



# Social Work DIAGNOSIS

IN CONTEMPORARY PRACTICE

EDITED BY

FRANCIS J. TURNER



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*Francis J. Turner*

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## Social Work Diagnosis in Contemporary Practice

To Mary (June 20, 1925–June 5, 2001)

Sister, religious, teacher, scholar, and advocate for social justice.

*Beatae pacifici.*

## Foreword

For those reading the work of Francis J. Turner for the first time, the title *Social Work Diagnosis in Contemporary Practice* may be intriguing. Isn't juxtaposition of the words "diagnosis" and "contemporary" an oxymoron, given the preference of many social workers in the twenty-first century for the word "assessment" to denote the practice behavior of gathering and interpreting information we need to be helpful to clients?

At the beginning of his introduction, Dr. Turner addresses this question by explaining what he means by the term "diagnosis"—not a labeling of problems, not a search for pathology, and not skill in using the *DSM (Diagnostic and Statistical Manual of Mental Disorders)*, but rather a "conscious and concise statement of the spectrum of judgments we make . . . that serve as the basis on which we decide to engage or not engage in particular activities with the client." The book's premise is that to offer the best possible help to clients, making informed judgments about the specific strengths and problems inherent in each situation is critical. Judgment—forming ideas about the nature of the client's needs and practitioner responses most likely to help meet those needs—must be distinguished from being judgmental, a cognitive and emotional evaluation of goodness versus badness. Good judgment is always tempered by humility and uncertainty, in contrast to the arrogance of certainty inherent in judgmentalism.

Once we have arrived at a reasoned judgment of strengths and problems, we still must access knowledge about interventions that can utilize the strengths we have identified to address the problems that bring the client to services. Only when we have done our own "homework" can we engage in a collaborative process with the client, guided by the client's preferences and based on the expectation that together we will search for solutions drawing on the client's expertise in conjunction with our own expertise.

Dr. Turner notes that practitioners today are faced with major challenges in arriving at accurate judgments. Informed judgment requires accountability to a knowledge base that has become daunting in its size and scope. In order to use current knowledge to help the real people whom we're committed to serve, at least three practice activities are needed. These activities must be contemporaneous, not serial, because information gained from each enhances the information from the others.

First, we need to identify strengths and problems in the client's situation. We begin by drawing on our own experience and practice wisdom to do this. A second activity, searching electronic databases using keywords relevant to particular client situations, gives us access to research-based knowledge. This information can illuminate the first activity (identifying strengths and problems) by deepening our knowledge about aspects of individual client characteristics and the environmental factors impacting them—that is, in Dr. Turner's words, it can enhance diagnostic acuity. It can inform us about the likelihood of effectiveness of a range of interventions to enhance those strengths and diminish those problems. Database searching is necessary to go beyond random reading of literature (where typically we find one or two relevant writings), because it allows systematic review of a large number of current sources. If we limit ourselves to spotting relevant articles in a haphazard fashion, we are likely to miss really important material.

The third activity involves scanning published material to familiarize ourselves with the many choices the field offers as possible avenues of client help. For this activity, books like the present volume are invaluable—entries in scientific databases cannot encompass anything so broad and diverse as the material in this book.

Dr. Turner's volume enhances database searches by giving us ideas about possible avenues to pursue. He has combed current literature, a task too

vast for most busy practitioners; culled articles representing a broad spectrum of subject areas and practice philosophies and approaches; and then made these writings available in a one-stop source. A major strength of *Social Work Diagnosis in Contemporary Practice*, in my opinion, is that it allows us to survey the terrain of social work practice and appreciate the enormity of our profession's contributions to the quality of life of our service consumers.

Dr. Turner has chosen and compiled 80 articles from a pool of 2,500 listed in *Social Work Abstracts* since the beginning of the new millennium. These articles, taken as a whole, introduce us to contemporary practice issues inherent in many different fields of practice (such as mental health, child welfare, gerontology, substance abuse, and domestic violence), phases of life (infancy and childhood, adolescence, early and late adulthood), diversity (race, ethnicity, gender, sexual orientation, ability), and practice philosophies and approaches that engage social work practice today (such as ecological, empirical, neurobiological, cognitive-behavioral, psychodynamic, and postmodern).

The range of perspectives in this book is so great that it's unlikely any reader will agree with all the points of view represented in the articles. Practitioners with psychodynamic or postmodern perspectives will probably prefer a different set of readings from those who espouse empirical and cognitive-behavioral approaches. This range of ideologies and related practice strategies characterizes the field of social work today. The book intends to offer, and I believe succeeds in offering, a smorgasbord of rich and varied fare to be sampled or devoured, depending on the reader's appetite.

A second important contribution is the inclusion of articles reporting innovative approaches—

strategies and interventions that have recently been implemented but don't form part of the typical repertoire of social work interventions. Examples in this anthology are plentiful. Derezotes (chapter 78) reports a training program in yoga and meditation with 14 adolescent male sex abusers. The boys expressed positive feelings about the program, enjoyed the relaxed feeling they had after classes, felt they had gained a sense of mastery and control over urges to abuse, and reported using yoga techniques on their own. Noble, Perkins, and Fatout (chapter 77) report the application of a model from athletics training, called strengths coaching, to work with families in the child welfare system. Racine and Sévigny (chapter 61) describe the use of a board game as a vehicle for participant narratives among women in a homeless shelter. Northcut (chapter 57) describes how she integrates spirituality into psychodynamic counseling. Ebenstein and Wortham (chapter 73) review the many benefits of pet companionship to elderly clients and show us ways that the pet-owner bond can be sustained. Gordon (chapter 76) explains how interactive videodisk technology has been used to disseminate a behaviorally oriented family-based substance abuse prevention program via a three-hour CD-ROM.

I found these and other offerings from Dr. Turner's book engrossing to read and also highly instructive. I commend it to social work practitioners, scholars, and students as an important source of ideas and as a panorama of rich social work practice today.

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West Hartford, Connecticut  
August 9, 2004



## Preface

Snoopy, my long-time hero in the late Charles Shultz's comic strip *Peanuts*, always opened each of his new books with the words "It was a dark and stormy night." Somehow this does not seem appropriate for a book focusing on social work practice. Hence, we will begin with another, less prosaic dictum, one that has been reflected in my teaching, writing, and practice over the decades. It is that "the essence of effective and accountable practice is diagnosis."

Let me pause here immediately and examine for a moment what I mean by diagnosis in general and social work diagnosis in particular. This is best done by focusing first on what is not meant by diagnosis, regardless of the profession to which we are referring. It is not the labeling of problems, it is not a search for pathology, it is not the assigning of labels, it is clearly not a one-time-only process, although all of these processes may be a part of the diagnostic activity. From the perspective of social work it is not skill in the use of *DSM* in whatever of its editions is current. Rather, a social work diagnosis is a conscious and concise statement of the spectrum of judgments we make on first meeting a client and expand and modify throughout our contact with him or her. These judgments serve as the basis on which we decide to engage or not engage in particular activities with the client, activities for which we are prepared to accept professional responsibility.

This perception of diagnosis is neither an emphasis on the client's strengths only, nor is it a focus on problem areas only, but a balance of the two. Clearly, we need to make judgments of a client's strengths and resources. But of equal importance, we need to assess and come to conclusions about any limitations or problems in the clients' biopsychosocial profile that may be relevant to the situation at hand and that may influence what actions I take or not take with them and for them.

For a variety of reasons, social workers have not liked the word *judgment* and have tended to

avoid it. It seems to sound too much like the word *judgmental*, one that everyone, from a first-year student onward, knows is a word and concept that is to be eschewed. But just as adamantly as we stress the avoidance of being judgmental, we state and emphasize in our teaching and practice that we must be accountable. Thus we must build our practice on the ever-expanding body of knowledge and skills that has emerged as we now move into our third century of existence. To be accountable we must make decisions about our clients, decisions that move, develop, clarify, and change through the life of a case. And decisions about who is the client are based on the judgments we have made and continue to make about him or her and the situation.

As we begin this process of decision making about our clients, a process that starts in the very first instances in which we are in contact, we are attempting to come to a series of conclusions about the presenting person's situation as quickly as possible. We are asking ourselves and attempting to answer Who is this person? What does this person want and need? What can I, or others, responsibly do with and for this person? What can this person do for himself or herself? As we seek to answer this cluster of questions we base our judgment-making process on a triad of further questions: How is this client like all human persons I have met? How is this client like some other persons I have met? And how is this person like no other person I have met?

In answering these questions as responsible practitioners we of course draw on the body of knowledge acquired in our training and career and, as far as possible, on the broader body of knowledge acquired and developed by the profession to which we have access. I am aware that in a profession such as ours, which encompasses the vast spectrum of the human condition and societal realities, it is impossible to know all there is to know about all of the situations with which we are faced.



Yet we must act, frequently with a level of uncertainty. Hence, one of our most important ethical responsibilities in today's professional world is to develop a process whereby we can have at least some way of keeping in touch with current thinking in the areas of practice for which we are held responsible by society.

Of course, one of the exciting realities of today's world is not a lack of relevant material for a particular area of practice. This might have been so in earlier times. Rather, our current challenge is how to access material in this age of information overload. It has been exciting for me as a teacher to watch the development of printed material in our field now available to practitioners. When I first started to teach in the mid-1960s, there were some forty social work journals in existence; there are now at least two hundred such journals. The same is true of the expansion of textbooks. A glance at our daily mail or a half hour spent at the book display section of one of our conferences quickly reminds us of the dramatic expansion of new books in the field. As well, the resources of technology and the ever-present Web are a daily reminder of the expansion of our knowledge base.

The challenge for the busy practitioner, then, is not wondering if knowledge exists but how to tap into this wealth of new material in a way that is opportune. Hence the rationale for a volume such as this, which seeks to accomplish what the busy practitioner cannot. Its goal is to comb the extant contemporary literature and organize a selection of articles that are deemed to be of use for colleagues wishing to access a broad spectrum of today's practice wisdom to enhance their diagnostic acuity. That is, it seeks to present to students and practitioners a spectrum of contemporary practice-based articles from the wealth of current literature in a format that aims at assisting in the ongoing enhancement of our diagnostic skills. It does so by focusing on the second question of our diagnostic triad: How is this client like some other clients we meet in practice?

One of the skills we bring to our practice is the knowledge we have of the human condition in its many facets. This helps us to understand in an empathic and facilitating way new situations with which we are faced and quickly to engage in a process that can be helpful. We do this by drawing on our acquired knowledge from the past of similar situations. As well, we draw from the accumulated wisdom of our colleagues who have dealt with similar situations and who have shared this wisdom with us through the discipline of the refereed journals and texts to which we have access. But we need always

to remember that as we draw on the knowledge of others about a particular facet of the human condition to help us understand this client we need to keep very much in mind the third question of our triad; how is this client different? This, of course, is the way we can draw on the tremendous power of classifications yet in a manner that keeps us from falling into the traps of inflexible "labeling."

To this end, we used as our base the hundred-plus journals abstracted in *Social Work Abstracts* and searched for articles we judged to be of particular use for practitioners to give them up-to-date viewpoints and information about specific aspects of practice. This entailed the review of some 2,500 articles. These articles were selected under four headings that comprise critical components of the diagnostic profile of judgments. Thus, we looked for (1) articles that address aspects of the developmental stages in our existential journey through life; (2) articles that deal with diversity in its many forms, a topic so critical to current practice; (3) articles that targeted a range of problems met in practice and (4) articles that address various developments in technique and strategies of intervention. I comment further on the rationale for these four areas in the introduction to each section.

Unlike earlier works of a similar nature, in this instance I have focused solely on the prior three years of publications. I did this for two reasons: I wanted to mark this historic moment in our profession where we have moved into a new millennium as one of the major players in the group of the human service professions; I wanted to demonstrate just how rapidly our body of knowledge is developing. In earlier similar books, to get an adequate profile of articles in particular areas of practice it was necessary to go back thirty or forty years. In this instance the problem was not locating suitable articles for each section; rather, it was the reverse. Toward the goal of keeping to a manageable size for a volume such as this, my challenge was reducing the selections from about four hundred that had survived the first cut to the necessary amount.

This proved to be one of the most satisfying, albeit difficult processes in which I have been involved as an editor. Satisfying because it demonstrated clearly the extent to which our body of knowledge has developed and expanded to create the present richness of our accumulated wisdom and tested data. This richness enables us to more effectively respond to the psychosocial realities of "person in situation." Challenging, in that I was amazed at the range and quality of the literature in these past three years. In fact, it would have been

possible to prepare volumes that dealt with each of the four areas separately. Perhaps that is a topic for another day. In this instance I wanted to present these four aspects of the diagnostic and interventive process as a group because in my perception, they better present the interventive process in a holistic way, which separate collections would not.

There was one final challenge following the selection of the articles, and that was how to order them. The initial section, of ages and stages, was relatively easy. However, the other three presented a much greater challenge that I have not fully an-

swered. This is especially true for the section on problems, as the range and type of problems met in practice is wide and rich. I will continue to ponder this issue for future ventures but for the present go ahead with this collection and the order in which it is presented in the hopes that it will assist the reader to bring more precision and effectiveness to practice based on the accumulated wisdom of our colleagues and the requisite skill in social work diagnosis.

Toronto, December 2003

## Acknowledgments

In completing this work I am, as always, conscious of the many persons who contributed to it, both directly and indirectly. I am most appreciative of the work of two social work doctoral students at the University of Toronto, Susan Preston and Michael Woodford, who assisted greatly in the prodigious search of all the journals. As well, I want to thank my research assistant, Carlos Pereira, for keeping the process on track and in a most efficient manner. Working with Oxford University Press was a delight, and I am grateful for the initial inspiration of Joan Bossert.

The cooperation of the various publishers of the selected articles was most helpful and essential to the book. Two distinct groups of authors were essential to the process. The first, of course, were those colleagues who wrote the articles that were finally selected. They are indeed the essence of the finished project. However, I need also mention the authors of the many articles that were not selected. These colleagues contributed to this project as well as they assisted in the process of selection and aided greatly in helping me clarify my thinking about the parameters I developed that led to the final selec-

tion. The process of selection was difficult, and frequently I had seven or eight excellent articles covering the same topic.

Last I am particularly appreciative of the interest and support of Joanne.

### A Postscript

Just today I finished the proofreading of this volume's manuscript. One of the final articles was written by Dr. Herb Strean, a long-time friend and colleague. Just a few weeks ago I learned of his recent death and want to here acknowledge this and his special contributions to our profession's literature.

Throughout his career he was without doubt the most prodigious writer in our field; writings that will endure as major contributions to the clinical literature. Over the years he and I collaborated on several projects and I am honored that his article in this collection will stand as one of his last, among many, important contributions to social work.

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