Professional Model of Social Work Practice

By

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For

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Note: The hard copy of this paper was scanned and digitalized. Hopefully, all related errors have been corrected. Minor editing was carried out.

METHOD AND PRACTICE

Introduction

The purpose of this article is to demonstrate my understanding of a professional model of social work, which can accommodate a pluralistic theory base and a diverse range of interventive methods. Academic and practicum experiences have led me to conclude that "my comprehensive model of social work" is a combination of the holistic model proposed by Ramsay (1994), which he derived from the design-science discoveries of R. Buckminster Fuller, and the feminist (Morrell, 1987) and structural (Carniol, 1992) approaches described in contemporary social work literature. To provide a rationale for my comprehensive model, I will identify the assumptions, ideas and concepts of the holistic model, and elaborate on the feminist, arid structural theories that inform the model. Also, I will describe relevant assessment and interventive methods, and conclude with a discussion of the evaluation approaches and scientific procedures I would use to test the merits of my interventions.

In the next three sections, I will discuss some of the underlying values, beliefs, and assumptions of the holistic model and of feminist and structural theories. I will then discuss the similarities between these theories and how they can be combined to create a comprehensive model of social work practice.

Holistic Model of Social Work

Building on the efforts of others and Fuller's comprehension of the tetrahedral structure found in Nature, Ramsay (1994) presents a holistic framework to conceptualize the core components and essential relatedness of the profession of social work grounded to the dynamical structure of a minimum system. Fuller's geometric comprehension of holism is based on the principle of synergy in that "the behavior of whole systems (is) unpredicted by the behavior of any part of the system when considered only separately" (Fuller & Kuromiya, 1992 cited in Ramsay, 1994, p. 180). When applied to social work, this assumption highlights "there is nothing in the separate experiences or behaviors of one person which by itself will precisely predict how the sum of the experiences or behaviors of that person will act together in the future" (Ramsay, 1994, p. 180).

Thus, the creation of the geometric model was in response to social work's call for a "whole systems model of the profession that is abstract enough to be globally generalizable and practical enough, to be used at a local agency or an individual practitioner level" (Ramsay & Van Soest, 1990, p. 17). Consequently, I chose this model because it draws attention to the core components of a whole system and the relatedness of each component. The model provides a common structure for locating known information and identifying parts where little or nothing is known about the system. In addition, the model offers a way of conceptualizing social work from a different view. Thus, it can help the profession separate from Newton's conception of the universe as a static structure. This is a view in which the universe is assumed to be highly ordered and predictable, and all of its elements exist as independent entities in their own separate space and time. This is a "divided wholeness" view in which separated parts are brought together to form or construct a whole system (Bohm, 1983). A whole system is defined as the sum of its (previously separate) interacting parts. From an analytical perspective, a system therefore can be reduced or separated into its independently existing parts for explanatory analysis.

The tetrahedron represents the structural configuration of a minimum whole system grounded to Bohm's work on an "undivided wholeness" conception of the universe. This view combines with

ancient Vedic philosophy from India and postmodern developments in science in which the universe is seen to be a constantly changing and transforming structure (Jitatmananda, 1993). All of its parts are assumed to be deeply interconnected which cannot be reduced into separated independent parts for the purpose of explanatory analysis. Whole system components of universe from this perspective are recognized as always being more than the sum of their interacting parts. The interconnected parts of a minimum whole system, from a three-dimensional perspective, give it the structural look of a four sided triangle-based pyramid. But, when the three upright sides are unfolded, it can be displayed two-dimensionally as a triangular framework with four core components interconnected by a minimum of six relational bonds. Figure 1 shows that the triangular faces of the minimum whole framework can be progressively divided by intersecting the sides of each triangle face at their mid-point and joining the points to model the progressively unfolding complexity of any system-specific configuration.

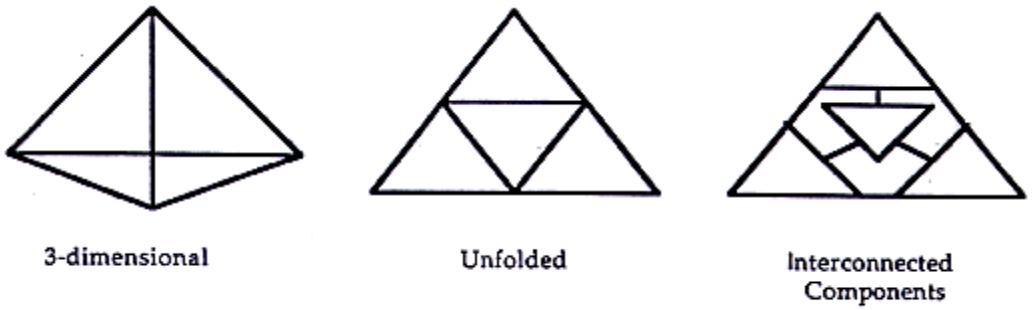

Figure 1: Minimum Whole System Structure

The holistic model of social work proposed by Ramsay (1994) includes the following four components:

Domain of Practice: This component depicts the systemic person-in-environment (PIE) perspective which defines the central purpose of social work practice. This component unites the historical dual purpose. Thus, the central purpose of practice is focused on relationship dynamics and directed to the unifying goal of effecting changes in the social conditions of society, and the ways in which individuals achieve their potential, for the benefit of both.

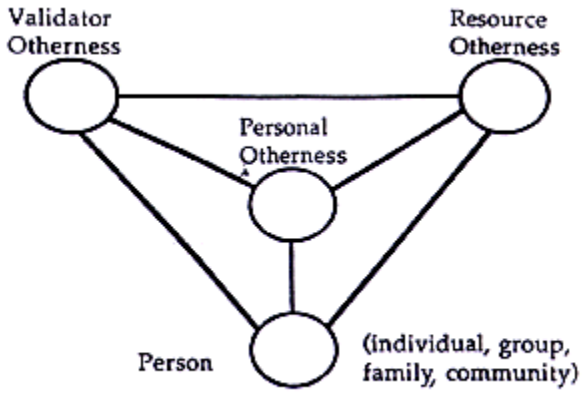

Figure 2: Domain of Practice Component

Paradigm the Profession: This component addresses the need for an enduring group of adherents to coalesce around an agreed-on domain of practice, values and ethics. Thus, the notion of the dual purpose practitioner specializing only in personal problems or social reform issues exclusively is diminished.

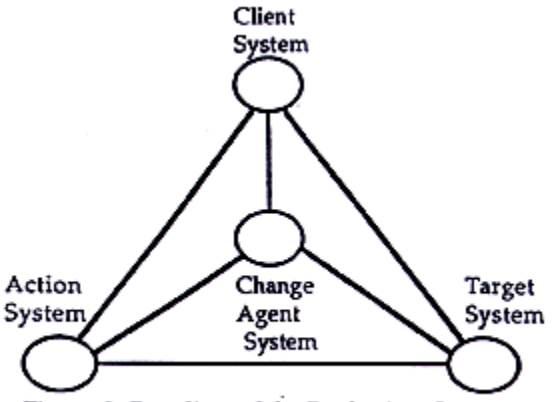

Figure 3: Paradigm of the Profession Component

Domain of Practitioner: This component depicts the workers own person-in-environment systems, personally and professionally in terms of values, cultural background, affectional support, community resources and personal well-being.

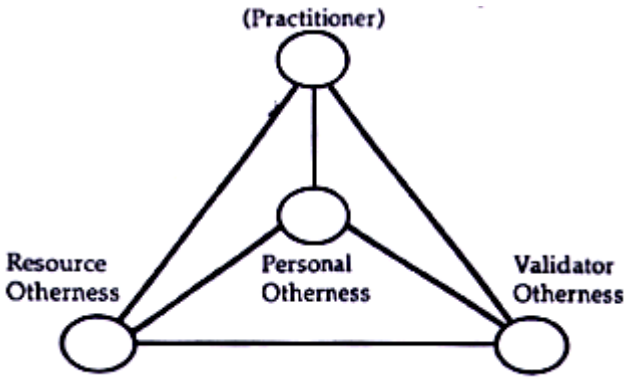

Figure 4: Domain of Practitioner Component

Method of Practice: This component represents the systematic methods of problem-solving and specific intervention procedures that social workers use to organize their knowledge values, and skills into action.

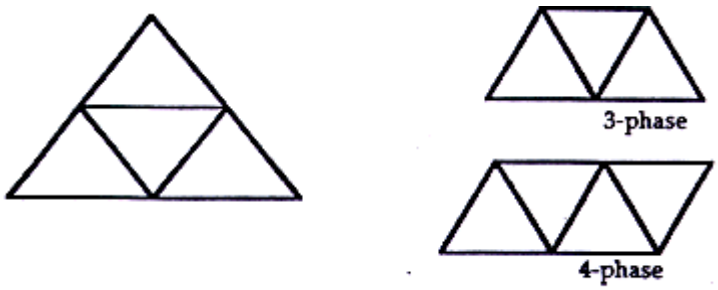

Figure 5: Method of Practice Component

All four components can be multiplied into progressively more complex detail and presented as a comprehensive whole system model. Figures 2 and 4 show that the person-in-environment Domain of Practice can unfold into a minimum four factor system consisting of the person, personal otherness, resource otherness, and validator otherness elements (Ramsay, 1994). This illustrates a one-part person, three-part environment conception of two components of the model: Domain of Practice and Domain of Practitioner (Ramsay, 1994). Figure 3 shows that the Paradigm of the Profession component can unfold into a model representing the generic practice elements of social work: client, change agent, action and target systems. This illustrates a generalist map of micro-macro practice options and allows for a wide range of specialized roles in the profession. Figure 5 shows that the fourth component, Method of Practice, can unfold into a minimum three or four phase model of the problem-solving process. Figure 6 shows integrated holistic map of how the three systemic components are co-operatively linked and move along their respective pathways, through the systematic helping process.

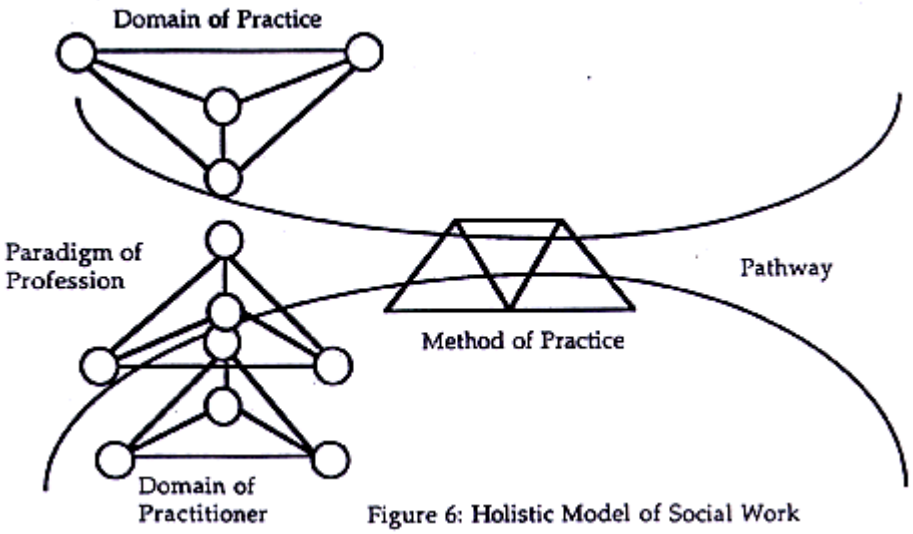

Figure 6: Holistic Model of Social Work

Hence, this model calls attention to the primary focus on the transactional patterns between the person-in-environment elements. In addition, the central purpose of practice directed to the goal of effecting changes in the social conditions of society, and the ways in which individuals achieve their potential for the benefit of both, is embraced by this model (Ramsay, 1994). Consequently, as a practitioner, I can work with a variety of people and different social systems arrangements, functioning to facilitate goal defined social relationship changes with a person-in-environment system. Furthermore, inclusion of the validator otherness factor (as a core element) in the domain

components addresses the criticisms directed at other system models by expelling the notion that interactional reciprocity between system factors assumes benevolent mutuality. Lastly, the geometric model can provide me with a common organizing framework whereby, I can conduct comprehensive assessments and simultaneously identify and choose prob1em-solving interventive strategies which help to advance the social well-being of individuals, families and communities.

Feminist Theory

As Morell (1987) asserts, a feminist perspective can provide direction for social workers struggling to unite their commitments to personal and social change. Accordingly, I chose the feminist approach because the ideological underpinnings are closely linked with the values and goals of social work.

Feminist practice was developed by practitioners in an attempt to integrate feminist theory, commitments, and culture, with conventional approaches to social work practice. In addition, feminist practice can be applied in diverse settings; as feminist practice goes beyond non-sexist women's issues orientation (Johnson, 1992). Thus, feminist theory, applied to social work is an attempt to link the personal and the political dimensions of human experience.

The work of the Feminist Practice Project sponsored by the "Committee of Women's Issues of the National Association of Social Workers" has resulted in a set of propositions and assumptions that inform the activities of feminist practitioners. These assumptions, found in the writings of Bricker-Jenkins (1991), include:

1. Implicit in feminist practice is a belief that the inherent purpose and goal of existence is self-actualization.

2. Within feminist theory there is the belief that it is possible to identify and mobilize inherent individual and collective capacities for healing, growth, and personal/political transformation.

3. Feminist practice provides a different world view. Instead of looking at the social worker as the changer and the client as the changed, a feminist perspective views the changer and the changed as one.

This different world view forms the basis for such characteristics of feminist practice as mutuality, reciprocity, consensual decision making, the valuing of process, and paying attention to all dimensions of the human experience, particularly the physical and the spiritual (Bricker-Jenkins, 1991, p. 273).

Feminism acknowledges the issues of power in relationships, promotes self-determination and equality, and recognizes how gender roles affect the person within their social environment. Hence, I have chosen to combine the geometric model with feminist theory as a I believe that they complement one another. In utilizing the geometric model, I am able to identify power imbalances. Utilizing the feminist theory, offers me a broad political view of how problems in living can be created and perpetuated within a society that has typically oppressed people who do not "fit" within the culturally defined parameters of what is "desirable".

Morell (1987) suggests that a feminist perspective may provide direction for social workers struggling to unite their commitments to personal and social change. Feminism's credo "the personal is the political" recognizes that one can not separate the two (Morell, 1987). Thus, the interconnection between the individual arid their social existence is the cornerstone of feminism in theory and

practice. For social work, this integration provides a primary focus on the whole system relationships between people and their environments. This integration also provides for a method of practice that integrates practice principles and skills for work with individuals, groups, families, and groups within an organizational, community, and cultural context.

Since these goals are compatible with social work, a feminist perspective of practice helps me understand and integrate the transactions between people and their environments. Within this context, I can take on a variety of roles as a practitioner, in a variety of settings, while retaining my commitment to the central purpose of social work.

Bricker-Jenkins and Hooyman (1986) assert, feminist ideology offers the hopes of human liberation and of enabling people (in all their diversity) to become what they are capable of becoming; free of fear and exploitation. Thus, the notion of the equality of relationships, and central social work values of self-determination, and the uniqueness of the individual are compatible with feminist practice. Since the basic tenets are closely linked with social work values, my values, and the values espoused at my practicum placement, I can incorporate this mode of practice into my work with individuals, families, groups and the community.

Structural Theory

Drawing upon Moreau's work, Carniol (1992) examines empowerment and progressive social work practice. More specifically, he draws attention to empowerment with reference to the social worker's action in:

> "Maximizing client resources; reducing power inequalities in client-worker relationships; unmasking the primary structures of oppression; facilitating a collective consciousness; fostering activism with social movements; and encouraging responsibility for feelings and behaviors leading, to personal and political change" (Carniol, 1992, p. 1).

Within this practice reformulation, the historical and current economic and political climate is paramount in' understanding the conflicting practice theories. In addition, Moreau refers to patriarchy, racism, capitalism, hetrosexism, ageism, and ableism, as interlocked "primary structures" that reproduce various forms of inequality. Moreau's analysis also includes "secondary structures". Examples of these secondary structures would include: personality, family, community bureaucracy, those of the media, schools, and government (Carniol, 1992, p. 5). Carniol asserts that the terms "primary" and "secondary" are used because the primary structures of oppression have a far greater impact on secondary structures.

In short, the structural approach acknowledges the dominance of the primary structures of oppression in order to eliminate them, and at the same time goes beyond a focus on these secondary structures. Thus, this approach can be incorporated within the holistic model, along with and as well as the feminist approach of practice. The holistic model, as I previously stated, does not assume benevolent mutuality between systems factors. The inclusion of validator otherness factors in the domain components, invites me to look at the validators that influence all the elements. Hence, the holistic model provides me with a method of problem-solving action. In terms of the structural approach, Carniol (1992) outlines the major the major elements of structural social work process of helping which includes the following phase related actions:

Defense: Responding to client's need for immediate resources; advocacy for client rights and for greater resources to clients.

Client - Worker Power: Acting to share decision-making power with clients and to demystify professional techniques; no records hidden from the client.

Unmasking Structures: Fostering an understanding of the client's living/working conditions by linking these to the primary structures of oppression (patriarchy, racism, capitalism, heterosexism).

Personal Change: Enhanced client power via worker encouraging clients to take responsibility for feelings, thoughts and behavior which may be destructive to self or to others; linking feelings, thoughts and behavior to primary structures.

Collective Consciousness: Respecting the client's individuality while raising consciousness about the group or social movement whose members share similar structural locations with clients; joining such groups and movements.

Political change: Activism by clients and workers conducted within social justice organizations and social movements; developing alternative services and using non-violent conflict tactics; coalition/solidarity work.

Within this approach, it is possible to empower clients through processes that may contribute to the dismantling of structural inequalities. With this approach, I invite the clients I work with me on a democratic journey; wherein neither their intra-psychic needs nor their environmental realities are ignored. At a technical level, I share the rationale behind my actions, my questions, and my interpretations when working with clients. Thus, a more democratic-egalitarian approach demystifies techniques, and jargon, plus it provides clients and myself with choices.

Moreau agreed that social work must work simultaneously on both liberating persons and changing social structures. Therefore, a worker would not be relegated to helping clients simply adjust to discriminatory institutional practices. For example, if someone is being labeled as resistant because they do not wish a certain medical intervention, or is being denied access to employment / housing / finances based on their disability, I can explore this with them. Thus, I am able to explore structural inequities and oppressions as they relate to my clients, in an attempt to empower them through process. Consequently, I am then in the position to advocate with clients, or suggest approaching a group that can help with their situation.

Hence, the structural approach highlights and intertwines the all too often dichotomized focus of working with the person or the environment as the central unit of attention. It also interweaves both political and personal change; like the feminists who reject the artificial split between the personal and the political aspects of life (Carniol, 1992). In this model, Moreau also recognized the need for traditional method skills in individual, family, group and community work (Carniol, 1992). Consequently, I have incorporated the structural method of helping as part of my comprehensive model because its approach to client empowerment leans towards a generalist model of practice.

The next section of this paper will look at assessment and intervention utilizing the three approaches that I have identified.

Assessment and Intervention

As a student social work practitioner at the Optimus program (an outpatient program for multiple sclerosis patients and their families at a large urban centre teaching hospital in Western Canada), I am involved with individuals, families, the program, and the community.

Utilizing the geometric framework to conceptualize social work allows me, on all levels, to complete comprehensive assessments and subsequent interventions based on the core principles and values of social work. While working at the Optimus program I was able to utilize the geometric whole system model in a variety of ways with individuals, families, the program, and the community.

For example, when I was working with "Alice" (a young, recently deserted, Canadian-born daughter of a Middle East family) and her mother, we looked at the Domain of Practice (PIE) component as a way to systemically assess Alice's current biopsychosocial spiritual situation. Consequently, I could focus on both intra-psychic and social environmental factors that impacted Alice and her mother's situation. As an assessment tool, this component of the model encouraged a dynamical assessment process (in an attempt to focus on the latent and manifest functions of complex relationship patterns) rather than searching for the "root" cause in a linear chain of cause and effect.

Identifying PIE as a core component, ensured that I did not mechanically separate the intrapsychic and environmental factors. At the same time, t could look at the validator factors that influenced all the elements as a way to assess the person-in-environment situation of the family in a culturally sensitive context. Furthermore, I was provided the opportunity to address and critique my own biases, values, and practice issues within the Domain of the Practitioner component (my PIE).

In addition, to the personal and environmental factors I could also locate validators that influenced other elements in the PIE component. For example, I could look at how the medical profession's dominant ideology of chronic illness contradicts Alice and her family's Middle East cultural perception of illness. Alice and her mother viewed MS exacerbations as isolated acute episodes. Conversely, biomedicine identifies chronic illness as an ongoing state of disease having continuity over time. Having identified this dilemma invited me to look at my own, the team's, and the program's ideological constructs which I will address in the evaluation section of my paper.

By referring to the Method of Practice component of the model, I identified the feminist and structural approaches as part of my comprehensive model. Both approaches view assessment as a dialogical process in which the client and the worker share their perspectives, meanings, and synthesis of the interconnected relationship patterns. Both approaches also attempt to de-pathologize and politicize (to uncover the links between the personal and the political) by exploring the belief systems as an important component; recognizing there is a focus on patterns of strength; ensuring, the power dynamics of the relationship are addressed; ensuring special attention is given to the concrete needs and psychological and physical safety; utilizing knowledge of individual unique history, conditions, development patterns and strengths.

Therefore, in practice, assessment and subsequent interventions would be a dialogical process in which the client and myself would share our perspectives, meanings and synthesis of relationship networks. In the case of Alice and her mother, I attempted to demystify the process (by explaining my role, the purpose of the Optimus program, the role of the other team members) and at the same time explored how they viewed the process. This, Bricker-Jenkin and Hooyman (1986) assert, forms the basis for such characteristics to emerge as: mutuality, reciprocity, consensual decision making, the valuing of process, and paying attention to all dimensions of the human experience, particularly the physical and the spiritual.

Utilizing the whole system model, I can address the target system element in the Paradigm of the

Profession component. Instead of looking at the social worker as the changer 'and the client as the changed', a feminist perspective views the changer and the changed as one. Within this framework, clients are not viewed as targets of change but rather are viewed as co-planners of the collective change agent, client, action system team.

For example, not everyone that I see identifies themselves as a client when I initially see them. At times, a physician has concerns about an individual and refers them to the program. Hence, the person shows up but does not know why they are referred. At this point I explain my role, purpose, and the programs services. I also explore their perceptions of why the physician may have referred them. We can then explore together for example: if they have concerns that I can help them with and/or someone else, if they have concerns but do not wish professional involvement, or if the physician has misread the situation and it is actually their (the physician's) concern and not the individual's.

Accordingly, it is through this process that determines "at that point" if we will continue to work together. I highlighted at "this point" since individuals are welcome to return if their situation changes. For example, I saw one individual who identified that he and his spouse were having difficulties in their marital relationship. Initially he did not want to talk about the difficulties, and did not want help because he did not think social work assistance would help. I offered him some articles on MS relationships, and further suggested that the articles may shed some light on some of their difficulties. I did this because individuals particularly males with MS can have problems with impotence and/or incontinence. Around a week later his wife phoned and asked if they could come in and talk about the articles in an attempt to resolve their problem. After that visit I referred them back to their physician; since what they wanted was medical intervention for impotence.

I respected this persons right to self-determination, and at the same, time, I shared my knowledge in an attempt to empower him to find solutions to his problems with or without professional involvement. At the same time, I did not want to assume to know what his problems were; however, my knowledge of MS, and the cultural validators around sexuality and masculinity guided my intuition in offering him articles that addressed some of these issues. Since neither wanted to explore the psycho-social implications "at that time," I referred them to their physician to explore medical interventions with an invitation to come back should they want to.

Pincus and Minahan (1973) assert, that when client's outcome goals are feasible they should be paramount in determining the worker's purpose. They also assert, that the outcome goals of the client cannot be viewed in isolation; they must be understood in relation to the outcome goals of all the systems involved in a planned change effort. In this way I do not see assessment and intervention as mutually exclusive but rather as a simultaneous process. Consequently, the intervention which was offered and one that was mutually agreed upon was the sharing of knowledge by way of articles and then of eventual referral.

Consequently, there are a number of ways I can localize my intervention actions using the whole system model. The assessments and subsequent interventions I make in practice, are guided by comprehensive model, and by my values about equality, self-determination, and the role of a social worker. I strive to create a comfortable and empowering environment for my clients. I try not to pathologize individuals but rather try to understand what factors have affected their ability to make decisions and to solve problems for themselves.

I will now address other aspects of my work at the Optimus program as it relates to assessment and intervention. Part of my placement also requires me to work with community groups to educate and liaise with, as it relates to the inequities individuals and families experience.

There are often' obvious physical difficulties unique to each individual I see at my placement. However, difficulties that individuals and families face in light of a chronic disease, often go beyond the realm of medical and psychological intervention. This is not to suggest that medical and psycho-social interventions do not have their place in this setting. However, what I am suggesting is that difficulties individuals experience, as in many settings, are often exacerbated by environmental circumstances. Thus, to only focus on the individual, and to ignore the individual's environmental circumstances would be to neglect social work's central purpose and primary focus.

Consequently, my assessments often identify environmental factors that are contributing to the problems of individuals that we see such as: ableism, inflexible work environments, financial hardships because of inflexible policies, and so on. For example, in Alice's case she was not eligible for public assistance until she is divorced, since there is an assumption on the part of Social Services that there are marital assets despite proof that there are none. She can't divorce at this point because of cultural norms about marriage. Thus, the policies of Social Services contribute to systemic oppression because they ignore individuals' unique situations. This profoundly affects Alice and other individuals who are in this type of situation. Individually, I can explore this inequity with her and refer her to agencies/groups that address these inequities. I can also address this with my team, as well as the MS societies focus group that meets monthly to address issues that relates to this population.

Hence, the geometric framework helps me to identify structural inequities, and being informed by the feminist and structural approaches empowers and guides my interventions. Hence, I can effect change where I can, rather than assuming that it is someone else's responsibility. By utilizing this approach empowers me to stretch, and offers me hope. I am invited to see the bigger picture and make the connections of how certain patterns can affect individuals in our society.

Lastly, this framework ensures that I have considered all the important practice issues, as well as provides me with the opportunity to be flexible in my work. In addition, this framework, allows me (in practice) to consider different theoretical foundations and address a repertoire of interventions, as it relates to the complexity of human social functioning (Ramsay, 1994).

Evaluation Approaches

I will now address the scientific paradigms as it relates to practice evaluation approaches.

In a previous discussion, I addressed my reticence about one of the evaluative tools the Optimus program uses to measure participants' functional ability. This tool takes the form of pre- and post-test measurements done by the physiotherapist, nurse and occupational therapist as a team, after they have seen the client.

This evaluative tool essentially measures the team's interventions. However, as in the case of Alice the statistics would be skewed because their interventions had little to do with her going from a functional status of 1 (poor functioning) to a 7 (much improved functioning) on a scale of 10. I should add at this point the team is not satisfied with this tool; however, unless the team finds another way to evaluate their practices, they have to continue with the tool specified by the Health and Welfare funders of the program.

The type of evaluation that I just described is grounded in the Newtonian worldview. This would view implies that nature is "out there"; objectivity is both possible and desirable; rigorous application of the scientific method is the only route to reliable knowledge; and human beings can be studied in

the same fashion as atoms and amoebas (Weick, 1987, p.41).

It is interesting to note that I was told that social work cannot participate with this form of evaluation because our work with clients is not "objective" nor "scientific". Needless to say we have had some very interesting debates on: what constitutes science, and what is objectivity desirable or for that matter possible; how has the Western concept of biomedicine influenced practice in this program; how does this construct influence the way we perceive chronic illness; and how does this influence the way we intervene and evaluate our practices.

I have found it exciting to be able to start to question these concepts, as well as enter in a dialogue with the team at the Optimus. Since this is a new program and the team is committed to a client-centered approach, they have welcomed my ideas and questions as a way to think about, and search for new ways to improve the program. Even though the team still has to use this evaluation form they have entered into a dialogue and journey; thinking about their practice as well searching for alternate forms of evaluation and research.

The journey that I have identified comes from a different worldview which being explored by a number of practitioners and researchers. Weick (1987) asserts that by devising a new synthesis between ancient wisdom and modern physics, it will be possible to move beyond the constraints placed on the concept by the mechanistic tradition of classical science. Weick suggests this synthesis is moving, and should move, towards a holistic perspective of social work.

This would make sense in terms of social works history of being concerned for the intrinsic worth and dignity of all people. In terms of health care, Ramsay (1991) asserts; that the paradigm shifts emerging out of the scientific revolutions of quantum physics and chaos theory of this century have surfaced the limits of a biomedical model of health care, and its ties to an underlying machine metaphor paradigm. Consequently, as I am still developing my model of practice, I am attracted to the emergence of thinking in holistic health. Also, I am in search for methods that conceptualize healing as a process, involving the physical, emotional, social and spiritual dimensions.

When applied to social work research and evaluation, the holistic model suggests that it is undesirable and impossible to be absolutely objective. It suggests that the wisdom of our clients experience should be valued, and further suggests that nonlinear models of cause and effect can replace the longstanding search for linear cause and effect relationships in social work. Feminist research practice seems in line with the holistic conception of social work; the customary superior - inferior status difference between the researcher and the subject has been redefined as an egalitarian relationship of two co-researchers within the feminist perspective (Bricker-Jenkins, 1991). Furthermore, the investigator's detachment from the subject has been replaced by a relationship in which co-researchers share with each other their motivations for participating in the research and personal experiences that are relevant to the investigation (Bricker-Jenkins, 1991).

These concepts (applied to my experience at the Optimus program) encourage me to enter into a dialogue with my clients and ask them: What has been helpful? What hasn't? What do they think would be helpful? Am I on track? What can they be doing differently? These are the type of questions that can provide ways to evaluate our work together. On a program level, (prior to clients being discharged from the program) we conduct an exit interview asking clients similar questions: What has been helpful and what wasn't? What ways can we improve services? Did we meet your needs? Were your goals met? and so on. Clients and caregivers are also asked to complete a client satisfaction and caregiver survey, which is compiled quarterly as a way to evaluate client service. In addition, the Optimus program with its partners (MS Clinic, MS Society, Home Care) meet quarterly to review and evaluate services as well as examine any gaps in services that are not being addressed. I believe these

approaches are more in line with the holistic conception of social work.

One recommendation that is currently being considered is one that suggests the use of focus groups within the Optimus Program. I think that focus groups made up of clients, their families, and service providers has the potential to be an excellent evaluative tool in terms of meeting this populations needs, as well as providing a way to collectively address concerns, gaps in service, and so on. Not only would this be an excellent feedback tool in terms of future programming, it would give the client/families an opportunity to contribute to future clients well being, as well as demonstrating a true valuing of their experience, unique to their community. I think we often rely too much on what professionals "think" is important rather than going to the source that services are intended for.

Since I am still in the developing stages of my practice model, I believe that I can continue to develop and learn in terms of practice and evaluation, based on my understanding of the concepts that I have addressed.

Conclusion

It is important to remember that the commonalities between the approaches I described in this article are very broad in their approach to practice. There is no single approach, nor is there a prescriptive set of skills, since the skills are common to most models of practice. I choose the tetrahedron model because it holistically "houses" the important components and practice considerations of social work. This model also offers a broad perspective and a great deal of flexibility, wherein I can identify and direct change, and work as a co-planner with others, clients and colleagues included.

As I mentioned earlier, I enjoy working with individuals, groups, families and community. To do this, the comprehensive model provides me with a holistic structure and approaches that I can build upon in my practice. As a beginning practitioner, I believe that this broad-based model will serve me well as it deals with the entire person-environment network, in its minimum system or more complex forms. The tetrahedron, feminist and structural approaches require me to be self-aware by knowing how my values as well as society's values and biases affect my interaction with others.

Consequently, it is up to me as a practitioner to continually strive to evaluate my model of practice in terms of appropriateness and effectiveness. For now, I am confident that "my comprehensive model of social work" will provide me with an understanding of the issues that people are faced with as they interact with their social, spiritual, physical and political environments. In summary, I believe that my comprehensive model will ground me as a practitioner to social work practice.

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