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Differential Diagnosis and Treatment in Social Work

THIRD EDITION

Edited by **Francis J. Turner**

With a Foreword by
Florence Hollis



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**Differential Diagnosis
and Treatment
in Social Work**

To Bert, brother and colleague

JUNE 17, 1935-JUNE 22, 1957

Foreword

How STRANGE it is that not until a half century after the publication of *Social Diagnosis* does a book appear in the social work field addressing itself specifically to the relationship between differential diagnosis and treatment! Over fifty years ago—in 1917—Mary Richmond wrote *Social Diagnosis*, a book dedicated to the then new idea that the social worker, like the physician, must think diagnostically, endeavoring to understand the nature of the disorder with which he is dealing in order to know how to alleviate it. This book so impressed practitioners that for many years it was a text, as if the subject of diagnosis were now understood and social casework could move on to concentrate on problems of treatment methodology. Even in the thirties, when psychoanalytic knowledge was permeating social casework, attention was directed not to diagnostic groupings, but rather to general principles of treatment on the one hand and the specifics of individualization of treatment on the other. It was not until the mid-forties that attention again turned to diagnosis, and the work started by Miss Richmond moved forward with concentration on the psychological component of diagnosis, often designated the “clinical diagnosis.” Diagnosis had not been lost sight of during these intervening years, but the principles of social study and diagnosis presented by Miss Richmond seemed to provide sufficient guidelines for the type of diagnostic thinking upon which treatment was based until the midforties. This was a highly individualized approach with emphasis on idiosyncratic life happenings that could account for the problem under treatment.

With the emergence of the clinical diagnosis, attention began to turn to elements in personality which characterize some people to a greater extent than others, thus distinguishing a group of individuals who might respond in common ways to certain forms of treatment. It began to be recognized that knowledge of such groupings—of types of disorders, that is—could increase the ability of workers to fashion treatment more appropriately to the differentiated need of the individual. Furthermore, once such commonness was seen, knowledge could

become cumulative and what was learned from the treatment of one individual could be put to the service of another suffering from a similar disability.

Dr. Turner's compilation is the first book to bring the results of this development to general attention and to provide the social worker a key to the diagnostically oriented articles of the past ten years. Not only is his selection of articles excellent, but the fact that he read virtually everything available in our English literature before making his selection means that this collection provides a reliable guide to the state of our current knowledge of work with differing diagnostic entities. Inevitably any other author would have made a somewhat different selection. I will leave it to the reviewers to comment on the merits of this and that inclusion or exclusion; Dr. Turner's choices seem excellent to me. His organization of the selections into the stages of human development, psychosocial pathology, physical handicaps, and sociocultural factors is logical and should enable the reader to locate easily material that will throw light on the difficulty about which he is seeking information. If no article is included which deals with the specific subject of concern, much may be learned from an article covering treatment of a related disorder.

In addition to Dr. Turner's contribution in making this material available, his Preface and the introductions to all of the major sections add greatly to the value of the book. I am strongly tempted to underscore some of his excellent points about diagnosis and about the education of the profession, but will content myself with urging you to read the Preface and the Part introductions with care. They contain many astute observations.

In the Part introductions Dr. Turner orients the reader to the writings in the area under consideration, briefly brings out important commonalities, and points to uncovered, or scantily covered, diagnostic areas. In the main, however, he allows the selections to speak for themselves. The coverage of the book is not meant to be exhaustive. The bibliographies within the individual selections will lead the reader to further references.

It is an important sign of the times that this book is addressed to group workers as well as to caseworkers and that in many categories material on group treatment is available. The extent to which these two social work methods supplement each other in treatment and the growing tendency for many workers to want to acquire some competence in both methods is one of the very interesting developments of the sixties. This book should contribute to the common knowledge of the two specialties.

A final contribution of the book upon which I should like to comment is its usefulness as a guide to further compilation of knowledge and to publication. As Dr. Turner notes, there is valuable information dealing with many diagnostic categories in agency records and reports which could be brought to light and published. This book can serve as a guide to prospective writers and to editors as to the gaps in our diagnostic literature. It can also provide points of comparison against which the practitioner reader's experiences can be studied. Articles based on either similar or different experiences should be written. While controlled ex-

perimentation and replication is the ultimate task of knowledge building, practical replication occurs constantly in our day-by-day work. Small groups of similar cases can be studied and reported upon, thus providing cumulative information about different diagnostic groupings.

It is altogether appropriate that *Differential Diagnosis and Treatment in Social Work* should appear so soon after the fiftieth anniversary year of *Social Diagnosis*. Dr. Turner is indeed making a substantial contribution to the teaching and practice of social work.

Florence Hollis

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Preface to the Third Edition

IT SCARCELY SEEMS POSSIBLE that it is already time to write a preface to the third edition to this book; it is only a short time since the work for the second edition was completed. Yet it was necessary that the book be reedited. In the six years since the last edition much new material has appeared in social work literature. This material is important not just because it is new but because it reflects the dramatic expansion that is taking place in the professional literature in social work; an expansion not just in quantity but in quality, precision, and diversity. New journals have appeared, applications of the wide range of practice theories have been made to various diagnostic categories, new problems have been addressed, and new applications of methodologies have been developed.

The goals of the book remain the same as before. The first is to provide a resource to practitioners that will permit them to obtain some immediate information on the understanding and management of a wide spectrum of presenting situations and conditions met in today's practice. In addition it gives students an entrée to a comprehensive look at the dimensions of current practice.

The organizing concept of the book is that diagnosis remains the heart of practice. Diagnosis is built on knowledge of individual cases, classes of cases, and classes of components of the complexity of the biopsychosocial reality of our clients and the range of problems they bring to us for help.

If one uses the literature of a profession as a reliable reflector of the reality of the practice of that profession, then we can conclude that as our practice is becoming more complex the role of diagnosis is also becoming more important. As we continue to appreciate the necessity and the utility of precision in diagnosis, we are also learning that it is a highly complex process, much more complex than we have ever appreciated.

The long-standing criticism of a too structured approach to diagnosis that relied heavily on efforts to classify clients is rapidly lessening. We are all aware of the potential misuse of uni-category diagnoses but equally aware that one cannot

responsibly practice without well-developed and well-tested systems of classification.

An important development in the use and standardization of classifications as an aid to practice is exemplified in the recently published *Diagnostic and Statistical Manual of Mental Disorders: Third Edition*.^{*} This book helps bring into focus a component of practice long a part of social work tradition, that is, the need for precision in diagnostic terminology, the need for a multi-axial approach to diagnosis, and the role of psychosocial stressors in understanding persons-in-situations. To what extent this approach to diagnosis will become standardized across professional lines is unclear. Whatever happens in this regard, the goal of that book is very close to the goal of this one.

As before, selection of articles was a difficult problem. In the original review of the literature for this edition several hundred articles were selected for possible inclusion. Narrowing this down to a manageable number was indeed difficult. Because of the richness and diversity of available material a subsequent edition of this book may have to consider the possibility of a separate volume for each of the five major headings.

Keeping the present edition to an acceptable size was a problem. There were so many excellent articles to be included and so many from the first volume that I wanted to retain. Finally the newer articles held preference over the older and diversity of topic over several articles on one topic. In the final selection 26 articles from the second edition were retained and 48 new articles included.

We were pleased to observe that there are many more articles being written from a group intervention perspective that deal with specific aspects of the diagnostic perspective. We were able to include some of these.

The same fivefold classification system has been maintained. The second edition added the category "Presenting Problems," which is included again with an expanded number of topics. As before, further work is needed in developing a classification scheme for presenting problems. Undoubtedly an important component of our assessment needs to be not only who the client is but what his reality is and how we make use of our knowledge of client as a person to deal with the aspect of reality for which help is wanted or indicated.

Few of the articles as yet are built on the formal analysis of data gathered to test hypotheses or to test our approach to treatment. For the most part they remain articles written from a practice wisdom basis, that is, built on the organized disciplined analysis of practice. Although there is a tendency to disparage these types of data, they are still essential to the building of a practice base that will permit us to develop and test the components of practice theory to which we aspire. Hence, even in the practice wisdom articles there is observed a strengthening analytic approach to practice and a disciplined commitment to knowledge building, rather than the arguments from authority that marked earlier articles.

Our writing continues to be uneven, in that some topics become fashionable

^{*} *Diagnostic and Statistical Manual of Mental Disorders: Third Edition* (Washington D.C.: American Psychiatric Association, 1980).

at various points in time and get special attention. Deliberate effort was made not to reflect trends in the articles selected but to give as broad a basis to the selections as possible. Even in doing this it was necessary to omit some topics that are a part of practice. As will be noted in the Part introductions, we now have social-work-written articles on several topics which before we had scarcely addressed in the literature even though they were an important part of our practice.

Ours is a dynamic and growing profession, one that is facing with our colleagues in other professions the humbling awareness of the deficiencies in our knowledge and the limits of our interventions. But this very awareness draws us on to increase the precision of our understanding of those persons we serve, an understanding that will ensure that, as effectively as possible, we make available to them the range of knowledge, skills, resources, and services that make up our armamentarium of practice.

Francis J. Turner

SUDBURY, ONTARIO, MARCH 21, 1982

Preface to the Second Edition

IT IS AN INTERESTING EXPERIENCE to write a preface for a new edition of a book, almost ten years after the work on the first edition was carried out. The task appears to divide itself into two components: first, there is the need to explain why the book is being republished, that is, why it is still seen as being a useful contribution to the profession at this time; second, if the book is viewed as still being useful there is the need to explain why it has been altered in the new edition. In the original edition of the book there were 62 articles and in this new one 71, of which 41 are new.

Why the re-edition? I am just as convinced today as before that this type of book provides a necessary aid to the clinical social worker committed to providing efficient and responsible services to clients. Because of the structure of our present delivery system most social workers carry a highly diverse caseload. We have not as yet committed ourselves to a highly structured specialty system. At the same time our periodical literature in clinical practice remains a principal source of new practice ideas and trends. But the periodical literature contained in the better known journals is not easily available to many of our colleagues. Further, with the emergence of several new journals in North America and Europe within the last decade, the question of accessibility becomes even more difficult. Hence the necessity to extract from the literature a series of articles around a common theme. Clearly the question of the utility of collections of articles as compared to independent authorship cannot be ignored. In several of the reviews of the first edition, this question was raised and the emergence of still another collection was decried. In my own view this is not an either/or situation. The present state of practice requires both kinds of books; the collection can present a broad spectrum of current practice issues from a variety of viewpoints, while the single-authorship book presents a longer range, more focused presentation. Both are needed in today's practice.

As before, the underlying unifying concept for the book is the diagnostic

component of practice. I am no less convinced of its importance in today's practice even though my perception of its form and content has altered slightly.

Between the time the first edition appeared and the present, we have passed through a period where the whole existence of clinical practice was under attack. As a part of this storm of criticism questions of labeling, classification, and treatment based on diagnosis were severely criticized. Now that this phenomenon appears to be waning, once again we can turn to further efforts at making our work more precise and effective.

I mentioned that my perception of the form and content of the diagnostic component of practice has altered. Let me comment on this. I appreciate more than before that the concept of diagnosis is a much more complex process and activity than has been acknowledged by our field. Although we have often said diagnosis should never, and was never intended to be uni-dimensional, I think we have nevertheless projected a view that it was a more easily manageable phenomenon with rather clear boundaries than in fact it is.

I began to appreciate this misperception about five years ago. At that time, I observed that a common theme was emerging from students I met in many schools and at many levels. In talking with them it was clear that, although professional schools had done a good job in developing the concept of diagnosis and helping them identify with it, what we had not done was to teach them precisely what to do with the concept, that is, the content of a particular diagnosis. It was then that I became less sure that we are as comfortable about the "how" of diagnosis as our literature implied. Thus, I have become convinced there is still much more conceptualizing and experimentation to be done before we can begin to reach some common ground on the operational components of diagnosis in social work intervention.

In no way does this imply that I am less convinced of the need for greater specificity and precision in our practice. As long as we are committed to the value that what we do for, with, and to clients is somehow related to our knowledge about them, we must continue to connect our perceptions of persons and our professional actions with them.

Clearly, the expanding number of thought systems that are influencing current practice and the thrust to a multi-method form of practice have made our search for more precise diagnostic efforts more difficult. When these two developments are taken into account, in conjunction with the already wide array of significant factors in a client's inner and outer life affecting his functioning, the diversity of services we have to offer, and the wide range of clients' requests and expectations, the search for more precise diagnoses appears almost futile.

There is one other way in which I have modified my perception of diagnosis; this concerns its ever changing nature. I think we have always been aware that diagnosis is a fluid concept but nevertheless have somehow conveyed through the literature and to each other that there was a fixed quality to the fact of diagnosis. That is, we have always said we had to alter it as the case developed, but usually I think we meant that any such alterations would be minimal. I am in-

creasingly persuaded by the spiral concept of diagnosis as portrayed by Gordon Hearn in his writings on social systems.*

Nevertheless, difficult as it is, humbly we must continue the search for unifying concepts that will help to bring order to the complexity. But, at the same time, in our search for unifying concepts we must not overlook the knowledge to be gained by focusing on the specifics of our clients and their situations. Thus, for example, there is still much to be learned about how to deal with the suicidal component of some clients. We can all benefit by improving our techniques in dealing with the psychotic aspects of other clients with whom we work even if our overall focus with them is not related to their symptoms. We know we can be more sensitive and responsive to an addicted client when we have the accumulated knowledge, experience and perceptions of our colleagues with similar situations and behaviors.

Thus, in this second edition, as before, I have sought out, from the literature of the last ten years, articles that combined a focus on the understanding of a particular facet of human behavior, healthy or ill, and included related practice-based suggestions aimed at bringing about changes in the identified symptom or problem. Many have found this kind of information helpful in their practice.

As before, I utilized the periodical journals as the principal source of material. In so doing I am aware that there is much unpublished material that exists, although access to it is limited. Again, I found selection difficult. Certainly there was much more material from which to choose. My overall opinion is that the quality of solid clinical articles is improving. One of the new problems in selecting articles this time was the fact that some of our articles are becoming too precise for the goal of this kind of book. Thus, one article might deal with the interconnection between two concepts interrelated in a particular kind of case. Such articles were judged to be beyond the objectives I have for this book and thus, for the most part, were not used.

Once again, I observed that our writings have been uneven with some topics receiving much attention and others very little. I will comment more on this in the introduction to each section. As before, I had hoped to include more articles written from a group focus. A lack of such articles had been one of the criticisms of the first edition. Unfortunately, with the addition of more topics and a new section, I was not able to use all the excellent articles which I located. Some articles written from a one-to-one treatment focus were chosen because the diagnostic component was judged to be stronger, not because of a preference for this modality over groups. Several times, throughout the literature search, I wondered if it might be better to begin to prepare a companion volume that dealt only with group intervention with the same categories of client phenomena, rather than try and mix the two types of treatment.

Family treatment articles presented a different problem. A vast amount of family therapy literature exists, as we all know. Interestingly, much of it dealt

* *Social Work Treatment*, Ed. F. J. Turner (New York: Free Press, 1974), p. 350.

with particular aspects of family treatment or very precise components of family functioning too specific for the kinds of general diagnostic clusters I had selected. Thus, there are few specific family therapy articles included.

As before, I retained the same fourfold division of articles with the addition of a fifth section entitled "Presenting Problems." I had resisted including such a section in the first edition, but have since decided it gives a fuller profile of the significant components of diagnosis. Thus in practice, in addition to considering the stage and maturation of the person, his psychological makeup and functioning, his physical health, and his socio-cultural milieu, we are also interested in the kind of situation he or she presents to us. Again, this could not include full coverage but, rather, an overview of some of the prevalent presenting situations we meet in our current practice.

One of the difficulties in deciding about including new articles was the concomitant one of deciding which ones to exclude from the original group. This was difficult. I did not want to assume that more recent articles were better than older ones. Yet it was apparent that in some categories more recent articles did give a richer perspective of interventions and expanded diagnostic thinking. This was not always the case and at times the original older article was retained, even with the availability of many more recent ones.

There was much less difficulty about authorship. In the first edition I apologized for using social work authorship as a criterion of selection. This was not necessary this time; almost invariably the social-work-written articles were the preferred ones from the viewpoint of quality and the book's objectives. Not only has the content of social work clinical writing improved, but so has the format of the articles. For the most part, the new articles have richer footnotes and bibliographies than the earlier articles. These should provide an additional resource to the reader.

Inevitably, our professional writing goes through repeating series of fads and, hence, some topics are very well covered in the literature while others are scarcely mentioned. At times the decision was which article was to be selected from ten or more and in other situations it was difficult to find a single article.

One of the criticisms of the first edition was the extent to which it reflected an ego psychology orientation. Although this did reflect my own primary orientation this is only a partial explanation. This is where the literature was in 1966. But this too has changed. I was pleased to note that the specific diagnostic articles that make up this book are to an increasing extent trying to reflect a multitheory base. This, of course, is good for the profession, but difficult for planning a book such as this, as it introduces a new variable and a new challenge for choice.

As before, my hope is that we are still actively committed to a search for making the diagnostic component of practice more rigorous, our diagnostic categories more precise, the therapeutic implications from them more interdependent, and outcomes more effective and predictable.

Francis J. Turner

Preface to the First Edition

THE PRIMARY GOAL of this book is to help social work practitioners provide more effective treatment to their clients. Obviously such a goal cannot be attained in a total manner; it requires that one segment of the therapeutic process be selected as a substructure. I have chosen to utilize the diagnostic process as a focal point. This segment was chosen because, on the one hand, it is so crucial to effective treatment and, on the other, it has been a weak point in our practice. The method I have chosen is to bring together in four parts a series of articles from the professional literature, each of which deals with a specific diagnostic variable and the resultant treatment implications.

To say that we are living in an age where quantities of available knowledge are rapidly expanding is already a cliché. Such knowledge expansion, with the accompanying proliferation of writings, creates serious problems for practitioners in all disciplines. Social workers in agencies are well aware that much has been written and is being written of import to their day-to-day practice activities. They are also most aware of the difficulty in maintaining anything more than a fleeting contact or haphazard sampling of what is available. Such sampling is often more anxiety provoking than satisfying, as the little reading and formal studying that is possible clearly alerts them to the quantities of material which perforce are left untouched. Concomitant with the awareness of quantity is the realization that all that is written is not necessarily gold; much valuable time can be wasted in locating and reading material which in fact is not as useful as some other might have been.

Someday in the not too distant future, an agency social worker wishing to know quickly and succinctly what has been written about the treatment of a particular kind of client will turn to the agency data-retrieval unit. This in turn will be electronically connected with a national centralized programmed library. In a few minutes he will receive a "print-out" of the requested data. As yet such resources, while theoretically possible, are beyond the scope, structure, and resources of our agencies. For the present, agency practitioners wishing to obtain

such data must turn to the literature. This is not an easy task. Rarely is there time available to undertake the required search, presuming there are library resources upon which to call. In the meantime books such as this are required.

Most social practitioners are well acquainted with the major textbooks in individual and group treatment. These have tended to be treatises on treatment in general rather than the specific. Discussions of treatment of specific kinds of problems or diagnostic entities have largely been carried out in individual articles scattered through some 20 to 25 journals and going back 30 to 35 years. Thus, at best, a practitioner can only have a superficial knowledge of the precise type of practice-oriented literature available to him. Because of this, the tendency has been to teach and practice from general rather than specific knowledge and understanding about people and how to treat them. This has been effective, and I believe the majority of our clients have been helped to achieve improved psychosocial functioning as a result of the treatment they have received. When practitioners tend to operate from an intuitive and an *ad hoc* framework, it is clear that diagnosis in anything more than a diffuse manner is unnecessary. Effective as is such a general treatment style, a higher level of competence can be achieved when treatment is consciously and selectively based on a detailed diagnosis of the client. It is my conviction that many social workers would greatly improve the quality of their treatment if experience-based observations and discussions of the treatment implications of diagnostic entities found in the literature of the last few years were readily available to them.

The danger of bringing together articles dealing with specific diagnostic entities or variables is that this collection could be misused. There is the possibility of its being seen as a shortcut, as a "How to do it" book. The prospect of having a resource which will lay out a formula of therapy or a prescription of technique for each diagnostic entity is an attractive one. Unfortunately this is not such a book; anyone who tried to use it in this way would only be disappointed. What it does aspire to achieve is to give therapists some anchoring concepts, some experience-based benchmarks, some specific analyses of points of theory which will give direction and basic structure to the treatment of clients. The test of the therapist's skill is a dual one: first, to understand how much his client is like other clients of the same type and thus utilize what the profession has said about them; second, to understand how he is different from all other clients thus necessitating a peculiar combination of therapeutic skills most appropriate to him in his individuality. To follow slavishly a prescribed formulation of treatment because the literature suggests it makes the therapist a technician (and a poor one at that) rather than a professional. Whether this latter is a more serious detriment to treatment than working from no diagnosis is a moot point.

The book is designed to serve as a resource to be used in combination with the "practice wisdom" of the practitioner. It is primarily seen as important for the person in the multifunctioned agency who is called upon to serve a wide range of presenting problems and client types; the practitioner in the small agency and the private practitioner, who does not have a well-endowed agency library and