

**My Journey in Becoming a Generalist Social Work Practitioner**

**By**

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## Introduction

My journey in becoming a generalist social work practitioner has not only involved a brief flirtation with university curricula but it has been a life long pursuit of knowledge acquisition and critical reflection of a litany of personal experience and past professional experience which has informed my worldview. The path to becoming a social worker can be considered analogous to harvesting a plant. First, a seed is planted which requires a root system in order to begin the process of proliferation. In order for one's knowledge to expand or proliferate, a foundation or root system must be in place. This system can be seen as anchoring one to a view or paradigm that incorporates how one understands reality. If one believes in the interconnectedness of living systems that informs the undivided whole theory of 20<sup>th</sup> century postmodern science, then one can easily recognize the interdependence between living systems. The deep interconnectedness between living systems supports the person-in-environment metaphor that informs the social work profession's domain of practice.

A plant is part of an ecosystem and this perspective explains the interconnectedness between organisms and their environmental systems through the constant exchange between various elements of the system. If the transactions that take place between systems or within the system are favorable then the system is maintained in a state of relative 'adaptiveness'. If the system exchanges are unfavorable, then growth cannot be sustained which can lead to system entropy (Saleebey, 1992).

With my plant metaphor I've been able to draw an analogy to my understanding of becoming a social work professional and the importance of the dynamic relationships between systemic elements. My social work seed was planted many years ago when I entered the profession as a teenager. Due to financial circumstances, I was not able to complete my professional education and after two years of study, moved into the workforce. Later in my life, I lived in a variety of ethnically diverse cultures that transitioned my worldview from its liberal roots to one that embraced a humanistic perspective. This was a result of experiencing the evils of racism and classism and a pervasiveness of poverty within these cultures that was strongly influenced by dominant and subordinate group thinking and a belief system that maintained power differentials.

In addition to my varied cultural experiences, other personal experiences have shaped my present-day beliefs that identify with equality for all individuals and social justice. This involved raising twin boys with PDD spectrum disorder and borderline cognitive functioning. These experiences added to my insight into the plight and compassion for those who are disadvantaged by disability and other forms of diversity. My sons' on-going difficulties with learning, socialization, planning, and independence has placed me in the role of an advocate for many years. This has allowed me to not only identify their challenges at an individual level but to also look at systemic barriers that impede those with similar challenges of disadvantage. Their challenges have been made greater in a society where the cornerstones of its political philosophy are individualism, self-determination and survival of the fittest. Those who are marginalized and oppressed are not valued. In fact, a society informed by these tenets of liberalism doesn't recognize the true meaning of oppression.

Like the proliferation of a plant, I've recognized that to grow as a professional I cannot discount my deep interconnectedness with the many elements of professional practice that have helped maintain my adaptiveness to the social work environment. This has involved my understanding of the dynamic relationship between my professional education, personal experiences, past professional experience as well as adopting a view of human behavior within a social context that fits with my worldview and that of the profession. Like a plant cannot be separated from its roots, I am not able to separate my personal self with my professional self as the intertwining of the two

has culminated in my ability to honor the Code of Ethics, the governing body of the profession, as an individual as well as a professional.

While the plant metaphor has grounded me to a framework for understanding the dynamics of professional practice, my discussion will be expanded in order to assimilate how I've been able to discern the importance of anchoring myself to a framework for practice. In order to show how I've integrated theory with practice, I will present a case study that reflects my practice experience with an individual at my field placement agency.

### **Models of Practice**

While being grounded to an undivided worldview that promotes an understanding of human behavior within a social context, effective practice involves being able to anchor oneself to a framework that identifies with the holistic nature of professional practice. As social work has long been identified with having a dual purpose – one that speaks to the person or the environment, Ramsay (1999) proposed a holistic model of social work practice that captures a more unifying perspective. This holistic model is informed by the person-in-environment (PIE) metaphor adopted by the profession that addresses the domain of practice. This model articulates four core components that suggest a deep interconnectedness between all components of the professional system. These components are identified as:

- **Domain of Practice**
- **Paradigm of the Profession**
- **Domain of the Practitioner**
- **Methods of Practice.**

This model provides an organizing framework that integrates the concept of ecosystems theory that informs the person-in-environment metaphor. Theories of human behavior parallel the functioning of whole physical systems. They are represented by a “set/pattern/network of interconnected parts that form a free-standing, structurally stable whole system” (Ramsay, 1999). Like physical systems, the social system is viewed as a four-dimensional person-in-environment network of interconnected elements where the fourth dimension is recognized as the observer-space system. This network is represented by a minimum of four whole components that can be interconnected at six points and are arranged in a geometric tetrahedron structure where the interconnectedness of these components can easily be identified (Fuller and Kuromiya, 1992) through such an artifact. The tetrahedron is a unique model that offers an artifact that reflects the complex relationships between an individual and his environment. This structural arrangement allows one to examine the exchanges between elements of the environment as it unfolds to more complex arrangements or folded back to focus on more specific transactions.

**Domain of Practice**, the first component of this model, is informed by the ecosystems perspective which reflects the person-in-environment (PIE) metaphor adopted as the profession's identifiable domain of practice. While the ecological perspective recognizes that transactions occur between an organism and elements of their living environments (Garvin and Seabury, 1997), it does not address the deep interconnectedness between environmental transactions that are reflected in the constant exchange concept of a holistic model.

In order to more fully integrate the concepts of transactional exchanges within the social environments of individuals, Ramsay (1999) introduced the geometric tetrahedron model to conceptualize the complex relationships between the biopsychosocialspiritual components of

human behavior and the challenges inherent within the interactions of one system with another. Within this framework, the “P” represents the client system (Person), the “PO” identifies significant others connected to the client system (P), the “RO” represents the resource otherness or institutional resources that impact the strength or limitations of the system and provide a view of resources in place or missing, and the “VO” or the validator otherness reflects the values, beliefs, customs, and traditions of an individual, agency, practitioner or a society that feed into the available resources and impact on the individual (Ramsay, 1999).

**Domain of the Practitioner**, the second component, examines the relationship between the entities of the worker’s environmental system and the dynamics between one’s personal self and professional self for it is difficult to separate the two (Witkin, 1999). Understanding this dynamic allowed me to not only examine the exchanges that take place within my personal domain but to recognize the complexity of these relationships within the domains of the clients I work with. While professional development has included the integration of my worldview with that of the profession, being able to switch lenses in order to understand the problem or situation through the client’s lens is an important element of sensitive and ethical practice.

The third component of Ramsay’s (1999) model is the construct of the **Paradigm of the Profession**. This construct promotes practitioners adopting a unifying perspective across the spectrum of practice components that involves a Code of Ethics, professional values, and methods of practice. While the purpose of social work practice is still a topic of debate in terms of definitional boundaries and levels and focus of practice, a unifying perspective among professionals promotes a holistic notion of practice that incorporates a broad knowledge and skill base which is informed by multi-levels of practice that is inclusive of a variety of social work practitioners areas of expertise.

**Practice Methods**, the fourth component of the holistic framework, speaks to the variety of practice options available to social workers that allows them to make choices about facilitating the change process with clients (Ramsay, 1999). Familiarity and competence with a variety of interventive methodologies allows the practitioner to build a repertoire of skills in order to meet the needs of a diverse range of clients. In addition to exposing me to a variety of theories and approaches, generalist practice has facilitated the development of an adaptive framework that can be individualized to address the multiplicity of client needs.

While it is critical in practice to be able to anchor oneself to a worldview and framework for practice in the process of proliferation, it is equally essential to be able to understand how this knowledge informs practice. In order to reflect on my understanding of this process, I will present a case study from my practicum placement that illustrates the assessment process with a client and how interventions were matched with identified needs which were illuminated through data gathering and an understanding of the environmental dynamics within the domain of the client.

## CASE STUDY

The agency that I’m presently practicing with deals with a diverse female population in a residential setting that is set up as a treatment and recovery center. Eligibility for this program includes three criteria: history of abuse, mental health distress, and addictions. The program incorporates a holistic approach to healing where clients engage in a variety of activities including counseling, group work, exercise, spirituality, nutrition, household management, budgeting, life skills, communication skills as well addressing alternative methods for dealing with stress, anxiety, and depression.

Within my first month of placement, I began working with an outreach client named “Marion.” The names and situations have been altered for the purposes of this paper in order to protect client confidentiality. Marion is a 63-year-old divorced woman with three adult daughters.

To provide an effective method of assessment, I utilized the conceptual framework of the geometric tetrahedron in order to illustrate my understanding of Marion within her social environment. In addition, I elected to integrate the PIE classification system (Karls and Wandrei, 1994) as a tool to understand Marion’s level of social functioning and the impact of environmental, mental health, and physical components of her environment to her level of social functioning.

I first connected with Marion at the Renfrew Recovery Center where she was coming off of a lengthy addiction to morphine. Empowering the client involved forming a “partnership” with her that not only addressed her needs and concerns but also incorporated strengths. Through an empowerment approach, I was able to facilitate the change process within the environmental dynamics of the client system. This involved the development of a synergetic partnership which is understood as the bringing together of two or more things to accomplish something that neither one could accomplish on its own (Miley, O’Melia, and Dubois; 1998). A synergetic relationship ‘co-determines’ individuals to problem solve together in an effort to resolve issues that present barriers in the achievement of individual social well being.

In addition to forming a synergetic partnership with Marion that would facilitate co-empowerment and co-determination, I also integrated Pincus and Minahan’s (1973) generalist practice model within the framework of the Paradigm of the Profession (Ramsay, 1999). Their model identifies four systems within the framework of the profession that are interconnected in facilitating the change process. The four components of this model are identified as the client system, the change agent system, the action system, and the target system.

Following the engagement process with Marion, I was able to gather data through PIE domain constructs shaped by the geometric tetrahedron in order to understand the relationships between domain entities within her environment. As Marion was the primary focus of my work, I identified her as the “P” (person) in the tetrahedron structure and further identified her as the client system within Pincus and Minahan’s generalist model. By mobilizing myself as the change agent system and through further dialogue with the client I was able to identify “PO’s” (personal otherness) within her domain that revealed a minimal affectional support system.

As the dialoguing proceeded, Marion indicated that in addition to her addictions she has experienced extreme agoraphobic and was unable to leave her house for a period of eight years. She indicated that while she has improved over the past year in terms of her isolation, she still feels very lonely and isolated and would like to increase her level of connectedness with peers. This led me to the Discovery phase of the empowerment approach which suggested that in addition to Marion’s daughters, her addictions as well as her agoraphobia were other significant forces (PO’s) in her life that compromised her social functioning for many years.

Through further discovery, Marion revealed that both her brother and father had sexually traumatized her for many years. Patterns of sexual and emotional abuse were repeated within Marion’s intimate partner relationships. This suggests that her “VO’s” have in the past and continue to reinforce Marion’s low self-esteem, dependence, mental health issues, and addictions. Other validators that evolved through dialoguing indicate that within Marion’s family of origin exists a strong history of addictions among all family members.

Within Marion's resource environment (RO), there has been a history of many doctors involved in her care over the years. According to the counselor that completed the intake with Marion, this revolving door of medical practitioners perpetuated Marion's addictive patterns which allowed her to continue to repress the layers of emotions that underpin her addictions and mental health distress. As a practitioner, my work involved facilitating a process that would help Marion identify the relationships between her environmental entities and how these are connected to her addictions, abuse relationships, and isolation. Through this effort we were able to plan interventions (action system) that would deal with her addictions and improve social functioning (target system). This assessment also revealed systemic barriers that many marginalized and oppressed members of society face that are similar to what Marion experiences.

### **PIE Classification Assessment**

Using an integrated approach in working with clients proved to reflect more accuracy in the assessment of a client's situation. This allows for the planning of effective interventions that more fully address a client's strengths, limitations and level of social functioning. In addition to assessing Marion's situation through the PIE domain tetrahedral structure of the P, PO, VO, and RO, I've also elected to utilize the PIE classification tool which examines an individual's level of social functioning through a four dimensional model that are identified as follows: Factor I, examines social functioning problems through identification of social role relationship, type, severity, duration, and coping ability; Factor II focuses on the environmental aspects of an individual's social functioning while addressing the severity and duration of the problem; Factor III addresses Mental Health functioning and focuses on Axis I and Axis II of the DSM-IV thereby acknowledging the impact of psychological functioning that impact on an individual's social well-being; and, Factor IV looks at any Physical Health concerns that are relevant to an individual's social role functioning (Karls and Wandrei, 1994).

#### **Factor I: Social Functioning**

**Friend Role:** *Isolation Type*; high severity; + 5 years duration; inadequate coping

Through mapping out Marion's PIE environment, it was evident that her lack of an affectional support was strongly interconnected with her isolated lifestyle and states of prolonged anxiety, which manifested into years of agoraphobia. Her years of living in total isolation placed huge demands on her two daughters while impeding the development of other social relationships.

#### **Familial Roles:**

**Parent Role:** *Mixed Type*; high severity; + 5 years duration; inadequate coping

In terms of Marion's "Parenting Role", I categorized her as a "mixed type" due to a social history that revealed a combination of types with no one area predominating. One of the main areas of difficulty for Marion within the parent role is her inability to appropriately interact with her daughters within the context of her role as parent and her daughters' roles as the children. There seems to exist role reversals within this dynamic that is fostered by her dependence and her difficulty in responding in an age and role appropriate manner. Marion revealed that she can be quite demanding and abusive with both of her daughters.

**Sibling Role:** *Responsibility Type*; victimization; high severity; + 5 years duration;  
Inadequate coping

The family dynamics of Marion's relationship with her five brothers suggests a pervasiveness of unhealthy patterns of behavior dynamics and communication with a strong history of addictions being prevalent among all family members. Based on Erickson's (1950) stages of psychosocial

development, Marion presents at Trust vs. Mistrust which I see as being strongly correlated with all levels of Marion's interactional challenges. Marion is not in contact with her brothers and both of her parents passed away several years ago.

**Spouse Role:** *Victimization Type*; Moderate Severity; + 5 years duration;  
Inadequate coping

Marion's history of intimate partner relationships reflected similar dysfunctional patterns to those that existed within the family dynamic. Marion has been married three times to partners with addictions who all physically and emotionally abused her. Each marriage resulted in the birth of a daughter and after each divorce Marion received nothing in terms of financial support for herself or her daughters. During these partnerships, Marion continued to have low self-esteem and often found herself willing to exchange sex for love, a pattern she learned as a young child.

**Occupational Role:** *Unemployed – Other Type*; Low Severity; +5 years duration;  
Somewhat Inadequate

While Marion was married, her occupational role could be defined as worker – home role. I see Marion as a victim of a patriarchal system that emphasizes power differentials. This kind of system is particularly evident in the work force where many single mothers are forced to work for minimum wage due to the unavailability of affordable training. This was the case with Marion when she was left to fend for herself and her three daughters and took a job as a kitchen aid in a nursing home where she earned minimum wage to support her family. This forced her to be dependent on a system that not only does not value those in such dire financial and health circumstances by not providing adequate levels of social programs to meet their financial and other environmental needs.

## **Factor II: Problems in the Environment**

**Affectional Support System:** *Victimization Type*; High Severity; + 5 years duration;  
Inadequate coping

It was evident through mapping out Marion's PIE domain that her problems of isolation, loneliness, and ongoing difficulty with addictions are a partially a function of her lack of a social support network that could provide her with a sense of value and support. There is a strong relationship between her family dynamic issues and her present inability to develop and maintain a social network and healthy social functioning.

**Economic/Basic Needs System:** *Victimization Type*; Moderate Severity; + 5 years  
Duration; Somewhat inadequate

Marion has been dependent on the social services system to provide her with the financial means to meet her basic needs for food, shelter, and transportation. While Marion has been able to obtain adequate subsidized housing that has allowed her to live on her own, there is little money left over at the end of the month to provide a healthy diet, pay for medical services outside what is already available through Alberta Health Care benefits, and affordable and available transportation services. This leaves Marion a victim of the system that does not value those who live in economically deprived circumstances. The drastic funding cuts to social programs renders discrimination against those members of society who have difficulty navigating the capitalist economic system which only values those who are physically and mentally able to contribute monetarily to society.

**Factor III: Mental Health:** *Axis I:* Anxiety Disorder; *Axis II:* No formal diagnosis  
Given the mental health diagnosis of Anxiety Disorder, diagnosed by Dr. "X", it has been difficult for Marion to rise above her personal struggles in order to establish healthy social role

relationships, overcome her addictions, and connect with resources within the community that could provide her with positive support and help foster feelings of value and self-worth. I also see discrimination as a barrier to individuals getting adequate medical care in a community that does not accept “addiction” as a ‘real’ health problem that is often connected to environmental issues relating to histories of sexual abuse but rather views it as an individual deficit.

**Factor IV: Physical Health:** Mobility problems; back pain and muscle spasms;  
Obesity; high blood pressure

Marion’s physical and mental health problems resulted in disabling her to the point that she has been unable to work in over fifteen years and as such has relied on social assistance for financial support. Her physical health problems, in particular her lack of mobility, limit her in accessing different residential programs that could help her with her issues of abuse, mental health distress, and addictions. There is also a strong relationship between Marion’s physical health problems and her addictions issues which in-turn impact on her social isolation and continued challenges with interpersonal relationships and social well being.

### **General Assessment**

As my relationship with Marion evolved, we were able to identify strengths in her character that would provide a foundation for her in addressing her addictions and past history of abuse in order that we could help move her in the direction of healthier social functioning. In order to be admitted into an addictions treatment program (target system) outside of the city, Marion was informed that she must be off all addictive medications (action system). Her willingness to comply with the treatment center’s request proved to be a real testament to Marion’s determination and a focus of my planned interventions (action system). To help her with this goal, we found a program in Calgary that would offer her in-patient services (target system) that would not only monitor her while coming off the addictive medications but also provide geriatric mental health rehabilitation. This seemed like a golden opportunity to help her deal with the distress associated with withdrawal while living in an environment that fostered peer relationships and recreational activities.

While there were dysfunctional dynamics within Marion’s family of origin that fostered maladaptive patterns of behavior among all family members, my focus was on Marion’s internal resources that suggested she wanted to make some changes in her life. And so my efforts and interventions involved strengthening the “P” and increasing her social support network “PO” in her PIE domain in order to support her efforts towards this end.

Part of strengthening the “PO” within Marion’s PIE environment involved approaching her closest daughter to address her mother’s need for support. Her daughter expressed that she could no longer provide the degree of support that her mother had ‘demanded’ in the past due to her own personal challenges. My thoughts regarding Marion’s support system was that it needed a complete revamping and hopefully this new placement would provide her with a new source of interpersonal relationships through which Marion could develop more independence and a more positive view of herself. I strongly felt that in developing other sources of social support other than her dependence on her daughters provided a window of opportunity through which Marion could also heal herself as well as her relationship with her children.

## Conclusion

As a developing practitioner, I've learned the importance of approaching practice with an eclectic base. With Ramsay's (1999) holistic model of professional practice, I was able to ground myself to a framework through which I've been able to appreciate the complexities inherent in social work practice. What I've learned through combining personal knowledge with formal education and practical experience is that there must be a good fit between all components of such a system in order to provide maximum benefit to a diverse range of client populations served through professional practice that adheres to a defined Code of Ethics. If the fit is compromised, the practitioner needs to assess any conflicts between the core components of the holistic framework and explore the environments between the domain of the practitioner and the domain of practice in order for adaptiveness to occur within that environment.

To practice as a professional, one must recognize that gaps will always exist in knowledge. To admit that one has enough knowledge to practice competently only leads to complacency that greatly compromises excellence in practice and adherence to the Code of Ethics. Like a plant, professional proliferation not only involves establishing a root system but also requires continual fertilization in terms of knowledge in order that knowledge extension can branch out towards discovery and new opportunities for learning that can be integrated into one's practice as a professional.

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