the universe.

A *person* refers to who he or she is individually (genetic makeup, past learning, role combinations, role history, and so forth) and socially or environmentally (the social forces and people in the person's environment). *Behavior* is the result of interactions between the person and the environment. No single factor can be solely responsible for causing a behavioral response. Within a complex system, multiple factors interact to produce specific behaviors. When we think of the biopsychosocial interaction, we recognize that certain biological processes, cognitive processes, and environments can increase the likelihood that a particular behavioral response will develop. A person's biological makeup can limit his or her capacity to respond to the environment in certain way as is true of the limits placed on behavior by the physical and social environment.

EP 7b

Biology is not destiny, however. We must also consider psychological and social or environmental variables in accounting for human behavior. For example, attention-deficit hyperactivity disorder (ADHD) in children can be genetically influenced. However, some children who possess this genetic component will not develop ADHD, indicating that biological factors alone do not account for the disorder. A child with a small tendency toward hyperactivity could be influenced by a parent in such a way as to reinforce and promote more hyperactive behavior. Conversely, a child exposed to high amounts of lead—through lead-based paint, for instance—might develop symptoms of ADHD, yet the symptoms can be moderated by appropriate environmental responses.

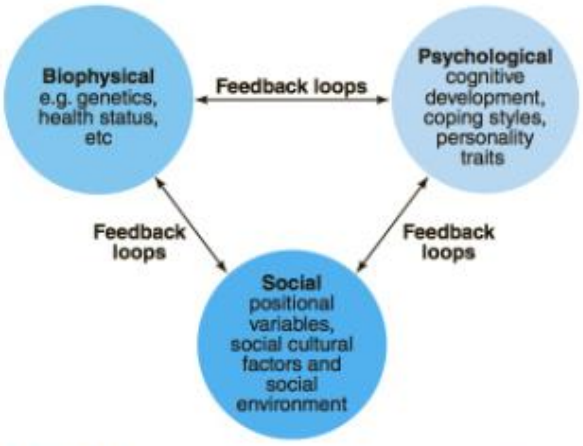

EXHIBIT 2.3 Multilevel Concept of Human Development

Lisa F. Young/Shutterstock.com

Prior social institution constrained specific opportunities to marry for members of the LGBT community. Social institutions change and have important implications for relationships in intimate environments.

The influence of environment on ADHD illustrates an important developmental concept—*human plasticity*. Human physical and psychosocial structures are subject to changes introduced by variations in the environment. It has been demonstrated in a number of studies that environmental setting has a definite influence on personality and on social and intellectual functioning, independent of a person's genetic makeup (Brim & Kagan, 1980).

The environment's influence on gene expression is captured in the seminal research by Caspi and his colleagues (2003) on issues of depression. They systematically collected data in New Zealand for more than two decades on a group of individuals who were administered multiple forms of measurement from age 3. This data set has helped the authors isolate highly specific forms of genetic

and environmental interactions that illustrate that some people exposed to environmental stressors do not develop depression. The authors identified through their research that a specific gene associated with depression (5-HTT) has two types of alleles—either two long alleles (LL) or two short alleles (SS). Using this information about the two types of alleles, the authors examined how exposure to stressful life events was associated with the development of depression in the study's participants. They found that persons with two short alleles (SS) for the 5-HTT gene were at increased risk for the development of depression (63%) when compared with individuals with two long alleles (30%).

Exhibit 2.4 displays the rates of depression for participants with no history of maltreatment, probable maltreatment, and severe maltreatment as children. These results show that depression in the LL allele groups was not related to stress or associated with childhood maltreatment. These results are "by far the most important yet in demonstrating very clearly that neither genes nor life experiences (environmental events) can explain the onset of a disorder such as depression" (Barlow & Durand, 2005, p. 7). Depression is a condition, like most conditions encountered by social workers, that is not caused by a single factor. Most problems in living, diseases, disorders, and positive developmental outcomes are due to multiple factors or influences.

Our integrative multidimensional framework allows for multifactorial assessments of *current* and *developmental* concerns. It is grounded in system principles that help social workers provide a description of what a client and his or her situation is like, as well as an explanation of how the situation developed over time. We recommend use of a hypothesis-testing approach for implementing this framework for understanding human behavior.

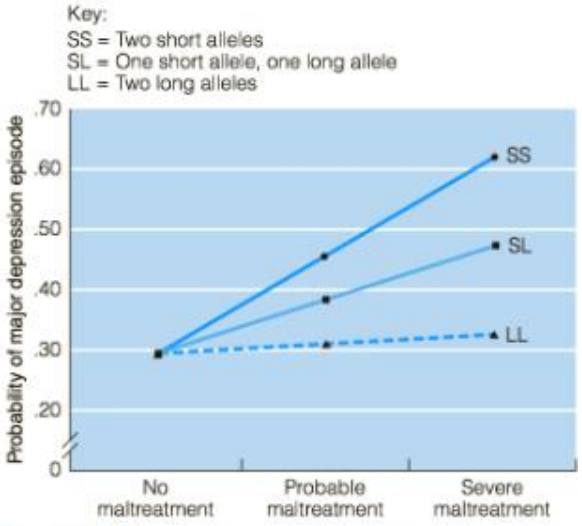

EXHIBIT 2.4 Interaction of Genes and Early Environment in Producing Adult Major Depression

Critical Inquiry and Testing Hypotheses

EP 7a

The testing of hypotheses is a practice that is consistent with the methods of science and its adherence to principles of *critical inquiry*. "Critical inquiry is a process in which theories are relentlessly criticized—and only those that withstand the process are retained" (Dilts, Jr., 2001, p. 16). Not all hypotheses can be tested in a lab, which is especially true of practice in social work and in many other clinical professions. However, science is not just about testing hypotheses in laboratories. It is also about exposing hypotheses to criticism that results in the self-correction of a practitioner's actions.

Competencies:

- Evaluate the utility of employing a case conceptualization or case formulation in assessing person-in-environment interactions.
- Describe how you can best link the critical inquiry process of science with an integrative multidimensional approach to assessment.

Hypotheses should never be considered accurate without supporting evidence. "They are not accepted because of tradition or dogmatism, but because they have proved themselves in research and in clinical practice" (Dilts, Jr., 2001, p. 17). Social work practitioners should always consider their hypotheses as tentative. If the hypothesis is not working, then it should be discarded. Indeed, after hypotheses are generated, they have to be tested and supported by evidence that indicates that the assumption is correct. For instance, if the assumption is that the person is suffering from a depression that would benefit from antidepressant medications, then the individual should respond to the medication in an expected direction. We would not expect the person on such medication to become agitated or extremely manic in response to receiving an appropriate antidepressant medication, which would suggest to a practitioner that the assessment (initial hypothesis) might not be correct.

In summary, hypotheses should help you think about the various determinants of human behavior. We encourage you to think about human behavior in terms of different hypotheses. In this way, you will become more skilled in assessment. And the better you are in assessment, the more effective you will be in providing services. Social workers, as professionals, are typically responsible for assessing issues involving social functioning in the implementation of most multidimensional assessment processes.

Based on the findings from the hypotheses generated in case formulations, social work practitioners design plans of prevention and intervention for individuals, families, groups, communities, organizations, and societies. Research has documented that practitioners commonly apply preferred theoretical orientations in developing case formulations (Beutler & Harwood, 1995). Not very long ago, case formulations in social work were guided by "grand theories" of change and development typically named after their originators: Freud, Erikson, Mead, Merton, Parsons, Perlman, Rank, Richmond, and so on. They were considered grand theories because each provided a powerful framework that guided all the questions asked by practitioners in gathering the information needed to understand issues involving human behavior (Renninger & Amsel, 1997). However, "competing theories have existed side by side, and integration of theories has seldom or never taken place" (Magnusson & Torestad, 1992, p. 89).

Threats to Case Conceptualizations

One of the fundamental threats to the integration of theories in conceptualizing human behavior is the practice of solely seeking behavior's determinants either in external social conditions or in people's internal dispositions (Bronfenbrenner, 1996; Magnusson & Cairns, 1996; Magnusson & Torestad, 1992; Carolina Consortium on Human Development, 1996). A key theme in this book is that human behavior cannot be understood by artificially separating the biological, psychological, and social systems. Assessments must take all three into account.

EP 7b

Taking into account the three dimensions of the multidimensional framework does not mean that one cannot integrate other formulations within the assessment process that include concepts from psychodynamic theories, cognitive theories or psychodynamic and other grand theories. Many components of a complete treatment plan can and should include other kinds of formulations. Exhibit 2.5 illustrates concepts from theory-guided formulations that practitioners should incorporate within their multidimensional assessments when appropriate. An important value of the integrative framework described below is the emphasis that it places on not reducing explanations

EXHIBIT 2.5 Components of Psychological Theoretical Formulations

Psychodynamic components
Difficulties with trust or having to depend on others
Difficulties with control
Difficulties with self-esteem
Difficulties with relationships
Cognitive components
Automatic dysfunctional thoughts
Negative core beliefs
Cognitive distortions (errors in logic)
Behavioral components
Is there behavioral reinforcement of a maladaptive behavior?
Is there something that extinguishes a desired behavior?
Is there a paired association between a behavior and an environmental cue that initiates the behavior?

Source: Derived from Campbell & Rohrbaugh, 2006.

EXHIBIT 2.6 Sources of data for case formulation

or descriptions to single causes, theories, or concepts. The primary objective of this framework is on integrating information in ways that enable practitioners to describe the unique characteristics of individuals in ways that include "his or her vulnerabilities and resources and how he/she comes to be in the current predicament" (Smith, 2014, p.30). These descriptions should include descriptions based on concepts from theories of human behavior and development.

Applying the Multidimensional Framework

EP 7a, 7b

To understand a person's unique concerns, the social worker makes an assessment of all aspects of the person's life using the multidimensional framework to construct or formulate a description of the case, which is called a *case formulation*. In developing a case formulation, the practitioner is expected to gather information from many different sources, such as client interviews, collateral interviews with family members or significant others, rapid-assessment instruments, psychological tests, behavioral observations, key informants, community planning documents, and local oral and written histories (See, e.g. Exhibit 2.6). In organizing and integrating the information from these multiple sources, it is important to apply more than one dimension of the multiple dimensional framework.

EP 7a, 8b

Although a person might present with depression after a specific argument with her boss, broader conflicts might be important targets for change in designing an appropriate plan of intervention. What combination of factors could be contributing to the individual's depression? The primary objective of the formulation is to identify the factors influencing the women seeking help after the conflict with her boss. Are physical factors, such as mood changes caused by menopause or the onset of another type of physical illness (biological dimension), contributing to her problem? Does she have communication problems with her husband? Is she experiencing broader role conflicts about work, identity, career, and other life choices (Porzelius, 2002)? If these factors are overlooked, then the intervention can ignore important targets for change that are reinforcing or perpetuating the client's problem. In order to systematically take into account relevant potential explanations, practitioners are asked to formulate a multidimensional conceptualization or description of the person's current concern and how that concern developed over time.

Formulation Guidelines

The framework can direct practitioners toward specific strategies for intervention when the client's presentation is organized into predisposing, precipitating, perpetuating, and protective factors for each of the dimensions of the multidimensional framework—otherwise known as the 4 Ps (see Exhibit 2.7).

EXHIBIT 2.7 Integration of 4 Ps in Biopsychosocial Model

Ps and Questions	Biophysical	Psychological	Social
Predisposing factors *Why me?*	Genetic loading Family history	Immature defense mechanisms	Poverty and social isolation
Precipitating factors *Why now?*	Temperament	Recent loss	Stressors at school
Perpetuating factors *Why does it continue?*	Poor response to medication	Distorted self-concept	Not able to attend counseling because of transportation issues
Protective factors *What can I rely on?*	Family history of response to treatment	Insightful	Faith as a social support and Church is a resource

Source: Adapted by authors from: Henderson SW, Andrés Martin. Case formulation and integration of **information** in child and adolescent mental health. In Rey JM (ed). *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions 2014. P. 14.

1. Precipitants or activating situation(s) for a client's concern(s)
2. Predisposing factors (includes any risk factors in a client's developmental history)
3. Perpetuating factors (factors that are reinforcing or maintaining a problem)
4. Protective factors refer to a client's assets, strengths, and resources.


EP 8b

Henderson and Martin (2014) observed that the 4 Ps connect chronological and etiological considerations to the biopsychosocial model in ways that can help practitioners identify where interventions can take place. Macneil and colleagues (2012) have added a fifth P to the equation for clinical practitioners: the presenting problem or concern. Exhibit 2.8 illustrates questions that underlie each of the 5 Ps for completing an effective case formulation. These 5 Ps incorporate concerns relevant to completing both a *current* and a *developmental* assessment. The predisposing P factor in this case formulation model focuses on conceptualizing *developmental* contributions to client concerns. The completion of this component of the model requires knowledge of the kinds of content covered in the remaining chapters of this book. A primary goal of this book is to systematically examine factors that predispose, precipitate, perpetuate, and protect individuals in adapting to life challenges through a developmental perspective.

EXHIBIT 2.8 The 5 Ps of Case Formulation

5 Ps	Questions
■ Presenting Problem	What is the client's problem(s)? Provide a list.
■ Predisposing factors	What factors over the course of the person's life contributed to the development of the problem(s)?
■ Precipitants	Why seeking help now? Are there any triggers for problem(s)?
■ Perpetuating factors	What factors are reinforcing or maintaining the problem(s)?
■ Protective or Positive factors	What strengths can the client draw on? Are there social supports and/or community resources or assets?

Source: Adapted by authors from Macneil , C. A., Hasty, M. K., Conus, P. & Berk, M. (2012). BMC Medicine 10:111 Http://www.biomedcentral.com /1741-7015/10/111. And from Ginter, G. G. retrieved 7-16-15 at http://www.lacounseling.org/images/lca/Conference/DSM-5%20LCA%20Case%20 Formulation%20Rev.pdf.

Guidelines for Implementing the Critical Inquiry Process


EP 7a

The following outline suggests specific considerations for developing questions in assessing each of the dimensions contained in the multidimensional framework.

1. Biophysical hypotheses:
   a. Biophysical growth and developmental factors (genetics, health status, use of medications or other substances)
   b. Biophysical strengths, hazards, and risk factors—for example, exposure to teratogens in intrauterine stages of development (hazards); perinatal complications (risks); good nutrition (strength)
2. Psychological hypotheses:
   a. Relevant cognitive-developmental, information-processing capacities; personality development; and coping behavior (abstraction, attention, concentration, comprehension, judgment, problem-solving, personality traits, and styles of coping)
   b. Attitudes, emotions and regulation (conceptions of self and others, impulse control, and self-regulation)
   c. Psychological strengths, hazards, and risk factors (character strengths, virtues, distorted cognitions, and values)
3. Social hypotheses:
   a. Groups and family factors (group structure, peer groups, social position, social status roles, norms, family structure)
   b. Communities and support systems (neighborhoods and civil organizations)
   c. Organizations and social institutions (schools, health care institutions, welfare institutions, multinational corporations)
   d. Multicultural, gender, and spiritual considerations (positional variables such as class, ethnicity, gender, sexual orientation, ablebodyness, religion, and spirituality)
   e. Social strengths, hazards, and risk factors (socially connected, poverty, discrimination, social isolation, maltreatment)

We expand on this outline in the next section by presenting a brief overview of the kinds of knowledge covered in the remaining portions of the book to illustrate how this framework can be applied in gathering data for current and developmental assessments. This overview is a summary of potential considerations that practitioners take into account in completing biopsychosocial assessments. This summary is not a conclusive list of assessment considerations for generating hypotheses about the contributions to a client's presenting concerns; other information can and should be considered. Each of the developmental chapters in this book goes into further detail and provides other considerations for you to use in further case formulation activities. When reading the case study at the end of each developmental chapter, keep these suggested considerations in mind. Also, think of additional questions you would want to ask, or obtain answers to when evaluating the client's problem.

Biophysical Considerations


EP 7b

Physical or biological hypotheses refer to assumptions about the client's functioning as a result of a biological catalyst. Examples include influences from the autonomic nervous system or the neuroendocrine system, physical dependence on a drug, or a biological reaction to an environmental event. The social worker should seek to understand the client's general physical condition. Assess information about the client's medical history, including any diseases, neurological impairments, or physical impairments; current physical condition; any medications being taken; and any nonprescribed drugs. A person's psychological or social-functioning problems can be affected by any of these physical factors. Any physical problem that interferes with or impairs sleep, energy, or appetite will have consequences for the psychological and social systems. That is, a client's problem may be related to or be a direct result of the following biological determinants. In using this framework to identify relevant causes, practitioners need to identify relevant biopsychosocial *predisposing*, *precipitating*, *perpetuating*, and *protective* factors, including relevant biopsychosocial strengths.

Biophysical Growth and Development

Prenatal Growth and Development

Assessment considerations include mother's nutritional status during pregnancy, mother's health status, father's health status, length of gestation, prenatal substance abuse by mother, pregnancy

complications, family genetic history, genetic abnormalities, chromosomal abnormalities, and physical birth defects (cleft palate, heart defects, etc.).

Client's History of Attaining Developmental Milestones

Assessment considerations include when client took first steps, said first word, fed self, dressed self, achieved toilet training, had first menses or first nocturnal emission, and developed secondary sex characteristics.

Client's General Health Status

Assessment considerations include stability of weight; regularity of menstrual periods; regularity of sleep-wake cycle; level of physical activity and level of nutrition; presence of biochemical imbalances; presence of physically handicapping conditions; use of substances such as tobacco, alcohol, and drugs; assessment of client's general appearance (does client look his or her stated age?); and client's ability to perform activities of daily living (ADLs).

Biophysical Strengths

High energy levels, good sleep patterns, and overall physical vitality can be important elements to capitalize on in designing effective interventions. Good genetic history is an important asset for a variety of developmental and health outcomes. Good physical appearance, history that is free of physical disabilities, and other physical characteristics are also important resources. Early physical maturation can be another example of a physical resource that can be capitalized on in designing appropriate intervention strategies.

Biophysical Hazards and Risk Factors

Assessment considerations include family history of heart disease, respiratory problems, cancer, diabetes, health status of close relatives, causes of death of close relatives and their age at death, client's current and past health status, and presence of symptoms related to a major illness. Porzelius (2002, p. 8) wrote, "People who are unattractive, disfigured, in a wheelchair, or overweight are often exposed to serious discrimination and prejudice, which could contribute to psychological problems. Sometimes, in a misguided attempt to deny any personal prejudice, therapists may simply ignore an undesirable characteristic, such as overweight." By ignoring physical characteristics, the practitioner may miss important information about how the person is responded to by others, a factor that could be a significant target of potential change.

Other physical hazards include exposure to toxins in a person's environment that can influence prenatal and postnatal development. In addition, it is important to identify whether others in the person's physical habitat have had prevalence rates of particular types of physical abnormalities that are higher than in other locales, as well as exposure to distinct types of substances in a person's physical environment that may perpetuate specific types of health or other problems. It is also important to determine whether the person has characteristics that match specific risk populations for identified health problems or other adverse health consequences.

Psychological Considerations

EP 7b

The social worker must consider many relevant psychological hypotheses when making an assessment in this dimension. Psychological data can be gathered through a variety of means. Most relevant to the social worker is the individual or family interview. In addition to the traditional psychosocial interview, social workers are making use of semistructured interviews, as well as psychological tests, behavioral observations, personality tests, and rapid-assessment instruments.

A client's problem may either be related to or a direct result of the following psychological determinants.

Cognitive Development and Information Processing

Client's Attention Span, Memory, Concentration, and Capacity for Abstract Thought

Assessment considerations include ability to focus attention, ability to complete tasks appropriate to age, and capacity for memory.

Client's Reality Base

Assessment considerations include client's cognitive functioning, client's ability to discern reality, and content of client's thoughts and perceptions.

Client's Learning Abilities and Performance
Assessment considerations include school performance, problem-solving abilities, and capacity for insight and reflection.

Client's Language Ability and Vocabulary
Assessment considerations include bilingual expectations, use of language, comprehension of language, and general verbal and nonverbal abilities in self-expression.

Client's Self-Perception
Assessment considerations include negative and positive perceptions of self, view of self with others, comparison of self with expectations of others, and perception of what others think about the person.

Client's Emotional Responses
Assessment considerations include full range of emotions evident and excessive emotions such as anger, sadness, and frustration.

Client's Self-Statements
Assessment considerations include content of self-talk, amount of irrational ideas present, and relationship between self-talk and problem behavior (e.g., fear and hopelessness).

Social Cognition and Emotional Regulation

Client's Social Knowledge about Others
Assessment considerations include client's understanding of social interactions, client's view of friendship, and client's expectations of others.

Client's Capacity for Empathy
Assessment considerations include client's capacity for perspective taking, client's sense of morality, and client's interpersonal understanding of others.

Client's Capacity for Impulse Control
Assessment considerations include stability in jobs, relationships, play activities, and other interpersonal relationships.

Client's Capacity for Emotional Regulation
Assessment considerations include assessment of affect and mood changes, whether the affect is appropriate to the situation, and the duration and intensity of moods.

Client's Social Skills
Assessment considerations include appropriateness of client's social interactions, client's knowledge of social skills, and client's ability to communicate effectively.

Client's Social Problem-Solving Skills
Assessment considerations include client's ability to generate solutions to problems, client's ability to think of consequences, and client's means–ends thinking (cognition of steps needed to solve problems).

Client's Maladaptive Behavior Patterns
Assessment considerations include client's behavioral responses to problem situations; client's patterns of behavior that lead to difficulties for self, others, or society; and client's desired behavior changes and patterns.

Client's Coping Skills
Assessment of how clients have handled stress; exposure to trauma and poor social conditions; threats; and environmental, biological, or other concerns.

Psychological Strengths
Strengths may include an easy temperament, a good regulation of emotions, a high intelligence quotient, good emotional intelligence, an extroverted personality, a sense of mastery, a belief in changeable social traits, and other psychological qualities. Also included is a positive history of experience with parents, authority figures, and significant others. In addition, if a client has had experiences of being valued by others, subjected to positive discipline in critical life stages, and other positive life experiences, these would be considered psychological strengths.

Psychological Hazards and Risks

Client's Experience of Past Life Events
Assessment considerations include client's description of significant events in childhood, experience with parents and other adult figures (especially whether any physical or sexual abuse occurred),

experience with emotional abuse, experience with peers, psychosocial living environment, history of mental disorders, and history of use of antidepressants or antipsychotic medications.

Client's Experience with Recent Life Events

Assessment considerations include client's description of significant life events in recent years, recent experiences with adult and peer figures (especially involving events such as divorce or parents' divorce or death of a loved one), present use of antidepressants or antipsychotics, and use of other prescription drugs.

Social Considerations

EP 7b

The social worker's assessment extends beyond the biological and psychological dimensions to include the social dimension. Social factors include the family, community, and other social support systems; access to resources; and the impinging social environment. What are the client's social relationships? And what is the environmental context of the client's social relationships? For example, does the client live in poverty? Does the client face racism on a daily basis? The social worker must assess how the client is viewed by society, by the social systems he or she interacts with, and by the individuals directly involved with the client on a daily basis, such as friends and family.

A client's problem may be related to or a direct result of the following sociological or environmental determinants:

Groups and Families

Role Systems and Subsystems, Family Boundaries, and Groups the Client Interacts With. Assessment considerations include patterns of interaction in peer and work groups, influence of group norms and other group dynamics, and behavior of the individual in the group.

Assessment considerations include open or closed family system, family structure (e.g., enmeshed or disengaged), and how the family defines itself.

Family's Patterns of Communication. Assessment considerations include content and process of interaction, patterns of conflict, and verbal and nonverbal expressions of affect.

Family's Roles. Assessment considerations include role assignments within the family, satisfaction with roles, expectations and definitions of roles, allocation of power, and role strain and support. Are children parentified? That is, do parents engage in role reversals whereby the children assume responsibilities for key family needs typically associated with the expectations of parents.

Communities and Support Systems

Communities of Which the Client Is a Member. Assessment considerations include the degree of attachment the client has toward the place where he or she lives, attachment to ethnic communities and the significance of ethnic location for the client's identity, the unique values adopted by the person's community, the supports and strengths identified within the person's community, and whether the community is inhibiting or promoting normative developmental outcomes.

Support Systems Available to the Client. Assessment considerations include social supports (family, friends, extended family, social-support groups, and self-help groups); institutional supports (child support, welfare, health benefits); access to resources (day care, recreational facilities, police protection); barriers to support systems; and need for new resources and support systems.

Institutional Contributions to Client's Problem. Assessment considerations include whether the structural aspects of the person's environment are constraining or promoting certain behavior choices, whether the institutions are in conflict, and whether the institutions fit with existing social conditions. This should include effects of globalization and other trends on client and system behaviors, as well as the effects of macro and local economic system influences.

Organizational Contributions. Assessments should include informal norms, formal organization rules, lines of communication, span of control, and styles of leadership.

Multicultural Gender and Spiritual Considerations

Assessment considerations include ethnic or gender identity; degree of acculturation; sexual orientation;

language barriers; amount of interaction within and outside the ethnic group; and expectations influenced by cultural, gender, or sexual-orientation considerations. Regarding cultural, gender, or sexual-orientation considerations, we recommend taking into account the positional variables identified by Garcia Coll and her colleagues (1996) for assessing people of color. (We believe that the model can be extended to other positional variables, including social class, sexual orientation, and disabilities.) Their conceptual model focuses the assessment on the unique ecological or social environmental circumstances faced by persons of color. Positional variables are considered the attributes of a person that societies use in processes of stratification (race, social class, ethnicity, and gender; Johnson et al., 2003). "These positional factors represent social addresses that influence or create alternative developmental pathways" (Garcia Coll et al., 1996, p. 1895).

Practitioners need to understand how these factors affect human behavior. In most instances, they do not directly influence outcomes. These positional variables are mediated through the pervasive social processes of racism, prejudice, discrimination, and oppression (Johnson et al., 2003). The model developed by Garcia Coll and her colleagues (1996) demonstrates how the positional variable of race operates through the creation of segregated contexts. Segregation in this model is considered a multifaceted concept. It combines residential, economic, social, and psychological dimensions that are influenced by processes of segregation. Because segregation leads to nonshared experiences and distinct conditions that children of color face daily, these processes impact directly what Garcia Coll and her colleagues have termed *inhibiting and promoting* environments. Examples of these environments include schools, neighborhoods, and other central social institutions. Children of color develop in these environments, which directly influence their personal and family development.

A person's culture affects the meanings associated with each of the positional variables described by Garcia Coll and her colleagues. Culture also influences a person's inhibiting and promoting environments, as well as his or her spirituality and religion. Generating hypotheses about a person's culture and how it affects his or her meanings and values is an important component of any assessment process. The practitioner needs to determine how culture is influencing a person's definition of his or her problem and potential strategies for change, as well as his or her notions of identity and spirituality. While the need for employing cultural formulations is widely accepted by most practitioners, many practitioners are less familiar with and comfortable with assessing issues of spirituality. What does a spiritual assessment entail?

A spiritual assessment can be defined as the process of gathering, analyzing, and synthesizing information about spirituality into a framework that provides the basis for practice decisions (Hodge, 2001a). It is increasingly recognized that spirituality, in tandem with religion, the vehicle through which spirituality is commonly expressed, is associated with health and well-being (Hodge, 2001a; Hook et al., 2010; Koenig, McCullough, & Larson, 2001). For this reason, practitioners need to integrate information about spirituality within the integrative multidimensional framework described in this book.

The spiritual assessment should be organized around understanding how spirituality shapes the person's functioning (Canda & Furman, 2010). Will the person's spiritual beliefs have any implications for service provision? That is, the process aims not to determine the correctness of clients' beliefs, but rather to understand how spiritual beliefs are influencing client functioning, including functioning related to service provision (Crisp, 2010). A two-stage process for assessing spirituality is contained in the Appendix 2.1: Focus on Multiculturalism. This two-stage process developed by Professor Hodge offers practitioners useful guidelines for developing spiritual hypotheses.

Social Strengths

The person's life experiences, language, cultural traditions, cultural continuity, family supports, and other resources must be identified. Resources from friends, neighbors, and other informal supports are key strengths that can augment intervention plans.

Social Hazard and Risk Factors

Assessment considerations include high rates of unemployment, divorce, poverty, discrimination, inadequate social institutions, corrupt governmental and other institutions, and impoverished neighborhoods.

Competencies:

- Examine how to integrate the 4 Ps into the multidimensional framework for assessing the current and developmental components of a case.
- Apply the hypothesis-testing process with the 4 Ps to identify appropriate biopsychosocial interventions.

Selecting Interventions Based on Hypotheses

The considerations described in the prior section will help you formulate relevant hypothesis for describing the factors contributing to a client's presenting concerns. In completing this important task, you will need to adhere to the following steps:

1. Establish hypotheses for the 4 Ps in each dimension of the multidimensional framework, for example, biophysical, psychological, and sociocultural. (These hypothesis should explain why the person has the problem or concern.)
2. Provide a succinct summary of your analysis and this analysis should include evidence that backs up or supports your stated hypotheses. (Provide evidence in support of the hypotheses that you are offering as explanations of the biopsychosocial factors influencing your client's presenting concerns.)
3. Determine how your assessment of the person's problem and your case formulation inform your intervention plans.

EP 8b

When you select a hypothesis for a specific P within each of the framework's dimensions, the hypothesis should help you select an appropriate intervention. For example, a client suffering from a severe psychosis such as schizophrenia needs interventions directed at multiple levels. Biological concepts from neurobiology suggest the need for psychopharmacological interventions to address the psychotic symptoms, psychological concepts to deal with the client's expectations regarding his or her condition, and social concepts to address the supportiveness of the individual's environment. These various strategies are needed because of the complexity of the problem situations encountered in the practice of social work. Social workers do not have the luxury of limiting their description of current problems to a single dimension or a single theoretical construct.

In developing a written summary of the case formulation, Ginter has provided a useful format (see Exhibit 2.9). Remember, the formulation should answer the important question of why a person has a specific concern or problem.

Our multidimensional framework cannot be considered comprehensive. Other dimensions can be used to assess social-functioning concerns. However, we will review only those dimensions that have received the profession's sanction and are supported by established scientific disciplines. This does not mean that you should ignore other dimensions in your evaluations of client functioning. In fact, careful evaluation of information from these specified dimensions will sensitize you to additional issues relevant to assessing social-functioning concerns.

EXHIBIT 2.9 Format for developing a written summary of a case formulation.

Step 1: Client presents with …
Step 2: The client's concern was precipitated by …
Step 3: The factors which we assume predisposed him/her to this concern include…
Step 4: The protective and positive factors include…

Source: Derived from Ginter, G. Retrieved from July 17, 2015 http://www.lacounseling.org/images/lca/Conference/DSM-5%20LCA%20Case%20Formulation%20Rev.pdf.