



empowerment series

The Skills of Helping Individuals, Families, Groups, and Communities

EIGHTH EDITION

Lawrence Shulman

EIGHTH EDITION

The Skills of Helping Individuals, Families, Groups, and Communities

CENGAGE LEARNING EMPOWERMENT SERIES



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The State University of New York



Australia • Brazil • Mexico • Singapore • United Kingdom • United States

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To my wife Sheila, with love

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Council on Social Work Education Educational Policy and Accreditation Standards by Chapter

In social work, the words *competence* and *practice behavior* have a unique meaning beyond the typical dictionary definitions. *Competence* in the usual sense means that a person possesses suitable skills and abilities to do a specific task. Competent social workers should be able to do a number of job-related duties, think critically, and understand the context of their work.

The Skills of Helping Individuals, Families, Groups, and Communities, Eighth Edition, includes explicit references to the Educational Policy and Accreditation Standards' (EPAS) 10 core competencies and 41 recommended practice behaviors. The column on the right informs the reader in which chapters the icons appear.

The 10 Competencies and 41 Recommended Practice Behaviors (EPAS 2008)

Chapter(s) Where Referenced

2.1.1 Identify as a professional social worker and conduct oneself accordingly

- | | |
|--|--------------------------------------|
| a. Advocate for client access to the services of social work | 1, 4, 5, 6, 9, 13, and 15 |
| b. Practice personal reflection and self-correction to assure continual professional development | 1, 4, 5, 6, 7, 8, 10, 11, 12, and 13 |
| c. Attend to professional roles and boundaries | 1, 5, 10, and 16 |
| d. Demonstrate professional demeanor in behavior, appearance, and communication | 4 and 5 |
| e. Engage in career-long learning | 5 and 12 |
| f. Use supervision and consultation | 3, 5, 6, 9, 12, and 17 |

2.1.2 Apply social work ethical principles to guide professional practice

- | | |
|--|-----------------|
| a. Recognize and manage personal values in a way that allows professional values to guide practice | 1, 4, 5, and 10 |
|--|-----------------|

- b. Make ethical decisions by applying standards of the National Association of Social Workers Code of Ethics and, as applicable, of the International Federation of Social Workers/International Association of Schools of Social Work Ethics in Social Work, Statement of Principles 1, 4, 10, 11, 12, and 17
 - c. Tolerate ambiguity in resolving ethical conflicts 1, 4, and 5
 - d. Apply strategies of ethical reasoning to arrive at principled decisions 1, 4, and 10
- 2.1.3 Apply critical thinking to inform and communicate professional judgments**
- a. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge and practice wisdom 2, 7, 13, 14, 16, and 17
 - b. Analyze models of assessment, prevention, intervention, and evaluation 2, 3, 5, 7, 13, 15, and 16
 - c. Demonstrate effective oral and written communication in working with individuals, families, groups, organizations, communities, and colleagues 3, 5, and 15
- 2.1.4 Engage diversity and difference in practice**
- a. Recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power 1, 2, 3, 4, 7, 9, 10, 11, 13, 15, 16, and 17
 - b. Gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups 1, 2, 3, 4, 7, 15, and 17
 - c. Recognize and communicate their understanding of the importance of difference in shaping life experiences 1, 2, 3, 4, 7, 8, 10, 13, 14, and 15
 - d. View themselves as learners and engage those with whom they work as informants 1, 4, 6, 7, 8, 10, 11, and 13
- 2.1.5 Advance human rights and social and economic justice**
- a. Understand forms and mechanisms of oppression and discrimination 2, 7, 8, 10, 13, 14, 15, 16, and 17
 - b. Advocate for human rights and social and economic justice 1, 2, 14, and 16
 - c. Engage in practices that advance social and economic justice 1, 14, and 15
- 2.1.6 Engage in research-informed practice and practice-informed research**
- a. Use practice experience to inform scientific inquiry 1, 2, 4, 10, and 17
 - b. Use research evidence to inform practice 1, 2, 3, 4, 9, 11, 12, 13, 16, and 17

2.1.7 Apply knowledge of human behavior and the social environment

- a. Utilize conceptual frameworks to guide the process of assessment, intervention, and evaluation 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 17
- b. Critique and apply knowledge to understand person and environment 1, 2, 3, 5, 7, 9, 10, 13, and 15

2.1.8 Engage in policy practice to advance social and economic well-being and to deliver effective social work services

- a. Analyze, formulate, and advocate for policies that advance social well-being 15
- b. Collaborate with colleagues and clients for effective policy action 9, 10, 11, and 15

2.1.9 Respond to contexts that shape practice

- a. Continuously discover, appraise, and attend to changing locales, populations, scientific and technological developments, and emerging societal trends to provide relevant services 1, 15, and 17
- b. Provide leadership in promoting sustainable changes in service delivery and practice to improve the quality of social services 9, 10, and 15

2.1.10 Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities

- a. Substantively and affectively prepare for action with individuals, families, groups, organizations, and communities 1, 3, 4, 5, 7, 8, 10, 11, 12, and 14
- b. Use empathy and other interpersonal skills 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14
- c. Develop a mutually agreed-on focus of work and desired outcomes 4, 5, 7, 8, 9, 10, 11, 15, and 17
- d. Collect, organize, and interpret client data 3, 4, 5, 7, 8, 11, and 12
- e. Assess client strengths and limitations 3, 5, 7, 9, 10, 12, 14, 16, and 17
- f. Develop mutually agreed-on intervention goals and objectives 4, 5, 6, 7, 9, 11, and 12
- g. Select appropriate intervention strategies 3, 7, 10, 11, and 13
- h. Initiate actions to achieve organizational goals 15
- i. Implement prevention interventions that enhance client capacities 3, 5, and 16
- j. Help clients resolve problems 7
- k. Negotiate, mediate, and advocate for clients 6, 7, 15, and 16
- l. Facilitate transitions and endings 5, 12, and 14
- m. Critically analyze, monitor, and evaluate interventions 5, 11, 13, and 14

Preface

Introduction and Underlying Assumptions

The focus of this book is method—what social workers do as their part in the helping process. I believe that the dynamics of giving and taking help are not mysterious processes incapable of being explained. Helping skills can be defined, illustrated, and taught. The helping process is complex; it must be presented clearly and broken down into manageable segments. Theories and simple models need to be developed to provide tools for understanding and guiding interventions.

This book represents an effort to conceptualize and illustrate a generalist practice model without losing the detail of the specific ways that social workers practice. The term *generalist* has been used in different ways over the years, sometimes to refer to practice models so abstract and on such a high theoretical level that one has difficulty finding the social worker or client in the description. The focus here is not just on what is common about what we know, value, and aspire to, nor on our common models for describing clients (e.g., systems, strengths perspective, cognitive-behavioral, ecological, or psychodynamic theory), but on the common elements and skills of the helping person in action.

Underlying this approach is the belief that social workers need to be prepared to offer clients service in the modality (individual, group, family, community) that is most suitable to the client, rather than the one that is most comfortable for the worker. One goal of this book is to help the reader appreciate that once a level of skill is developed in working with individuals, it is possible to expand on that understanding and elaborate that skill when working with more than one person at a time (e.g., family, group, or community organization). A number of additional assumptions follow.

The Assumption of a Core (Constant) Element to the Helping Process

This book is based on the assumption that we can identify an underlying process in all helping relationships. This process and its associated set of core skills can be observed whenever one person attempts to help another. These dynamics and skills are referred to as the constant elements of the helping process. The reader will note how central concepts and skills appear first in the chapters on working with individuals and then reappear as the focus shifts to families, groups, communities, organizations, agencies, and even social action activity in pursuit of

social policy change in the agency, in the community, and on State and national levels.

For example, the importance of developing a positive working relationship, sometimes referred to as the “therapeutic alliance” in clinical practice, and the interactional skills required to develop this relationship cut across modalities of intervention (e.g., individual, family, or group work) as well as theoretical orientation (e.g., solution-focused therapy, cognitive-behavioral therapy, or motivational interviewing).

The impact of time on the helping relationship as well as on each individual contact also introduces constant elements. Understanding the helping interaction to have preparatory, beginning, middle, and ending phases helps to explain certain dynamics, such as the indirect ways clients may raise difficult issues at the start of a session as well as the phenomenon known as “doorknob therapy”—when clients reveal a powerful issue at the end of the session, sometimes literally as they leave the office.

Variant Elements to the Helping Process

As you read this book, these common elements and skills will become clearer and will be observable in any situation in which you see a social worker in action. Although there is a constant core to helping, there are also variant elements introduced by a number of factors.

For example, the reader will note the importance of the concept and skill of contracting in first sessions that is central to all helping relationships. The skills of clarifying purpose and the social worker’s role, reaching for client feedback, finding the common ground between the two, and addressing issues of authority are of crucial importance to develop an initial structure that frees the client to begin the work. The idea that one must choose structure versus freedom is one of a number of false dichotomies—where we think we need to make a choice between two opposite ideas. In reality, a good structure—through steps such as contracting with a client—should create freedom for the social worker and the client, not restrict it.

While this is a core or constant element to practice, the manner in which the contracting takes place and the issues—or what I will call “themes of concern” to the client—will vary according to the impact of these variant elements.

These elements can include the following:

- The setting for the engagement (e.g., school, hospital, family counseling agency, child welfare agency, or community-action–focused organization)
- The modality of practice (e.g., individual or family counseling, group practice, community organizing, or policy advocacy)
- The age and stage of the client’s life cycle (e.g., child, teenager, young adult, or elderly and retired)
- The particular life issues the client brings to the encounter (e.g., emotional and/or physical health issues, addiction, unemployment, physical or sexual abuse, poverty, posttraumatic stress from military or other traumatic involvements, or parenting concerns)
- Whether the client is participating voluntarily or involuntarily (e.g., the difference between a voluntary group for parents of teenagers seeking help

in dealing with their kids and a DWI group for clients mandated to attend by the court because of a driving-while-intoxicated conviction)

- Demographic elements that may interact with the social and/or emotional problems (e.g., race, ethnicity, sexual orientation, physical ability, or economic class)
- Whether the client is being seen in an agency or host setting (e.g., school or hospital) or in a private practice setting

The discussion of specific and detailed examples of practice in action, not just general case presentations, will help the reader to see both the constant and variant elements in all of these examples as well as many others that are common to our practice.

The social worker also brings personal elements to the process related to such factors as education and experience, personal life events, and the effectiveness of the support and supervision available to the worker. For example, there is some benefit to having been a parent when one is leading a parenting group. However, a skilled worker who understands that the process of mutual aid involves group members helping one another, and that the group leader learns at least as much from the group members as he or she teaches, can still effectively lead such a group. A social worker does not have to have “walked the walk” and “talked the talk” (i.e., been in recovery and participated in recovery groups such as Alcoholics Anonymous [AA]) in order to be helpful to a client struggling to begin or maintain the recovery process as long as the social worker is open to new learning from a range of sources (e.g., literature, supervision, workshops) as well as learning from the client.

Despite the varying aspects of practice, when we examine interactions closely, the similar aspects become apparent. This book addresses a range of helping situations in the belief that each social worker can incorporate the model into his or her own work context. In addition, findings drawn from my studies of social work practice, supervision, management, and medical practice—as well as the research of others—provide empirical support for the importance of the core skills that make up the constant elements of practice. The book not only reviews “evidence-based” practice models, when available, but also draws on practice wisdom—what I refer to as emerging models—that still awaits research support that would qualify these approaches to be formally described as evidence-based.

The Skills of Professional Impact

An additional assumption in this text is the existence of common elements that help make us more effective when we work with other professionals. This area of skill development is termed *professional impact*. The argument will be made, and illustrated using numerous examples, that the skills of direct practice (e.g., contracting, listening, the ability to empathize, and being honest with one’s own feelings) are just as important in work with other professionals (e.g., teachers, doctors, judges, other social workers) and systems (e.g., schools, hospitals, courts, agencies) as they are in work with our clients.

These skills and others are important when one is mediating a client–system engagement (e.g., the high school student in conflict with a teacher) or is actively advocating for a client to receive services (e.g., those withheld by a health insurance company). In fact, these skills take on an increased importance when

working with other professionals. A social worker who wants another professional, perhaps from another discipline, to understand and empathize with a client can be more effective if the worker can understand and empathize with the other professional. The argument will be made in this book that one must at times “speak loudly,” that is, confront other systems, while also being prepared to “speak softly,” that is, work effectively with other professionals. A range of encounters illustrates the professional impact skill model developed in this book.

Although the subject of professional impact is addressed and illustrated in detail in Chapter 15 dealing with macro practice (working with larger systems), it is not possible to address practice with individuals, families, and groups without introducing the importance of the social worker’s role in dealing with the system. Therefore, the idea of the system (e.g., agency, school, hospital) as the “second client” is a theme in all of the chapters leading up to the more detailed discussion in Chapter 15.



Organization of the Book

To simplify the complex task of describing the core methodology, a single frame of reference described as the interactional model (IM) is presented. Included is a description of a theory of the helping process, several models (middle-range descriptions) that connect theory and practice, the identification of skills needed to put the framework into action, and empirical data that support the major elements of the framework. A summary of other models, both evidence-based and emerging models, is provided in Chapter 17 to help place the interactional model into context. Elements of other practice models in Chapter 17 are also referenced throughout the text as examples of how concepts can be integrated into a single framework to both elaborate and strengthen the approach to practice.

In considering how to organize this book on the issue of where to present theory, an argument could be made to place the content of Chapter 17, a theory chapter, in Part I. On the other hand, a case could also be made for including less theory in Part I while moving as quickly as possible to the practice skills and illustrations. Based upon my own experiences as a practice teacher, I decided to add greater emphasis in the early chapters on brief descriptions of the other models as I drew upon them for their useful concepts and interventions. The reader will have to wait until Chapter 17 for a fuller discussion of the evidence-based and emerging models now available to social workers; however, it is quite possible for someone to read Chapter 17 earlier.

Organization of the Six Parts of the Book

Part I of the book consists of two chapters that introduce the major theoretical constructs of the interactional model and set the stage for the text. An introduction to the impact of values, ethics, law, and so forth on practice is also provided, as is a discussion of the types of ethical dilemmas a social worker may face and methods for resolving them if possible. The four chapters in Part II focus on work with individuals, examining this process against the backdrop of the phases of work: preliminary, beginning, work, and ending/transition phases. Illustrations

in these chapters, drawn from a range of settings, point out the common as well as variant elements of the work.

In Parts III and IV, we examine the complex issues of working with more than one client at a time. These parts focus on social work with families and groups, respectively. The common elements of the model established in Part I are reintroduced in the context of work with families and groups. These sections are also organized using the phases of work; once again, we examine the unique issues involved in the contexts of preparing, beginning, working, and ending with families and groups.

Part V moves from the micro or clinical level to include two chapters that focus on the macro level, exploring the skills involved in work with communities and with people in the larger systems and organizations that are important to clients. Chapter 15 illustrates the dynamics and skills involved in influencing one's own agency or setting as well as other organizations. Many of these ideas and strategies are introduced and illustrated in earlier chapters as integral elements of any social worker's role. Chapter 16 introduces the core concepts of community and principles of community practice. The chapter provides examples that illustrate how social workers help members of a community (e.g., a neighborhood, a housing project, or a ward group in a psychiatric hospital) to empower themselves by focusing on community issues that relate to their personal concerns. Conversations with teachers, doctors, and politicians help illustrate effective impact on other professionals. The social worker's responsibility to engage in social action within the community and in political action is also highlighted in Chapter 16. Once again, the core skills and the impact of time and the phases of work are used as organizing principles.

Part VI of the book contains a final chapter that provides an overview of a number of different models of practice. This allows the reader to put the interactional model into context. Concepts from evidence-based models such as cognitive-behavioral therapy (CBT), solution-focused therapy (SFT), and motivational interviewing (MI) are presented and illustrated with individual and group examples. An introduction to the concept of evidence-based practice as well as the criteria for evaluating models puts the three presented models in context.

Additional models that have emerged from research and practice wisdom, but do not yet qualify as evidence-based, are presented in the second part of Chapter 17. These include: self-in-relation, feminist, psychodynamic, brief treatment, religion and spirituality, trauma and extreme events, mindfulness, and social work with lesbians, gays, bisexuals, and transgender clients. Also addressed are models for dealing with secondary trauma experienced by helping professionals. Many concepts from these models are introduced and incorporated throughout the earlier chapters wherever they can help the reader understand and practice more effectively. In Chapter 17, the models themselves come to the foreground for a more in-depth discussion.



What's New in This Edition?

In approaching this edition revision, I was fortunate once again to have input from a number of social work faculty, solicited by my publisher, some of whom use the book for their classes and others who currently do not. I have been able

to incorporate a significant number of suggestions, and I am grateful to the reviewers who took the time to respond. Of course, I could not integrate all of the suggestions, especially when some were inconsistent with my assumptions and practice model or conflicted with other reviewer suggestions. A brief list of some critical changes as well as a discussion of the changes follows.

- A greater emphasis has been placed on the impact of setting with specific sections dealing with the impact of working in child welfare, health and mental health settings, addiction treatment settings, and school social work. Each of these sections begins with a discussion of what social workers do in the particular setting.
- There is an updating of the research findings including those related to evidence-based practice and how they can be integrated into a generalist framework.
- The discussion of practice models includes additional content on evidence-based practices, feminist practice, religion and spirituality, mindfulness, working with LGBT clients, and practice in response to trauma and extreme events.
- There is an expanded discussion of the role and skills of the social worker when advocating policy changes with attention to the importance of political involvement on the local, state, provincial, and national levels. A discussion of the views of C. Wright Mills (1959) that suggest the connections between public issues and private troubles provides a philosophical and theoretical basis for this social work role.
- The rapid emergence of social media interactions for both children and adults has also added sources of strength as well as serious threats particularly for children. The significant increase in bullying, both in person and cyber-bullying, related to high-profile suicides of students is integrated into the discussion of school social work. Findings from my own three-year project, working with students suspended from the Buffalo, New York, school system for violence, weapons possession, and drug abuse, are included. In addition, a discussion based on a New York State-funded school violence prevention project I direct, providing services in an inner-city Buffalo elementary-middle school, illustrates this important and emerging social work role.
- The first chapter has an expanded discussion of paradigms and paradigm shifts, providing a more detailed description of the comparison between the four-step medical model (study, diagnosis, treatment, and evaluation) and the interactional model.
- Finally, expanded attention to the dynamics and skills involved in inter- and intracultural practice is included under the concept that these issues may always be evident in practice relationships and if not dealt with can be significant obstacles to the development of the working relationship (or as it is now described in the literature as the therapeutic alliance). In addition to population groups discussed in the previous edition, attention to the unique issues faced by Muslim Americans and Muslim immigrants has been included.

Evolving Practice Knowledge in Response to Disasters

The seventh edition of this book was published in 2012. Since that time, social workers have continued to deepen their understanding and skill in many emerging practice areas. The changes in the nature of practice in response to the AIDS and other epidemics, homelessness, the elderly, problems of addiction to crack cocaine and other substances, the powerful impact of economic changes including loss of jobs and loss of homes experienced in the still recent mini-depression, and sexual violence in society and in the military remain at the forefront of practice. The impact of posttraumatic stress and other emotional and physical problems experienced by soldiers returning from both wars has finally received a well-deserved increase in attention and treatment. Our understanding of the effects of community traumas—such as 9/11, the Katrina hurricane, the shooting of students and teachers at Sandy Hook elementary school in Newtown Connecticut, the deep oil drilling disaster in the Gulf of Mexico—and the accompanying devastation is growing, as are our strategies for responding. Work in each of these areas has also changed at a rapid pace, as new understanding of the issues has led to new strategies for intervention.

Current Issues Affecting Practice

In addition, clients and social workers have been impacted by the implementation of significant social policies, such as managed care and welfare reform, and now the implications of the recently passed Affordable Health Care legislation often referred to as “Obamacare.” These continue to profoundly affect the lives of clients and the nature of our practice. Many of these major social changes have also challenged our profession to consider professional ethical issues that have arisen, such as our responsibility to provide end-of-life care or how we can ethically work within restrictions raised by continued legislation and court challenges in respect to abortion and other issues. Illustrations drawn from these areas bring practice theory closer to the realities of today’s students and practitioners. Finally, an expanded body of knowledge with respect to work with lesbian, gay, bisexual, and transgender (LGBT) clients is also included.

As in each of the earlier editions, this book shares theories and constructs about human behavior—some supported by research, others drawn from experience in practice—when relevant to specific practice issues. In this way, what is known about the dynamics of helping, oppression and vulnerability, resilience, group process, substance abuse, family interaction, the impact of critical social and personal events, and so on is directly linked to the worker’s interactions with the client and with relevant systems.

In addition, an expanded emphasis on the emerging research on secondary trauma as it impacts social workers, both the immediate trauma of working with clients in response to major crisis (e.g., Sandy Hook) as well as the accumulative trauma of working with clients over time on issues such as extreme emotional, physical, and sexual abuse, is included. A key concept is that social workers cannot attend effectively to the needs of others if their emotional and physical needs are ignored. My work on supervision and the “parallel process” is more fully incorporated suggesting that how front-line social workers are supervised will have a profound impact on their work with clients. In addition, the crucial mutual-aid support that workers can get from peers is discussed. The impact of stressors on front-line supervisors, for example, in child welfare, is also addressed.

Integration of Interactional Research

My research and theory-building work (Shulman, 1991), designed to develop a holistic theory of practice, is integrated into this edition. This theory recognizes the complexity of social work practice. Focusing solely on the social worker–client interaction ignores many factors such as supervision, availability of resources, client motivation and capacity, the impact of cost-containment efforts, and the effects of trauma on the client and secondary trauma impact on the worker (e.g., death of a client). Chapter 1 contains a description of these studies and their central findings.

This book systematically addresses these findings along with other elements of practice. It also updates our current knowledge base of research findings from the work of other researchers both within social work and in related professions. All too often professions operate as if in an information silo, only reading their own professional literature, for example, without integrating knowledge developed by related professions. My experiences as cofounder and co-chair of a five-year international and interdisciplinary conference on clinical supervision, funded by the National Institute of Drug Abuse, and as coeditor of a clinical supervision journal have brought me into close professional contact with a number of outstanding colleagues from related professions (e.g., psychology, counseling, nursing, and marriage and family counseling). This joint work has strengthened my belief in the need to incorporate related models and research where appropriate.

Strengths and Resiliency Perspectives

The book also continues to build on a strengths and resiliency perspective when considering practice with oppressed and vulnerable populations. Social workers not only need to understand the socioeconomic factors that contribute to individual, family, and community problems but also must recognize, understand, and respect the existing strengths and resiliencies that have helped people cope. The major ideas of this socially oriented framework for understanding individual, family, group, and community behavior are presented in the first chapter of the book and then illustrated with appropriate examples throughout the text. The material on this topic has been updated to reflect our current knowledge in these areas.

Evidence-Based and Emerging Models

This concept of working with clients' strengths is continued and expanded in this edition and incorporates promising new emerging models and updated research (e.g., the importance of religion and spirituality) and evidence-based practices that have been identified as consistently helpful to different populations (e.g., motivational interviewing, cognitive-behavioral therapy, and solution-focused therapy). In addition to discussing and illustrating these models and intervention strategies in work with individuals and families, the discussion of evidence-based intervention in groups has been significantly expanded.

In keeping with the importance of support in supervision for front-line workers, findings in relation to the use of evidence-based practices in supervision are also discussed. In both direct supervision and direct practice, the argument will be made for an integrated model that draws on more than one theory and builds a practice model for each social worker that expresses his or her own artistry. The

false dichotomy between science and art is discussed with the position taken that science should increase our personal artistry rather than restrict it. The problem with sustainability in implementing evidence-based practices, as noted by the NIH, will be partially attributed to overly strict adherence to protocols that restrict rather than free the social worker's practice.

I also take the position that the adoption of any one model to fit all situations and clients is not advocated. It can be seductive, especially for students or beginning practitioners, to try to achieve some level of certainty in their work. It is part of human nature to try to come to closure and to avoid or ignore ambiguity in a quest for certainty. However, this effort can lead to trying to fit the client to the model rather than responding with an intervention that fits the client.

An alternative suggested in this book is to use concepts, theories, and intervention strategies from a range of evidence-based practices in designing and implementing a framework that fits the client, the setting, the modality of practice, the problem, and so forth, making effective use of some of the excellent concepts and interventions that are proving to be helpful.

Textbook Features

A major feature in this edition is the inclusion of Practice Points and Practice Summaries within the text. I have used the term **practice points** in bold at the start of a paragraph that contains a discussion of the important ideas that are illustrated in the example that follows. I have used the words **practice summary** at the start of a paragraph that follows a practice example. These two additions should make the connections between the practice model and the illustrations that follow or precede it stand out more clearly to the reader. Thus, even in the longer examples, the reader will have a concurrent discussion and analysis of the practice excerpts.

A reference list and glossary are provided at the end of the book. In addition, subject, author, and case example indexes are provided. This will allow for quick access to specific material. For example, the subject index will direct readers interested in adolescents to all of the places in the book that address that age group. Readers could also go to the case example index and find references to the case material that involves adolescents, whether in individual, family, group, or community work.

The book is intended to address the practice needs of the foundation-year social work student in either a bachelor or master of social work program. It is substantive enough to serve as a text for a full-year practice course. It is designed so that it can be used over a number of courses, starting with a one-semester practice course and then continuing in method-specific courses. For example, the depth of discussion and the large number of examples in the book and online make it useful for advanced courses, such as one on group work. (Note: The group practice described in this model is presented in detail in this author's book entitled *Dynamics and Skills of Group Counseling*, Cengage, 2011.)

The more experienced practitioner will also find this book helpful for continued learning. It provides models that help articulate concepts that the practitioner may have already developed through experience in practice. Using these models, any practitioner can become more systematic and effective. A clearly developed framework will increase consistency and help explain why some sessions go well and others do not.

Additional Resources for the Eighth Edition

Additional resources have been provided for this edition for both the student reader and the instructor.

Student Ancillaries

There are two significant video student supplements to this edition available on MindTap at www.CengageBrain.com. These videos provide the student with illustrations of the identified skills as well as excerpts from a workshop I have conducted.

The first program, entitled *The Interactive Skills of Helping* (ISH), was produced by two of my colleagues, Mark Cameron and Denise Krause, with the production assistance of Steven Sturman. The program contains role-play excerpts that illustrate the core skills, such as tuning in and contracting. For each skill, there are three segments. The first demonstrates the skill in a role-play graciously acted out by University at Buffalo colleagues and students. A variety of worker–client situations provide the substance of the practice. By way of contrast, the second excerpt, called “the blooper,” demonstrates lack of the skill. The third element is a brief discussion and debriefing between the “worker” and me, exploring her or his thinking and feelings during the previous two segments. This can also serve as an illustration of a clinical supervision process. (For a discussion of this Interactional Model in the supervision process, see Shulman, *Interactional Supervision*, 3rd edition, NASW Press, 2010.)

A second video, entitled *Engaging and Working with the Hard-to-Reach Client* (EWHRC), shows excerpts from an interactive workshop I conducted with a volunteer group of child welfare workers. Although the examples come from child welfare, the principles discussed can easily be applied to other populations. The workshop is organized using the phases-of-work framework that provides structure for this text. The workshop segments combine a presentation by me, discussion, detailed case examples, and an illustration of the mutual-aid process as participants support one another. In many ways, the workshop is an example of an educational mutual-aid support group, with the workshop leader attempting to demonstrate many of the dynamics and skills of the interactional model in his role as teacher.

To become familiar with the contents, the reader should first view the welcome section of the first program and the introduction section of the EWHRC program, as well as the table of contents of both.

Instructor’s Ancillaries

An online Instructor’s Manual, Test Bank, and Microsoft PowerPoint® presentations slide show developed by the author are available on the instructor’s companion website at www.CengageBrain.com.

Finally, Some Advice to Social Work Students

While serving as Dean at the University at Buffalo School of Social Work for 6 years, I gave the same advice to each of our master of social work graduating

classes. I told them that I thought we would have done our job as faculty well if we accomplished the following:

- Equipped them with a beginning professional understanding and skill level for practice
- Helped them to understand that they needed to tolerate ambiguity and stay open to new ideas so as not to come to premature closures
- Taught them how to continue their learning using client feedback, research findings, their supervisors, and their colleagues, both from within the profession and from other disciplines
- Helped them to understand that, as social workers, they always had two clients: the one(s) they worked with directly as well as their second “client”—the agency, the host setting (e.g., school or hospital), the community, the political systems, and the social policies that powerfully impacted their clients
- And finally, challenged them to see their professional development as a lifelong task, during which they would not be afraid to risk, to learn from mistakes, to shorten the distance between when they made a mistake and when they returned to the client to correct the mistake, and to continue to grow by making ever more sophisticated mistakes

I share these same suggestions with the readers of this text, who may just be embarking on their exciting and satisfying careers as professional social workers.

Acknowledgments

I would like to acknowledge the many people who contributed to this book. William Schwartz first described the interactionist perspective on which much of my work has been based. Bill’s substantial body of work initiated a paradigm shift for our profession and was the first to introduce to social work the ideas of mutual aid, contracting, the demand for work, and other concepts. He died in 1982 and is still missed; however, he remains very much alive in this text.

I would also like to thank my wife, Sheila, who has always been supportive of my work in more ways than I can say.

Early research of mine reported in this book was supported by the Edna McConnell Clark Foundation; the Welfare Grants Directorate of Health and Welfare, Canada; and the P. A. Woodward Foundation of Vancouver, British Columbia. More recent research, into child welfare and school violence, particularly during my tenure as Dean of the School of Social Work at the University at Buffalo, was supported by the New York State Department of Education and a number of local foundations including The Community Foundation for Greater Buffalo; The John R. Oishei Foundation; The Margaret L. Wendt Foundation; and the Goodyear Foundation.

More recently, collaboration with colleagues at the University at Buffalo School of Social Work (UBSSW) has also been helpful; thanks in particular to Denise Krause, Mark Cameron, and Steve Sturman, who developed the *Interactive Skills of Helping*, one of the video-teaching programs on the related videos that

enhance this book. Denise also worked on preparing the questions and the Workbook that accompanies this text.

Alex Gitterman of Columbia University is a colleague who has been a sounding board for my ideas about practice. Our joint editorial work and co-leadership of workshops have also enriched my understanding.

I would also like to thank the editorial team at Cengage, headed by social work product manager Gordon Lee. The team included Ruth Sakata Corley, production manager; John Chell, media developer; and Stephen Lagos, product assistant. Moving the book from manuscript through production was overseen by Ted Knight as content developer, and Prashanth Kamavarapu who served as project manager. Finally, I want to thank the staff and clients who participated in the cited studies, the workers and students who shared examples of their practice, and my own clients who allowed me to share their experiences in the interest of helping others. These illustrations of the joint efforts of workers and clients give life to the theory and stand as a tribute to their professional commitment and courage.

A Model of the Helping Process

Part I consists of two chapters that introduce and illustrate the major themes of the interactional approach to social work practice. Chapter 1 sets the stage for the rest of the book with a discussion of the underlying assumptions of the model, a brief history of the profession, and the importance of integrating the personal and professional selves by rejecting the false dichotomy between the two. Finally, a new section introduces the concept of paradigms and paradigm shifts. I will suggest it is time to abandon the medical paradigm—the four-step model borrowed from medicine consisting of study, diagnosis, treatment, and evaluation—and consider a more interactional approach. Chapter 2 explores two central theories of human behavior and the social environment: an oppression model and one that focuses on the client resilience that informs our practice. Other theoretical frameworks are integrated in the chapters that follow.



An Interactional Approach to Helping

Problematic Social Work Encounters in Early Sessions

In the hundreds of workshops on practice I have conducted over the past years, a number of common problems are usually raised by participants. These are the moments when experienced, novice, and student social workers feel at a loss on how to respond. Some examples follow:

- A young, unmarried social worker is having her first interview with a middle-aged mother of six children who is having parenting problems when the client suddenly turns to her and asks: “And how many children do you have?” Having none, and feeling defensive, the worker responds by saying, “We are here to talk about you, not me.” The social worker can then sense the mother shutting down.
- A social worker with some experience but new to working in a substance abuse recovery agency starts a group first session for men who have been mandated to attend by the court, or go to jail, and finds all of the men staring ahead with arms folded sending a nonverbal signal about not wanting to be there. He wants to get some conversation going but, after introducing himself and explaining

CHAPTER OUTLINE

- Problematic Social Work Encounters in Early Sessions
- The Interactional Social Work Practice Theory
- The Client–System Interaction
- The Medical Model and the Paradigm Shift
- Underlying Assumptions in the Interactional Model
- The Social Work Profession: A Brief Historical Perspective
- The Function of the Social Work Profession
- Social Work Skill and the Working Relationship
- The Integration of Personal and Professional Selves
- Research Findings
- Values and Ethics in Social Work Practice

the purpose of the group, is greeted by silence. He wonders if he should have brought a film!

- A social work first-year student is assigned to lead an *anger management* group in a middle school for students who have been referred by their teachers for behavioral problems but can't get past the first few minutes because the students respond to his opening statement with loud, boisterous, angry, acting out behavior demonstrating exactly why they were referred to the group. The assistant principal looks into the room and asks: "Do you need some help controlling these kids?"
- A new social worker in a hospital stops in to see a 90-year-old female patient to ask if she needs any help from social services. After a nice conversation, as the worker is about to leave, she asks if the patient would like to speak with her again the next day. The woman says she would like that very much, "God willing!" As the social worker walks to the elevator, she says to herself: "Oh, my God, she doesn't know if she will be alive tomorrow."
- An African American, male, child welfare worker in the protection unit of a child welfare agency is assigned to visit a Caucasian family in a mostly White, working-class neighborhood as a result of an anonymous telephone call suggesting parental neglect. The wife responds to his questions referring to him as "Sir." After a few minutes, the silent husband says to the wife, with a sarcastic tone: "You don't have to call him sir." The social worker feels angry at what he perceives as a racist comment but keeps going as if he did not hear it. When he discusses the home visit with his Caucasian supervisor, he does not mention the husband's comments.
- A Latina worker meets with a Latina client for a first session in an agency in which she is the newest and only Hispanic staff member. After introductions, the client says: "I am glad you are my worker because you know these other workers I have met here don't understand our people." The worker senses the effort to make an alliance but is not sure how to respond. Her feelings are compounded by her reactions to her first few agency staff meetings when she also felt the staff did not understand Hispanic clients.
- At a first family counseling session the father reports, with anger, examples of his teenage daughter's misbehaviors. The mother sits silently staring at the ground. The daughter looks close to tears. The father demands of the worker how long it will take for the worker to *fix* his kid. The worker is thinking, "With a father like this I'd be acting out as well."
- The community organization (macro) social work student is assigned to help develop a tenants' association in a public housing project. After door-to-door recruitment, a large group of tenants arrive for the first meeting and share angry stories of mismanagement and bad treatment by the staff and the housing manager. After listening and acknowledging the strong feelings, the social worker asks for volunteers to form a tenants' committee to address the problems. The request is greeted with silence. The social worker responds: "Well, to get started, maybe I should speak to the manager."
- Family support workers from a family counseling agency attend an interdisciplinary meeting with professionals from the referring child welfare agency, the clinic psychologists working with the child, and the visiting nurse meeting with the mom once a week. From the start of the meeting,

it is clear that each discipline has its own ideas of how to assess the issues and develop an appropriate treatment plan. The social worker is frustrated at what she experiences as a subtle battle over “who owns the client?” The actual conversation is an “illusion of work” with nothing real happening. The social worker leaves frustrated by the meeting and no further ahead in figuring out how they can all best help this client.

- The social worker has a new client—a teenage boy referred by the school—who responds to every question in the first session with either a “yes” or a “no” without elaboration. It feels to the worker like pulling teeth.
- A hospital-based group for parents dealing with children who have a serious illness meets every week, but as soon as the discussion gets close to painful feelings, one parent takes the conversation off to what seems like an unrelated topic and monopolizes the meeting. The other parents are obviously frustrated, as is the group leader.

These and many other specific examples are addressed in this book in an effort to understand the process (the interaction) in new ways and to develop strategies for the social worker to respond more effectively. In each case, there is a “next step” that can be taken by the social worker that has the potential to move the work ahead assuming the worker can reach the part of the client, even the mandated clients required to attend, ready to change. These interventions are guided by an interactional practice theory that can provide a structure for analyzing issues and responding effectively.

This chapter introduces the central ideas of this interactional social work practice theory. First, a brief discussion of the process of theory building in social work will place this effort in context. Clients will be viewed in a dynamic interaction with many important social systems, such as the family, peers, school, and hospital. This chapter also presents the underlying assumptions about the nature of the relationship between people and their social surroundings.

Our discussion of the assessment process will center on a strengths perspective rather than on client pathology (one version of the medical model). The role of the social work profession in mediating the individual–social engagement will be traced to the roots of the profession, which has historically been concerned with both private troubles and public issues.

Social work practice skill will then be described as the method by which the social worker strives to develop a positive working relationship with the client, currently referred to in the literature as the therapeutic alliance, a relationship that allows the social worker to be helpful. The impact of the social worker’s personal self—that is, the effect of his or her feelings, ethics, or values—on his or her professional practice will also be examined. In addition, the chapter will explore the concept of *paradigms* and *paradigm shifts*, suggesting the need to shift from the traditional four-step medical model way of thinking about practice to a more dynamic and interactional approach.

The Interactional Social Work Practice Theory

This book builds on the interactional model of social work practice, which draws on a number of diverse theories that guide the helping professions. By the late



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1980s, the helping professions were in what Kuhn described as a *pre-scientific stage* (1962). The social work profession had just begun to use theories to translate empirical research into practice. In a scientific stage, by contrast, the results of research are used to modify theories, which are then used to guide new research.

In the 1990s, the profession was moving toward a scientific stage and beginning to develop an empirically based practice theory. Today, I believe that the helping professions have made the transition and are now, in Kuhn's term, in the early phase of a scientific stage of development. As such, this book integrates recent research results from both quantitative and qualitative methods. It addresses models that have been described as evidenced-based practice as well as emerging approaches, which have not yet reached this stage.

Because the social work profession is still in the early stages of this crucial theory-building process, a wide range of views is possible. In recent years, social work has seen a significant expansion of efforts to strengthen theory building by employing empirical approaches. I have completed my own effort to develop a holistic, empirically based theory of social work practice, which has at its center the interactional approach to helping (Shulman, 1991). Ideas from that model have been included in this book, as have findings from my studies associated with that effort.

In particular, I emphasize the impact of oppression on clients experienced because of their race, gender, sexual orientation, physical and mental ability, and so forth; this is countered by a discussion of resilience theory and the strengths perspective as models for understanding human behavior and how clients can overcome powerful obstacles in their lives.

All practitioners eventually develop their own practice frameworks, some more and some less explicit, and judge them by how well they explain their practice. The framework for social work described in this book has been most helpful to me in my practice, theory building, and research. It is not engraved in stone, however. Having evolved for over 50 years, it will continue to be used as a framework only as long as it appears to do the job. You should test its ideas, as with all models, against your own sense of reality and use those portions that seem helpful. I encourage my students to “write your own book.” I do not mean that literally—although I hope and expect that some will—but rather to suggest that they need to create their own models of the helping process.

Many of the skills and intermediate models in this book are not bound by one approach and can easily fit into other theoretical frameworks. Ideas from other models, some of which are identified and summarized in Chapter 17, are integrated whenever they help to enrich the core framework. For example, strategies and interventions from solution-focused practice models join the list of available practitioner tools in the beginning phase of practice. Concepts that underlie the motivational interviewing (MI) approach also fit nicely within this framework when considering how to engage clients—particularly those who are mandated and resistant. Assessment and intervention concepts described in cognitive-behavioral therapy are also useful in helping clients in the early stages of practice become unstuck in self-defeating internalizations.

Elements of a Practice Theory

Because I refer to practice theory, models, and skills throughout the text, a brief explanation of how I use these terms may be helpful. A practice theory first

describes what we know about human behavior and social organizations. The social worker then establishes a set of specific goals or outcomes based on these underlying assumptions. Finally, a description of the worker's interventions to achieve these specific goals completes the practice theory. Simply put, what we know about people (knowledge) informs our thinking about what we wish to achieve in our practice (valued outcomes) and this, in turn, guides our interventions (skills).

This approach to theorizing about practice is used throughout the text. For example, when we examine the beginning phase of work, assumptions about how people behave in new situations are related to outcomes the worker wishes to achieve during the first sessions. These outcomes, in turn, are linked to specific activities of the worker, described in more detail later as *contracting*.

As an example, clients have some degree of uncertainty about if and how a counseling relationship can be helpful to them and whether the social worker will understand their concerns. This understanding of how clients generally approach a new counseling relationship leads the social worker to set a goal in the first sessions of aiding the client to understand the kind of help that can be offered, the social worker's role, and the potential overlap—or common ground—between the client's presented need and the agency service. Based upon this understanding and these immediate goals, the social worker will use the skills of clarifying purpose, clarifying his or her role, and seeking client feedback. (These specific skills are described in more detail in Chapter 4.) For our purpose here, they demonstrate how what we know about clients in new situations (knowledge) relates to our immediate goals (valued outcomes), which in turn inform the social worker of the skills and interventions (contracting) needed in the beginning phase of work. These are the elements of a practice theory as described in this book.

Models, Skills, and Empirical Support

The term *model* is used to describe a representation of reality. One would construct a model to help simplify the explanation or description of a complex process or object. Anyone who has visited a planetarium knows (at least after a certain age) that the balls circling the sun on the ceiling are not real planets. This is a model of the solar system and as such is a representation of reality.

In this text, models are used to describe helping processes (e.g., the dynamics and skills required in a beginning, middle, or ending phase session), individual and social psychologies (e.g., resiliency and oppression theory), and the entities with which professionals work (e.g., families, groups, communities, or organizations).

The term *skill* refers to a specific behavior that the worker uses in the helping process. Many of the skills described in this text are core relationship skills, which are useful in the performance of professional as well as personal tasks. For example, empathic skills are needed by parents, spouses, and friends. I have come to believe that, for many helping professionals, the development of self-knowledge and the enhancement of personal skills are an important part of what originally inspired us to consider the helping professions. Helping others—as every candidate's application for admission to a school of social work identifies as a core motivation—is also important. The focus here will be on the use of these skills as they relate to the social work professional function, but it would not be surprising if readers associate them, at times, to other important interpersonal relationships in their lives.

Finally, although I have been conducting empirical testing of the hypotheses contained in this practice theory, this work should be seen as an ongoing process. The grounded theory approach to theory building, first described by Glaser and Strauss (1967) in the field of sociology, guides my work. Formal and informal observations from practice are used to develop constructs of the theory. Formal research is conducted both to test propositions and to generate new ones. Some of the most interesting findings of my earlier studies did not support my initial hypotheses. These helped me to expand the theoretical constructs and led to the development of the more general and holistic theory presented in the text that complements this book (Shulman, 1991).

Many of the core findings about skill from my earlier research have been supported by research in social work and related fields. Some propositions have begun to reach the replication level at which they may be described, in Rosenberg's term (1978), as theoretical generalizations. These propositions have received repeated support from many research efforts. As these ideas are presented, I shall provide citations to the supportive literature. However, even these propositions must be open to modification as further empirical efforts direct. It is in this spirit of continuous evolution that the ideas in this book are shared.

The Client–System Interaction



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A critical factor in the helping process is the way one views the client. In early attempts to conceptualize this process, the helping professions borrowed the medical model developed by physicians. The term *medical model* has also been used in recent years to characterize a view of the client that focuses on illness and pathology; however, I use it in another sense. The medical model is defined here as the four-step process of thinking about practice commonly described as study, diagnosis, treatment, and evaluation. In this framework, the knowing professional studies the client, attempts to make an accurate assessment or diagnosis, develops a treatment plan, and evaluates the outcome. The result of the evaluation, if not positive, may lead to a rethinking of the assessment or the specific treatment plan.

This is, at times, the approach taken in supervision and/or case conferences with other professionals. What this leaves out, in many cases, is a focus on the process—that is, the interaction between the social worker and the client. I don't believe this is a simple oversight but rather a result of the paradigm that has guided our thinking about social work practice since its inception with a focus on the case rather than on the process. The next section addresses both the medical model and the concept of paradigms and paradigm shifts.

The Medical Model and the Paradigm Shift



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Before I discuss the medical model—or more accurately the medical model paradigm—I need to describe the concept of a paradigm and how a paradigm may *shift*. Cottone (2013), referring to counseling and psychotherapy, suggested that

counseling paradigms are overarching philosophical, theoretical and political structures that act to categorize counseling theories accordingly. Paradigms are

“super theories,” so to speak. The paradigm framework represents a theory about theories of counseling. It is metatheoretical to the variation of theories within and across paradigm frameworks. It is the big picture. (p. 55)

Thomas Kuhn (1962), in his classic book *The Structure of Scientific Revolutions* describes a paradigm as a framework that guides theory building and research in scientific disciplines. As an example, he points to Ptolemy and his paradigm that viewed the earth as the center of the universe. This earth-centric paradigm guided astronomers for centuries. There were unexplained observations, for example, a star or our moon moving in the wrong direction; however, these anomalies were discounted when observed. The paradigm itself was not challenged.

When the telescope was invented, the paradigm shifted and suddenly our sun was seen by most astronomers, not all, as the center of our universe. Many of the observed anomalies associated with the views of Ptolemy were now explained by the shift. Kuhn suggests that this is how science works: not incrementally, study by study, but through powerful paradigm shifts in thinking.

I believe the medical model consisting of the four steps of study, diagnosis, treatment, and evaluation is itself a paradigm. It guides much of our practice as a super-arching model within which other theories are nested including evidenced-based practices. When practice is seen through this lens, it is hard to understand an alternative paradigm without making a profound shift in the way we think about practice.

The reader may remember the Gestalt psychology class where he or she was shown a line drawing of an old lady or a young lady, depending on how one shifted one’s perspective. When I shared these in a class about half of the class could see the old lady and the other half, looking at the same drawing, saw the young lady. I would point out that one could not see both at the same time. You needed to mentally let go of one in order to see the other. Some of my students were stuck and could not make the switch. A practice paradigm, shared by many in the helping professions, is also powerful and difficult to let go.

To be clear, it is not the elements of the model (study, diagnosis, treatment, and evaluation) that I question here but rather the linear way in which the process is described. I believe that the helping process does not proceed in such an orderly manner and that an *interactional model* or *paradigm* in which both client and practitioner are affecting and being affected by each other almost moment by moment, provides a more accurate description of the helping process. The helping professional who works with an individual, a couple, a family, a group, a community, or other professionals will do a great deal of thinking and planning before and after the encounter, but his or her responses to the moment will be guided by a clear sense of purpose and role, instinct, affect, and the immediate behavior of the client. This way of thinking and responding, acting and reacting—affecting and being affected by the client—will be illustrated throughout this text.

One of several problems with the medical model has been the heavy emphasis on the study phase, in which the social worker attempts to obtain a great deal of information about the client (e.g., family history, work history, and medical history) to develop the psychosocial study on which the diagnosis and resulting treatment plan are based. Obtaining such information in the early stage is important and, in some settings, essential for reimbursement of the service, yet the question-and-answer format could lead workers to ignore the equally important processes required to engage the client and to begin to develop the working

relationship. We will return to issues of assessment and diagnosis, an essential part of current social work practice, in a later chapter. For now, the argument is that the social worker needs to at one and the same time be obtaining information needed for a proper assessment and eventual treatment plan while engaging the client through a skillful contracting process as illustrated in the following example.

First Interview With a Depressed Client

Practice Points: (Note that the term *Practice Points*, used throughout this book, at the start of a paragraph indicates the text is an explanation of the detailed example that follows.) The following example illustrates how a social work student begins to connect with her new client during their first session, loses the client as she switches to taking the family history, and then catches herself as she reconnects with her client on an emotional level. Also note that rather than responding defensively to the question about experience, the student/social worker answers the question directly and then inquires as to the reason for the visit.

WORKER: Come on in and sit down. If you get too cold, just tell me and I'll close the window.

CLIENT: No, that's fine, it's very nice outside. So, what is your experience, your specialization? They tell me this is an important question to ask.

WORKER: Well, I'm a second-year graduate student at the School of Social Work. This is my second internship. My first one was at a child welfare office. I could tell you all of the theories I have learned and books I have read, but I think it is more important for you to see how comfortable you are with me.

CLIENT: I never had therapy before, so I guess we'll make a good team.

WORKER: What brought you here today?

CLIENT: I felt like driving my car into the canal. I left my husband in Florida, and I came home. I feel like this is where I belong. Basically, I feel like I'm drowning. (Tears fill her eyes.)

Practice Points: It is important that the social worker respond to the expressed emotion using a skill of articulating the client's feelings (to be discussed in detail in a later chapter). The client has not said the word *painful*; however, the social worker senses the pain from her words and her facial expressions. By saying *painful*, rather than simply asking how the client is feeling, the social worker is already demonstrating her capacity for empathy and understanding. She is also giving the client permission to express her feelings and starting to develop the working relationship (therapeutic alliance).

WORKER: Sounds like this is a very painful time for you. (Client is silent, head down.) When did you leave Florida?

CLIENT: Two and a half weeks ago. I went to Florida a year ago to save my marriage. I gave up everything for him—my friends, family, job—and I realize the sacrifice is not worth it. I'm going through the empty nest syndrome without the children. I had to adjust to his family, his way of living. There was no communication between us. I got scared! I felt more like his roommate. I always have to take care of everyone!

WORKER: You sound angry.

CLIENT: Yes, and I'm tired of it!