

**Practice with Communities for Administrators of the
Sheriff King Home: Holistic Community Practice Perspectives
in the field of Family Violence**

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Executive Summary

The issue of family violence within our society today is a rapidly changing field of practice for social workers. As a greater understanding is gained of the origins, implications and effects that abuse has on individuals as well as the family, it is becoming evident that an increasingly broad perspective of the intervention process must be taken by social workers and the agencies in which they work.

Working from a broad perspective, I will argue in this paper that the understanding and treatment of family violence will be better served by adapting a “holistic” framework to this field of practice in social work. Specific reference to and recommendations for the Sheriff King Home, an emergency shelter for women and children will be included. As well, the paper will assess the current strengths of using a holistic framework in an emergency shelter environment.

The adaptation and increased utilization of a comprehensive community practice perspective will be discussed as it relates to working with issues of abuse. Recent literature on community practice has shown the benefits of utilizing a comprehensive framework that can account for a wide number of variables impacting situations, rather than continuing to use the more compartmentalized and distinct models of practice of earlier years. By adopting an adapted framework, which is much more holistic in nature, the field of practice can incorporate the dynamic nature of family violence, including the impacts and influences of a system which is much larger than the particular individuals involved. The contribution of intergenerational patterns as well as societal values can be accounted for with the use of a comprehensive community practice perspective.

There have been arguments in the literature that are critical of categorizing approaches in community practice that tend to typologize groups and wrongfully group them under a specific “label” when in reality the individuals and issues are complex and diverse. Drawbacks of using a categorizing approach to community practice will be addressed in the paper and applied to the discussion of community practice at Sheriff King. An important concept that is addressed by this critical perspective addresses the lack of focus on the passion and commitment that social workers put into their work. I agree with this critical viewpoint and I will attempt to incorporate the level of investment social workers make at Sheriff King. The paper begins with a review of theoretical perspectives with regard to community practice and a holistic (comprehensive) framework of practice, and then proceeds to discuss the methods of practice used by social workers at the Sheriff King home. Effort will be made to address the agency’s strengths, as well as providing suggestions for possible improvements towards a holistic method of practice from a community change agent perspective.

As the nature of our society is rapidly changing in an age of technological advancement, social, cultural, and economic diversity, among other societal transformations, so is the nature of social work practice changing to meet those needs. Within the realm of social work practice, community practice is experiencing adaptations and advancements to its conceptual models and modes of practice to accommodate for individuals changing needs. Inherent in these transformations is a holistic or generalist model of social work practice. A “new science” or way of knowing is emerging within academia which is moving away from a linear or reductionism views of the world that tend to analyze data in an empirical and systematic fashion in order to gain a greater understanding of the whole (Capra, 1996). The recent progression to a more holistic way of knowing is grounded in systems perspective that proposes that the whole is always greater than the sum of its parts. This implies that

data cannot be analyzed in discrete parts and added in aggregate ways in order to gain an understanding of the functioning of the whole system (otherwise referred to as parts to whole thinking). Rather, it is imperative, in order to understand the whole in its entirety: to start with the whole, and systemically gain knowledge of its parts through discovery of the dynamics and interactions within and between the various factor involved (relationships and interactions within the system). This way of knowing can be conceptualized as whole to parts thinking (Capra, 1996).

An extension to understanding this holistic way of thinking is offered by the ecological perspective. Within a foundation of deep ecology, this perspective is not bound by the parameters of the system in which it exists; rather it is able to incorporate the greater environment of that system. The ecological perspective can, therefore, account for and include a wider range of variables within the social environment, including spiritual or religious awareness. Such considerations as these are beyond the scope of a simple systems perspective (Capra, 1996).

With recent awareness regarding the “nature of human nature”, existing models of community practice appear limited and unable to account for the complexities of our changing social environment. Conceptual frameworks that have been used to guide the discipline of community practice are in a period of reformation and adaptation towards holism and interconnectedness, which exists between component parts and their interactions. The following articles illustrate early transformations toward holism, and the difficulties encountered along the way in gaining acceptance of this new way of conceptualizing the dynamics of human nature, and the nature of community practice.

Rothman (1996) in incorporating locality development, social planning/policy and social action components developed a three-pronged model of community practice. These categories were considered to be distinct areas of community practice that involved separate issues and modes of intervention. Locality development focuses on citizen participation in the helping process (self-help), in which the individuals identify what the issues are and contribute to the goals of intervention. Social planning is concerned primarily with problem solving substantive community problems. It includes data gathering and decision-making through either consensus or conflict. The social action approach is focused on shifting power relationships and resources. It is much less concerned with reaching a consensus, and utilizes conflict, confrontation, direct action and negotiation in order to address social injustice, deprivation and inequality.

Rothman and others have treated these three intervention approaches in isolation from one another since their creation in 1968. I state that they were “treated” in isolation until only recently rather than “practiced” in isolation because in actuality, they have always been practiced in some form of combination. I would argue that holistic community practice has always existed in that social environments have always been considered to be complex and multi-faceted, and that there has always existed a minimum of four dimensions within the domain of social work practice. Many factors have since contributed to this shift to a holistic way of thinking. Science (or the old science of analyses, reductionism rigorous empiricism) was unable to account for the dynamic and unpredictable nature of the social environment, as well as the increasing skepticism of the medical model that pathologized the individual and ignores the impact of environmental factors at play. I feel that a discovery of the relationships between variables, situational factors (which are always unique) and a focus on interactions rather than on tangible subjects or issues to represent the most fundamental principles to holistic community practice and social work practice in general.

Rothman (1996) has since expanded his three-pronged model of community intervention to incorporate an overlapping and intermixing of approaches within community practice. He states that the models, illustrated previously as mutually exclusive, are in fact interdependent, and appear in

various “mixed” forms in practice. This concept is consistent with a generalist paradigm of the profession. The generalist paradigm is able to address situations from a multitude of perspectives, which take into account differing emphases, situational variables, values and resources specific to a client’s individuality as well as the worker’s values, theoretical orientation and experience. Flexibility and individuality are attributes that are characteristic of a generalist framework intervention, and are also outcomes of using Rothman’s “intermixed” approach to community intervention. A further advantage of using both the generalist and intermixed approaches to practice is that it does not limit the possibilities for the client (client also meaning community). A worker is not constrained by the framework in which he/she works, nor is the client limited in the options that may be available to him/her.

Rothman’s new model of practice refers to an analogy of primary colors. The primary colors are red, yellow and blue; therefore there are a minimum number of three dimensions. The possibilities that exist from the combination of these three colors is infinite. This is not unlike the Tetrahedron model of holistic practice, which allows for an infinite number of dimensions to exist (Ramsay, 1994). It assumes there to be an element of unknown, and a goal to be the minimization of its impact on the situation. Rothman aptly states: “Just as the primary colors make up only a very small proportion of the total universe of color, the basic intervention modes comprise only a fraction of the world of practice” (Rothman, 1996). I think this makes an important point in that conceptual frameworks should be used to guide our work, but that the real work involves the art of flexibility, diversity intuitiveness.

Another discussion by Rothman regarding the dynamics of practice involves the diversification of professional values. It has been found that professionals are not highly integrated with regard to their values. It is now viewed to be much more acceptable for professionals to differ with regard to their value systems than it was in the past (Rothman, 1996: 95). The intermixing of approaches allows for a greater diversity of value systems and aligns with the holistic model, which incorporates the paradigm of the profession with the domain of the practitioner (Ramsay, 1994). “The various intervention approaches can all be applied in a way to pursue values conducive to positive social change and human betterment (Rothman, 1996: 95). This suggests that it is not as important to choose a particular intervention strategy or framework over another in all situations, rather to be sensitive to each situation as unique and to be flexible. Rothman extends this notion by stating that “there is a need for research concerning which situational criteria, or clusters among them, are most critical for strategy development (Rothman, 1996-97).” This captures the component of the holistic framework that places an emphasis on situational criteria, and the impact it has on system dynamics. This is reliant on the nature of interactions, including all components of a system (with the minimum being four), as well as the emphasis (or weight) that is allocated to each individual component.

The reformulation of Rothman’s three-pronged model of community intervention appears to be a great improvement towards the notion of a holistic practice framework; it is broader in scope and more flexible in nature. In spite of these improvements, it has been criticized for the limitations of its categorization. Hyde (1996) responded with a critique of the Rothman article on various issues. Hyde warns of the dangers of a categorical approach to community practice, suggesting that it results in a typology of groups that are in fact diverse and distinct (in this case feminism). Additional problems are seen to be an absence of ideological dimensions within the framework, longitudinal development, commitment and passion inherent in community practice, as well as the incorporation of social movement literature (Hyde, 1996).

A fundamental critique of Rothman’s account of feminism is that he confuses the political perspective, feminist, and the process, organizing, with “organization” which is a structure in which mobilization can occur. This represents a lack of clarity with regard to the unit of analysis, and

implies there is one notion of feminism when there are many existing forms. I agree that confusing these concepts may result in a misunderstanding of feminism, which could constrict the broad scope of existing perspectives. The concept of holism becomes an issue of concern whereby Hyde states that feminist interventions can be found across all modes of intervention because of the diversity of the feminist perspective. However, I do not understand the intent of Rothman to be the implication that feminism is limited to locality development in connection with the social action approach (which is proposed in his article). By offering this example of a mixed intervention perspective, I believe he was widening the possibilities of the perspective and increasing the scope of community practice as a whole, with the implication that interventions may look very different depending on each specific situation.

Hyde re-illustrates the intervention chart proposed by Rothman to include community interventions, organizational types, and feminist examples of each. The chart clearly shows the diversity of the feminist perspective and modes of intervention within a community practice framework. I do not feel that the content or the significance of the chart would be questioned by Rothman (or community practitioners in general), although I also do not feel that it was the intent of Rothman to place limits on any perspective, and in actuality I feel that they are both arguing the same point: the scope of community practice is much more broad than was once perceived, and that differing perspectives are not limited to particular intervention strategies. Further, I would propose that Hyde's account of the feminist perspective to be an expansion of the Rothman conceptualization framework of community practice.

Another significant flaw of Rothman's intervention approach as seen by Hyde is the absence of the role of ideology within the intervention types (Hyde, 1996). An ideology conveys the values and beliefs of an organization and has a profound impact on the choice and implementation of an intervention. The concept of ideology is a significant aspect of the holistic model of practice. Ideologies are an influence in what "validates" individual thoughts and behaviors. Ideologies can be seen in a macro perspective as the societal beliefs and values inherent in a specific culture or area. They can also be viewed through a micro perspective as the make-up of all the beliefs and values of a group within a culture or within an individual.

I would not dispute the importance of ideology within a holistic practice framework; however, it remains unclear to me where the shortcomings of the Rothman model lie. Hyde states that ideology guides the organization in the development, structure, process and outcomes of intervention (Hyde, 1996). I would challenge Hyde in that although this concept is valid, ideology is not limited to the operation of organizations as a whole. In fact, organizations are in many ways bound by the ideologies of the society as a whole as well as the ideologies that are held by the individuals within these organizations. The impact of ideology on the nature of community practice intervention is extremely complex in nature, and is a manifestation of what is valued by society, the organization, the culture, the nature of the situation, the client and the worker. In my opinion, this is characteristic of the notion of deep ecology in that ideology, in many ways, represents the entire "environment" of a system. It is an intangible force that is continually impacting every dimension in ways that are specific to each individual situation.

I feel that Rothman does address the concept of ideology, though perhaps not as overtly as Hyde feels is necessary. The premise of the model reformulation is that intervention strategies are not mutually exclusive and need to be operationalized in conjunction with one another. This is directly linked to the idea that differing value orientations will lead to a variety of interventions. By mixing the approaches, it denotes an acceptance and encouragement of ideological differentiation. Values can be plural and conflicting and include divergent commitments without being limited to one conceptual framework. Further, this will result in a minimization of the functional limitations that are

experienced when utilizing one specific intervention.

The concept of ideology is expanded to include a macro orientation within the Rothman article through the discussion of the flaws of existing political paradigms. Political ideologies, as they exist in their pure form, (e.g. communism, liberalism) contain shortcomings that can be compensated for through the mixing of philosophies. This discussion takes the idea of ideology beyond the realm of organizations to include macro political forces which impact organizational functioning.

Another criticism of the reformed three pronged model concerns the dichotomy between process and task goals. Rothman concludes that locality development is a process goal, social planning is a task goal and that social action is a combination of the two. Hyde refutes this and states that interventions are always a combination of both, and that ideology shapes the goals of all interventions (Hyde, 1996). It is not possible to categorize the nature of interventions in this way, and it is imperative to learn the ways in which task and process goals balance each other within the field of community practice. I feel that this represents the critical misunderstanding that Hyde possesses with regard to the intermixed model. Going back to the primary colors analogy referred to previously, the existence of the pure colors red, yellow and blue would represent the frequency in which the individual interventions of locality development, social planning and social action would occur within the field of community practice. All the possible variations (or inter-mixing) of these colors would represent the extent to which combinations of interventions are utilized. If this represents the nature of interventions, then the process of categorizing them is to understand where the influences of intervention strategies originated, and allows for a greater comprehension of their uses. Hyde largely misunderstands this concept, which I feel to be the focus of the Rothman article.

The final criticism to be addressed by Hyde involves the passion and commitment that community practitioners invest in their work. She believes that this is the core of community intervention, and that it is lost in the categorization of approaches. Hyde states that without this passion, community practitioners have only a partial understanding of their world (Hyde, 1996). I agree with this notion of passion and commitment, and feel that it is largely underestimated within the literature of community practice and social work practice in general. Perhaps due to the fact that it is difficult to conceptualize in writing the effect that energy (including relationships and interactions) has on the outcomes of intervention. Inherent in this dilemma, is the way of thinking in which we as practitioners are accustomed to. This all returns back to the question: What is science? Within scientific literature, is it imperative for concepts to be empirical in order to be valid? This analytic way of conceptualizing the world is not conducive to the discussion of the ways in which passion and relationship rapport and energy effect outcomes. Does this mean we disregard these rather existential dimensions of practice, or find a way to reformulate what we know to be true? A grasp of the ecological framework allows us to consider these and other variables which can not be accounted for by alternative ways of knowing.

The previous discussion of comprehensive practice frameworks within community practice can be applied to the field of family violence in a number of different areas. There are many skills that social workers use to facilitate change for the clients they work with, occurring at an individual level as well as at the community level. Family violence is an area of social work that can benefit in many ways from the adoption of a comprehensive model of practice. The issues that are connected to, and influence the dynamics of the problem are systemic in nature and should not be treated in isolation in the intervention process. Sheriff King demonstrates a comprehensive model of practice in many of the skills and interventions that are utilized as will be discussed. In addition to discussing methods that I feel are the agency's strengths I will also suggest possible improvements towards a holistic practice framework from a community change agent perspective.

The discussion of the methods of practice at the Sheriff King Home will begin with a description of

the agency as well as the clients in which it serves. Sheriff King Home is an emergency shelter for abused women and their children. The shelter defines abuse to include physical, emotional, sexual and financial components. To my knowledge, all of the women who stayed at the shelter since January have experienced physical abuse. The shelter can house up to twenty-eight women and children at one time, and the maximum stay is three weeks. In addition to providing shelter for those who have experienced abuse, another component of the shelter is to provide housing for clients-in-need for various reasons. It is again limited to women and their children and the maximum stay for housing is one week. A client may be in a transitional stage and require a place to stay if they are establishing a new residence, if they are new to the city or are experiencing other issues that are displacing them from their homes.

In addition to providing in-house services which include counseling, meals, child care as well as material resources, the shelter also operates a crisis line and facilitates psycho-educational groups on family violence. These groups are mandatory for the shelter clients to attend in order to stay at the shelter, and groups are also run out in the community. There are groups for women, men and children and there can be as many as three levels to each group. It is always a requirement to complete the first level in order to advance to the next group. Therefore, the community that the shelter serves is two-fold, the primary focus is on the community of abused women and children who are staying at the shelter (as safety always takes a priority), and the second community is based on geographic boundaries. The outreach component of the shelter provides support to men, women and children who are currently in, or have previously been involved in abusive relationships in the communities in which they live.

Upon entering the shelter, an assessment is done on the client in the form of an initial intake. This is not an extensive procedure, as it is assumed that the client may not be ready to undergo a lengthy process. This initial intake gathers primary information about the client and the situation she is in. It identifies the abuser and determines the level of immediate risk the woman is in. This assessment is done within the first twenty-four hours. A secondary intake is administered within three days of entering the shelter. This is a detailed assessment and requires more advanced counseling skills. Included in this process is a concrete plan of action. Goals are established for the time the client is to stay at the shelter, as well as some future goals and possible ways to achieve them. Also included in the secondary intake is family background information of the client as well as her partner (past and/or present). At this stage an assessment is done of the client's support network (eco-map) as well as a genogram. The intake has been remodeled a number of times in order to assess as many factors of the client's situation as possible before the intervention process. I feel that great improvements have been made towards a holistic framework of assessment in that the minimum of four dimensions of influence that Ramsay (1994) articulates have been adequately assessed at this point.

All children which enter the shelter are also administered an intake. One focus of the assessment is to determine the extent to which the child understands what is happening in the family as well as the ways the child is being affected by the crisis. A primary focus of the process is on feelings, specifically, how does the child feel about relationships and issues in his or her life presently. Another component of the intake assesses the child's physical health, affect, attachment and social skills. The intake process of both women and children within the shelter is very thorough and meaningful. It establishes where the social worker should proceed in the use of intervention strategies based on where that client is at in the present time. As it has been shown that past behavior is the best predictor of future behavior (Sheafor et al, 1997), it is essential to establish where the client is coming from, including her coping skills, past decisions and previous crisis outcomes.

A primary value within the shelter is that of self-determination. Counselors always encourage and even insist that the clients decide what decision is best for them. The fundamental role of the social

worker is to provide the information and resources which are needed to enable the client to make that decision, as well as to offer emotional support. I have experienced this to be a difficult balance to achieve when dealing with a woman in crisis. They often have extremely depleted energy and feel a lack of confidence in making decisions. They are often looking for someone who will make decisions for them. Rather than doing this, however, the shelter tries to alleviate some of the other stresses in the woman's life so that she is better able to make appropriate decisions for herself. I have to remain very conscious of this concept in the process of helping someone, when often times this would be the quickest and most effective way of helping in the short term. However, no one is likely to be there for that person in other times of need and it is more useful to foster a woman's independence.

While I view this approach to be effective and empowering for the client, I do believe there are some negative effects. The range of situations and women who come to the shelter is extremely wide. Some of the circumstances that the women are escaping are terribly abusive and frequently life threatening. I would question anyone's ability to make appropriate and thoughtful decisions under these circumstances. In taking a holistic perspective, I propose that the client should not be worked with in such a restricting way, isolating all decisions to be made by the individual, rather, I feel it would be helpful and perhaps relieving to have some of the responsibility of decision making shared by a social worker. Perhaps an assessment could be created to address the extent of mental and emotional duress experienced by the client. If it exceeded an identified level, the degree of self-determination could be altered. Especially in cases where you see the same client visit the shelter numerous times, I find myself questioning the extent to which we, as social workers, should appear value-free.

Another skill used by the workers within the agency as well as in the community groups is the identification of client strengths. There is a great degree of optimism in the shelter environment that stems from the attitudes and mannerisms of the counselors. They seem to really promote an environment for change in the belief that everyone has the inherent capacity for healthy functioning and growth. This is particularly evident within the community groups. A large part of the learning that takes place within the group is on building self-esteem. In conjunction with presentation of information regarding abuse, power and control issues, safety, anger among other topics, facilitators (including myself) encourage clients to identify and work from their strengths. I find this to be a very powerful process, and also one of the most rewarding ones. At the beginning of the group I may check-in with the request of everyone to identify something they are particularly proud of and get minimal responses, but when the group is over and I use that statement as a check out, I most often get positive responses from all members. I believe this encourages clients to focus on themselves as "whole" people, and by that I mean that problems often take over a person during a period of stress, and they may forget of all of the positive qualities that they also possess. I would take this one step further to argue that the dimensions of a person's life (using the domain of practice, Ramsay, 1994) can also be seen in an excessively negative way, and it is important for social workers to try to achieve a balance of a client's self-concept.

One assessment that is perhaps not focused on enough is that of role performances (as described in Sheafor et al, 1997). I feel this to be an important issue to be dealt with by social workers. Many of the women at the shelter or in the community groups experience role performance difficulties due to the stress they are experiencing in their relationships. This is not surprising for us as social workers, but to many women, they feel incapable or incompetent as a mother or employee or whatever the role may be. I think more emphasis should be placed on making the women aware that the consequences they are experiencing in the various roles in their lives are due to the effects of the abuse and not that they are bad mothers or workers. By normalizing and validating their experiences, it takes the blame away from the client and places it on the situation, which is likely beyond their control.

In connection with the idea of role performance, the social worker could discuss with the client the

notions of role conception, role expectation and role behaviors. If a woman perceives the role of wife as being subservient and obedient to her husband under all circumstances, it is unlikely that she will attempt to change her life in an abusive environment. It is important to gain an understanding of the beliefs that guide people's behavior in order to facilitate a change in that behavior. The questions posed by Mager and Pipe (cited in Sheafor et al 1997) would be useful in the assessment process at the shelter. They provide an increased understanding of the beliefs, behaviors and self-perception of the client, and would be useful in the intervention process.

A systemic approach is used by the shelter when working with a client. A person-in-environment perspective (Ramsay, 1994) is acknowledged to be the most holistic and helpful way to practice. People and behaviors are not dealt with in isolation, and by this I mean that all parts of the family are seen as contributing to the maintenance of a problem. The shelter encourages all family members to attend groups, where the identical information is presented. Making changes in one individual in a family and returning that person to an unchanged environment is not conducive to change for that family system. In addition, systems concepts are taught to the clients as well as used by the workers. In the presentation of the cycle of violence, it is explained how violence tends to spiral, and group members are encouraged to ask themselves in what ways they may feed into that spiral, as well as identifying the points at which it can be broken. Unhealthy patterns ingrained in family systems are illustrated, and clients are encouraged to look at their own inter-generational patterns and family rules.

Overall, I feel that the community practice methods utilized by the shelter are exceptional. One issue, however, is particularly troublesome to me. It is an issue that I feel is recognized by the shelter policies and procedures, but is not dealt with adequately. Mental health issues frequently arise within the shelter, although they cannot be accommodated. If it is clear from the initial intake of the client that there are mental health concerns, then that woman is not permitted to stay at the shelter. The belief is that it is disturbing to the other residents, who also have issues to deal with. In many cases, however, it is difficult to determine the nature of a person's mental health (especially because there is not a psychologist or psychiatrist to confer with). Therefore, a woman is admitted and goes through the same process as a woman without mental health concerns.

As mental health is an extremely serious issue, it is unlikely that the woman will be able to make progress and change in other aspects of her life without some form of treatment. As this treatment is not available, all other interventions used will be in vain. This is an inefficient use of time and resources as well as set-up for failure on the client's behalf. An increase towards a holistic practice framework should include partnerships in practice with other professionals to increase the quality of service given to clients. By recognizing areas in which social work interventions can be used effectively, as well as situations in which a referral would be more appropriate promotes a significant advancement toward holistic practice as it is perceived by all of the helping professions. As a community practice change agent, I would recommend a rotating psychiatrist to all three of the women's shelters in the city. The social workers could establish a list of clients they would refer on a weekly basis. If a diagnosis of mental illness were made, the client would be in a position to access the resources she needed (medication, hospitalization, therapy, etc.). This process would decrease the number of women who are falling through the cracks of the system.

It seems to me that there is a large fear of duplicating services in the field of social work. I can understand this fear due to ever decreasing funding for social services. It is difficult to balance the coordination of services for clients, especially when many clients require numerous services. We must be careful, however, to not let these people slip through the system because they fall outside our mandate in whatever way. In our journey towards a holistic method of practice, I see there to be two vital components in which we need to focus. As social workers, we need to be thoughtful of the many

dimensions that make up an individual's life, and be conscious that they can never be limited to a finite number of influences. As a component of the helping profession, we need to be conscious of the area in which we work, as well as the areas within the domain which serve clients in ways (and address dimension) we cannot. This conscious awareness will ultimately benefit the many needs which individuals present. This requires an excellent communication system between social service agencies. I believe a closer network needs to be formed within the various agencies, especially those who are serving many of the same clients.

References

Capra FJ (1996). *Deep ecology - A new paradigm. The Web of Life* (3-13). New York: Anchor Books.

Hyde C (1996). A Feminist Response to Rothman's "The Interweaving of Community Intervention Approaches." *Journal of Community Practice*, 3, 127-145.

Ramsay R (1994). Conceptualizing PIE within a holistic conception of social work. In J Karls and K Wandrei (eds), *Person-in-Environment System: The PIE Classification System for Social Functioning Problems* (171-195). Washington, DC: NASW Press.

Rothman J (1996). The Interweaving of Community Intervention Approaches. *Journal of Community Practice*, 3, 69-99.

Sheafor B & Horejsi G (1997). *Techniques and Guidelines for Social Work Practice* (4th edition). Boston: Allyn and Bacon.