Chapter 1
Framework for Practice with Diverse and Oppressed Clients

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This text meets a specific need in professional education—materials that address the knowledge and skill requirements for generalist social work practitioners who assist the poor; people of color; women; gay men, bisexuals, and lesbians; ethnically and religiously diverse clients; the chronically ill; those who are physically and mentally challenged; immigrants; the aging; and others who are oppressed. Social workers, as well as other professionals working in the health and human services, need population-specific knowledge and culturally sensitive interaction skills to work effectively with changing client populations.

An educational text such as this is justified because of social work’s historic mission, the ethical mandates for the profession, the changing demographics of the populations being served by social service agencies, and lastly, the accreditation standards for social work educational programs in the United States.

The America that existed at the birth of the profession of social work a century ago is a far cry from the America in which we live today or in which we will live in the future. Previously, the typical American was thought to be white and middle class, speaking English, and living in a nuclear family where father, the head of the house, went to work every day, while mother shopped, cleaned, and baked. This image was somewhat truthful: In 1950, white English speakers dominated all social institutions, and 78% of all households consisted of married couples. Even then, however, the nation was more diverse than these facts suggest.

This is not America today. Our skin color is quite varied. One out of every four of us now identifies ourselves as Hispanic or non-white. One out of every two or three marriages ends in divorce, and more unmarried women who get pregnant keep their babies. Unmarried females head more than one quarter of all families with children under eighteen. Married couples comprise little more that half of all households. Today, 60% of all women work outside the home. It is commonly accepted that 10% of the population is gay or lesbian.

The future is likely to reflect even greater change. It is projected that by the beginning of the next century, white males will account for approximately 10% of new entrants in the workforce. Women will account for two-thirds of the growth in employment, with minority and immigrant males making up the rest. By mid-century, the average American will no longer be a non-Hispanic white.
The traditional domains of social work practice—services for children and families in the home; child welfare; schools; services for the physically and mentally disabled; within criminal justice, mental health, family violence, substance abuse service systems; and the not-so-quiet revolution in the occupational services, the health care industry, and the elder care service systems—have been affected by these shifts in client demographics. A reevaluation of the usefulness of normative client assessment processes and those normative intervention strategies targeting the individual, the family, and the community is therefore required, and the processes designed to bring about cultural and societal transformation need to be reexamined as well. Practice effectiveness with new person-in-environment situations must be explored, refined, and evaluated systematically.

The people we will study in this text have demonstrated profound social, psychological, and political resiliency throughout an almost universal history of violence and discrimination. However, in the course of the life cycle, some of these people will find the need for mental health or social services. This text is designed to prepare social workers and other health and human service professionals to better assess the concerns, problems, and issues presented by culturally diverse and oppressed clients and then to more effectively intervene with the widest possible array of interpersonal and social change methods appropriate to the presenting problem. Because social workers comprise the largest professional discipline in the mental health and social service systems, they must be well prepared to deal effectively with these needs.

It has been well documented that the population we will focus on has experienced oppression at the behest of religion, culture, and civil and criminal legal codes. As targets of institutionalized discrimination, they continue to be at risk of stigmatization and violence. Therefore, it is understandable that the most vulnerable clients appear in the full range of social work agencies and programs. While most have the same needs as their nonstigmatized counterparts, their socially constructed differences may have an impact on the perception of the problem, how the problem is sustained in the social environment, and the availability of formal and informal resources to help resolve the problem.

Social work has a long tradition of concern and advocacy for various minorities and oppressed groups. The historic mission of social work and the revised National Association of Social Workers’ (NASW) Code of Ethics requires cultural competence and a renewed commitment to practice with society’s most vulnerable groups (NASW, 2008). Cultural Competence and Social Diversity (Section 1.05) states that social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures. Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups. Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental and physical disability (p. 9).

NASW approved in 1996 and revised in 2008 its commitment to working against discrimination and to improving access to health and human services for all people. Its most recent landmark social policy statement addressed the profession’s concern for the political and psy-
chosocial status of vulnerable groups (NASW, 2008). As an example, in its social policy statement, Lesbian, Gay and Bisexual Issues, the profession clearly recognizes that homosexuality, as well as gay, bisexual, and lesbian cultures, has existed throughout history, a history characterized by persistent social condemnation and discrimination (NASW, 1997). Similar attention was directed toward the concerns of women and African Americans at the 1996 Delegate Assembly. The association also has identified the elderly, the poor, immigrants, the physically and mentally disabled, and ethnic groups for policy refinement at the 1999 Delegate Assembly. The Code of Ethics (2008), when identifying social workers’ ethical responsibility as professionals under Competence (Section 4.01), states that they “should strive to become and remain proficient in professional practice and the performance of professional functions.” Discrimination (Section 4.02) states that they “should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.”

The standards set by the Council on Social Work Education (CSWE) in 2008 for BSW and MSW curricula have attempted greater clarity in guiding social work educators in the preparation of students for practice that reflects the profession’s values and commitments. Education Policy and Accreditation Standards (2008), 3.1, states that programs in social work education must provide content related to “oppression and to the experiences, needs, and responses of people who have been subjected to institutionalized forms of oppression…. The curriculum must provide content on ethnic minorities of color and women…. groups that have been consistently affected by social, economic and legal bias or oppression…. those distinguished by age, religion, disablement, sexual orientation, and culture” (CSWE, 2008, pp. 10-11). Now that we have established justification for professional preparation related to cultural diversity and oppressed populations, the goals for this project can be stated.

The primary goal of this book, then, is to present information to students and professionals designed to improve the delivery of health, mental health, and human services to culturally diverse and oppressed people, their families, and their communities. Specifically, the text will present theories for practice, which will inform multicultural understanding necessary for a person-in-environment assessment of culturally diverse and oppressed clients. Theory related to gender, ethnicity, race, culture, sexual orientation, class, aging, disability, and religion, as well as individual and group identity development and social conflict, will be drawn from the social work literature and the empirical work of the foundation disciplines of anthropology, sociology, social psychology, political science, psychology, and multicultural studies. The use of this social science knowledge base expands the parameters of the practitioner’s understanding of social systems and environmental factors.

Most clients of social workers present themselves or are referred for help because they are having difficulties in their social role function, such as their relationships with others in their family, at work, at school, or in the community. The social functioning is a person’s overall performance in his or her social roles.

A second goal is to present an analytic framework from which to assess problems in the biopsychosocial environment. The dynamics of oppression will become clear to the practitioner after an exploration of the concepts of culture, power, control, privilege, and stratification.
These are explicit in racism, ethnocentrism, sexism, classism, ableism, heterosexism, age-ism, xenophobia, and religious bigotry. The “isms” are the social arrangements that become toxic or problematic in the client’s social environment. Concepts of individual and group identity and related notions of trauma, shame, guilt, risk and resilience, and internalized oppression, as well as social stereotype, isolation, marginalization, and stigmatization, will be presented as foundation knowledge. In social work, a person and his or her environment are regarded as interacting, each influencing and shaping the other. The aforementioned theories suggest environmental problems, which are factors outside of the client, that affect social functioning and well-being.

A third goal is to present theories of practice that emphasize cultural strengths and individual and group resiliency, which will inform effective intervention with culturally diverse and oppressed people, also with their impinging environments (social arrangements and institutions). Practice will include interventions with the individual, families, small groups, and communities. Models of practice with specific vulnerable groups will be analyzed for the utility with other oppressed populations.

The fourth goal is to encourage the systematic evaluation of proposed practice assessment and intervention strategies with culturally diverse persons in various environmental situations.

The objectives are practice oriented and quite specific: to increase skills in biopsychosocial assessment and the effectiveness of biopsychosocial interventions. Ultimately, this is an effort to help social workers minimize the influences of racism, classism, sexism, and other oppressions in their practice and, over time, in the environments in which their clients function. Because this text is designed to supplement the rich literature related to generalist and advanced practice and to our expanding knowledge of human diversity in general, the authors will not attempt to introduce, elaborate, or summarize the general foundation knowledge, values, and skills commonly associated with social work practice. Rather, the emphasis is on the knowledge, values, and skills needed for practice with these specific populations.

Social workers are uniquely situated to serve the most vulnerable. Social work emphasizes the dual focus on the individual and his or her social environment. Social work interventions are directed at the interaction between people and society. This work at the interface involves helping individuals understand and cope with their environments, as well as advocating for social change aimed at improving opportunities and the quality of people’s lives.

This text focuses on typical problems and treatments for psychological and life stage issues but it does not discuss major psychiatric problems. The problems selected for discussion exclude those with gross social disorganization or serious psychopathology requiring intensive psychiatric intervention. The issues covered include individual, community and intergenerational trauma, internalized oppression and guilt and shame; lack of integrated positive minority identity; family conflict; relationship difficulties; substance abuse; violence; AIDS; role and status changes over time; and the impact of their marginal status on the access to health and social services, the development of community, and the recognition of social, political, and legal rights. The interventions included are designed to maximize human potential, improve psychological and interpersonal functioning (specifically social role functioning),
and develop a positive self-identity, group consciousness and identity development, community and institution building, as well as institutional change to sustain supportive and nurturing social environments. This is a demanding task, one in which the practitioner is required to understand a range of social science and practice theoretical frameworks, and then a range of mid-level assessment and intervention frameworks, and lastly specific skills and knowledge.

The process of moving from a commitment to culturally sensitive practice to professional tasks and methods is not simple. This vast body of psychosocial and cultural knowledge must be channeled into knowledge for use. We must decide what information is necessary and appropriate in order to inform the development of an assessment and the implementation of an intervention that is empirically grounded. We will now turn our discussion to frameworks will help us focus on specific bodies of knowledge.

Theory for Practice

The groundwork for this proposed change-oriented practice with diverse people is laid by distinguishing among three kinds of theory: a theory of practice, a theory for practice, and a theory of caring. Robert Vinter (1967) describes a theory of practice as consisting of “a body of principles, more or less systematically developed and anchored in scientific knowledge, that seeks to guide and direct practitioner action” (p. 245). These principles are “directed not at understanding reality, but at achieving control over it” (p. 432). Observing social workers as they go about their work with culturally diverse and oppressed clients and then codifying what they are doing could formulate a theory of practice. From these observations, it should be possible to specify what social workers do and what results they get. A theory constructed from observations may describe present practices, but it has a limited ability to improve it or to bring about change. In addition, psychosocial interventions specifically designed for many of these vulnerable clients have had too variable a history for systematic observation. Contemporary theories of practice, especially the ecological model (Meyer, 1993; Hepworth & Larsen, 1993; Germain, 1991; Compton & Galaway, 1989), supported by a diversity framework and the strengths and empowerment perspectives (Solomon, 1982; Saleebey, 2009), appear to be effective in addressing the needs of this population. This is the theory of practice advanced in this text.

A theory for practice is a system of ideas or statements that explain social work practice. It provides for the development of practice models and principles out of which actual practice might evolve. Instead of being based on the norms and roles of the profession, it is more likely to be indebted to the social, behavioral, and biological sciences. A proposed theory for practice could be developed from the ideas and content in this book, but only after it is bolstered with the clinical and empirical research of practitioners. Longres (1995) suggests that “a theory for practice is a prerequisite for the development of a practice theory . . . it can be understood as a system of statements intended to explain human behavior and make it comprehensible, toward the ultimate purpose of learning how to control human behavior” (p. 3). The discussions that follow are structured to make the life experience of diverse populations com-
prehensible to the social work practitioner. The authors seek to contribute to practice theory by synthesizing a body of theory related to each population from a social systems perspective.

The purpose or function served by social workers is to help people out of their predicaments. It is hoped that a better society will emerge in the process of doing this. Behind these vague general statements lie many contradictions and complexities. Does practice help the client by helping her adjust and cope with the realities and demands of the larger society? Does practice help the client by championing her cause and insisting that society accommodate her needs? These questions are the core of an age-old dilemma within the profession, whether the function of social work is social control or social change. In practice, it is not always easy to distinguish between these philosophies. Longres (1981, pp. 55–56) suggests that in reality most practice is oriented somewhere in between: “. . . it follows what might be called a liberal philosophy, accepting a certain degree of conformity while working for a certain degree of within-system change.”

Longres (1981) further notes that social workers by tradition operate on the basis of a theory of caring. While theories of practice and for practice strive to be empirical and therefore free of values, a theory of caring is value dominated. Practitioners adopt the value that it is good to show care, and they support their practices with political and ideological values concerning the best ways to show care. While this is both necessary and good, practice cannot be based solely on values. However, a value stance that holds that discrimination and prejudice directed against any group is damaging to the social, emotional, and economic well-being of the affected group and of society as a whole leads to a commitment to advancing policies and practices that will improve the status and well-being of all people, but specifically “to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability” (NASW, 1997, p. 351). In this book we develop a perspective on practice with these populations that combines a theory for practice with a theory for caring; that is, a we develop a perspective on a particular set of underlying values. As we present theories of human behavior, we will evaluate them from a social work value perspective of concern for human dignity and social justice.

**Ecological Framework for Practice**

Contemporary social work views human needs and problems as generated by the transactions between people and their environments. The goal of practice is to enhance and restore the psychosocial functioning of persons or to change the oppressive or destructive social conditions that negatively affect the interaction between persons and their environments. The ecological model of practice (Meyer, 1993; Hepworth & Larsen, 1993; Germain, 1991; Compton & Galaway, 1989), the framework used in this text, consists of five interconnected domains or levels: (1) historical, (2) environmental-structural, (3) cultural, (4) family, and (5) individual. The lives and social conditions of clients should be assessed in relation to each of these domains.
The ecological model of practice recognizes that transactions between the individual and the environment are products of all these domains and thus complex and disruptive of the usual adaptive balance or goodness-of-fit, often resulting in stress. This approach to practice emphasizes the adaptive, evolutionary view of human beings in constant interchange with all elements of their environment (Meyer, 1993; Hepworth & Larsen, 1993; Germain, 1991; Compton & Galaway, 1989). Adaptation, a key concept in this framework, refers to the exchanges of information, energy, and matter between persons and environments. This is an active, dynamic, and often creative process, wherein each element of the ecosystem shapes the other. The practitioner’s task may be to assist directly or indirectly in the process of developing a positive self and group identity, to manage the information around the stigmatized identity, and to advocate for more nurturing (nondiscriminatory) environments. In this model, the worker’s attention is directed to people’s problems of living, and the importance of client strengths is readily apparent.

The history of positive and noxious factors in the experience of people sets the context for understanding any presenting problem. The history of group oppression and exploitation should be noted. Oppression has taken form in religion, culture, law, and social stratification. U.S. society, strongly influenced by interpretations of Judeo-Christian moral codes, is conflicted when confronted with difference. While change is in fact occurring, not one of these social structures could be characterized as nurturing. At best, they are benign (Appleby & Anastas, 1992).

The ecological model of practice also deals with the processes that give rise to stress and problems in living. Germain and Gitterman (1980) define stress as a psychosocial condition “generated by discrepancies between needs and capacities, on the one hand, and environmental qualities on the other. It arises in three interrelated areas of living: life transitions, environmental pressures, and interpersonal processes” (p. 7). New responses are required by the changing demands associated with life transitions. All life transitions require cognitive, affective, and behavioral or relational shifts because of changes in the capacities, self-image, worldview, uses of environmental resources, and the development of new goals. All these shifts require the restructuring of one’s life space. For example, the lesbian or gay client often experiences major shifts in confronting the life transitions of coming out, pairing with a life partner, having children, or aging. Stress is likely to be especially great if the change is sudden and unexpected, whereas gradual change affords time for advanced preparation.

Environments can be the source of stress depending on whether they support or interfere with life transitions. Opportunity structures may be closed to marginalized groups. The presence of well-organized hate groups, such as the Ku Klux Klan, Society for the Advancement of Straight People, or English Only Councils, as well as state statutes that promote discrimination, will cause stress in even the most well-adjusted individual. Even organizations designed to meet adaptive needs, like health, mental health, and social service agencies, may have stressful policies and procedures. Social networks, such as coworker and professional associations, may be unresponsive so that isolation or conflict results. Even physical settings may be unsuitable and lead to stress.
Interpersonal processes can also lead to adaptive challenges. Primary groups, such as family and friends, in dealing with life transitions or unresponsive environments, may experience added stress because of relationship patterns within the group itself. Maladaptive processes such as inconsistent mutual expectations, exploitive relationships, and blocks in communication are sources of stress to individual members and to the family or group itself (Germain, 1991).

Interpersonal interventions should address client powerlessness by using strategies that enable clients to experience themselves as competent, valuable, and worthwhile individuals and members of their cultural group. The practitioner must use his or her professional power to facilitate a cognitive and behavioral shift in clients’ sense of being trapped in a subordinate role, to counter the myths and stereotypes about their marginal status, to avoid the internalization or acting out of stereotypes, to change negative cultural identity and self-perception of being powerless and victims, and to learn new strategies for not colluding in their own victimization. These strategies are often referred to as stigma management, a lifelong process of information management concerning social stratification and identity. It is a process of carefully controlling what others know about them. The practitioner may assist the client to share her identity or to conceal it depending on the particular situation. These strategies, according to Cain (1991), actually involve complex interactional negotiations. Disclosure often entails careful planning and execution, and concealment requires close attention to many details of social presentation. Herdt and Boxer (1991) would argue, however, that common practice remedies represent an older, more traditional social service model, wherein pathology, stigma, contaminated self, and stigma management are core constructs, and therefore are off the mark. In reference to gay and lesbian people, they would advocate for a “queer” model that emphasizes building a “queer” community, positive “queer” identity, and radical social action. The practice interventions would include community development, community and public education, consciousness-raising and self-help groups, political mobilization, and coalition building with other oppressed groups with the intent of transforming society. This controversy reflects an age-old macro-versus-micro practice debate or the either/or position of social transformation versus reform and remedial change. The profession historically has moved back and forth between these two positions. Many practitioners attempt to combine both approaches, leaving the philosophical and theoretical debate to social work faculty.

However, the perspective of this text suggests that the psychosocial forces previously discussed be reframed so as to inform social work practice that focuses on policy and community change. Practitioners must understand and direct their energies to environmental pressures (discrimination, violence, prejudice, and the lack of civil rights protections) into action that influences society’s definition of and response to social problems, needs, or concerns of the community. Practitioners must be skilled in mobilizing the political and collective will so as to transform private troubles into public issues. Finally, practitioners should design and implement, with extensive input from oppressed clients, effective laws, program policies, and community-based institutions and services. These should reflect the values of the profession and be based on sound knowledge about each of the vulnerable people as presented in this text.
Diversity and Strengths Perspective

The task ahead is to better understand the life transitions, environmental pressures, and interpersonal processes that are unique to each target group. While this general model of intervention moves us in that direction, it becomes more complicated in the specifics. If the practitioner were to draw on normative theories of human functioning associated with the five levels of assessment noted or the three processes in living just described when assisting a marginalized client, the psychosocial assessment and the interventions made might be well off the mark. The assumptions made by the clinician would fail to recognize the specific cultural context within which the client functions, his strengths, his adaptations as a result of little-known community resources, or his effective coping strategies typical of most minorities.

This failure to recognize the client’s strengths would be partially due to the societal norm of cultural blindness, or the melting pot ethos. The yardstick for understanding and delivering services is white, middle class, and heterosexual (Pinderhughes, 1989). Effective practitioners act on the social work commitment to respect human diversity by placing all clients in their own cultural context and then drawing on a strengths perspective (Saleebey, 2009) wherein it is assumed that all clients possess untapped reserves of mental, physical, and emotional resources that can be called on to help them develop, grow, and overcome their problems. The social work literature related to feminist practice (van Den Bergh & Cooper, 1986) or work with people of color (Pinderhughes, 1989; Solomon, 1982; DeVore & Schlesinger, 1981) offers a clarity of perspective on assessment as well as a range of empowering interventions appropriate for other culturally diverse groups.

An ecological perspective, which is supported by a diversity framework, can help the worker to get beyond the ethnocentric, sexist, class-biased, heterosexist formulations of normative theories. The client’s perception of his or her life problem or stress, as well as the worker’s understanding of that perception, must be seen as complex and variable. All people do not necessarily experience particular events or processes in the same way as either negative or positive. Other factors, such as social supports/networks (Maguire, 1983; Waters, 1994), hope (Snyder, 1994), or a sense of coherence (Antonovsky, 1987) may intervene in significant ways. Age, gender, sexual orientation, race, social class, spirituality/religion, ethnicity, abilities, lifestyle and culture, health status, experience, attitudes, vulnerability, and other personality features will affect whether an event, status, or process will be experienced as stressful. It is important to remember that there is often as much diversity within a particular group as between groups. Therefore, any client should be asked to differentiate his or her own individual experiences as a member of a particular diversity or reference group as a cautionary step against working from stereotypic assumptions (Greene, 1994).

Just as there is an extensive literature related to ecological and empowerment models of social work practice, the recent attention given to cross-cultural or diversity practice has been impressive. There seems to be a consensus that practitioners should, at a minimum, start with an awareness of their own culture; be open to cultural difference; be committed to a client-oriented, systematic learning style; use cultural awareness; and acknowledge the integrity of culture. Greene (1994) in her summary of this literature notes that it is impossible to gain intimate, comprehensive, detailed knowledge on all groups, thus it seems improbable that an
overarching model will emerge. However, it is clear that for multicultural practice to be effective, the client (his or her experience and meaning) must be put at the center of the helping process. This involves an attitude of respect for the client’s experiences and lifestyle, an appreciation of the client’s right of self-determination, knowledge about the client’s group’s life, skill in helping, and knowledge of human behavior.

**Value Base for Practice**

The value base for practice with diverse and oppressed populations is a theory of caring based on values of justice, independence and freedom, the importance of community life, client self-determination, and social change. Justice must be accessible to all on an equal basis; it must be impartially applied. Social conditions must be just. People want to feel a sense of self-importance and have a real ability to make decisions that affect their own lives. Independence and freedom are needed to experiment, reflect, and change. People generally want to create their own communities, to have a chance to experience support and a feeling of belonging, to have greater power over their lives, and to find ways of resolving problems. On the other hand, when people are isolated, they may become victims of exploitation and alienation and feel powerless, vulnerable, and unimportant. People want a chance to affect their own future, to make choices. A sense of accomplishment comes from engaging in action, not from being acted on. Products of change are all around us, and it is these that feed our sense of optimism (Appleby & Anastas, 1998). These values often conflict with those of the broader society.

Zimmerman (1995) reminds us that the value traditions that emerged as dominant in the United States when this country was founded were individualism, private property, and minimal government. These value traditions became the basis for legitimizing society’s institutional structures, normative framework, and system of social control. These values also are the traditions that form the basis for how members of the society have come to view families, government, the economy, and their relationship with each other, and for how they think the fabric of society ought to look like. These values present problems for many of the populations studied in the text.

**Assessment and Intervention Framework**

The text will explore theories for practice (Longres, 1995), specifically the empirical knowledge of vulnerable populations that informs client system assessment. This theoretical knowledge related to a wide range of culturally diverse and oppressed populations has received too little attention. While normative theory will continue to inform most practice, culturally specific content, as presented in this text, will add greater depth to assessment and intervention. Oppression will be a common conceptual framework for understanding the experience of minority and other vulnerable populations. This will help the practitioner to systematically center the client’s experience in a social environment with real and potential social and psychological barriers. The client’s personal, reference group, or cultural adaptation to these toxic, non-nutrient environments will be incorporated methodically into assessment.

The integration of all relevant theory is intellectually demanding, thus our task is to turn professional analysis into something more manageable for both the instructor and the learn-
er. A specific framework will be used to limit the conceptual parameters, that is, a focus on the clients’ problems in social role functioning in difficult environments. This will be operationalized by using Factors I and II of the classification system developed by Karls and Wandrei (1994a). The person-in-environment (PIE) system is designed to describe and code client problems in social functioning in terms of role performance (family, occupation, interpersonal, and life situational roles) as influenced by problems in the environment (economic/basic needs system; educational/training system; judicial/legal system; health, safety, and social services system; voluntary association system; and affectional support system). The practitioner is encouraged to become familiar with the PIE system, which is in both text and manual form.

Without some way of classifying client problems (emotional, mental, or social), social workers, like other human service professionals, must rely on descriptive statements that may or may not convey essential factors, and may vary in format, focus, and language from worker to worker and from agency to agency. It is important not only to have classification systems but also to have systems that lead to intervention decisions that produce the results expected by both the client and the funders of services. Karls and Wandrei (1994b) developed a classification system that addresses social work’s need to integrate and understand the interrelationship of the person and his or her situation and the environment. This system will be used extensively by social workers in the future.

The PIE system starts with the premise that social workers draw on four classes of information to describe their clients: social functioning, environmental problems, mental health problems, and physical health problems. While the four factors are discrete, in that each stands for one facet of the client’s problem, the complexity and interactiveness of all factors are understood. The four factors are as follows:

- Factor I: Social Role Problem Identification
- Factor II: Environmental Problem Identification
- Factor III: Mental Health Problem Identification
- Factor IV: Physical Health Problem Identification

Factors I and II are unique to social work practice and commonly associated with generalist practice. Factor III borrows that which is useful for social work practice from the DSM-IV system: Axes I and II. Factor IV is a listing of physical health problems, using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM; U.S. Department of Health and Human Services, 1991). All four factors cover the attention of advanced or clinical practice. Karls and Wandrei (1994a) note, “by identifying primacy of social work in social intervention and environmental areas, PIE clearly helps differentiate the role of the social worker from that of other mental health and health professionals” (p. 24). From the standpoint of this text, using this framework we are able to order our knowledge so as to better understand the nature of social functioning and environmental problems of culturally diverse or oppressed clients. Our task is to identify theory and empirical knowledge associated with social functioning, specifically social role performance related to *family roles* (parent, spouse, child, sibling, other family roles, or significant other role), *interpersonal roles* (lover, friend, neighbor, member, other interpersonal), *occupational roles* (worker-paid, worker-
home, volunteer, student, other occupational role), and special life situation roles (consumer, inpatient client, outpatient client, probationer/parolee, prisoner, immigrant–legal, immigrant–undocumented, immigrant–refugee, other special life situation role). (See Table 1.1.) These roles can be defined in terms of fulfilling a recognized and regulated position in society. Tradition, law, and societal and family values define the content of roles. While the functions related to each role are the same across cultures, the way the functions are achieved may vary from culture to culture or from individual to individual within a specific culture. The worker identifies the social roles with which the client is experiencing difficulty and then the type of interactional difficulty: power, ambivalence, responsibility, dependency, loss, isolation, victimization, mixed, other. The listing of types of problems attempts to provide standardized terminology to describe the most commonly observed types of interactional difficulty (Karls & Wandrei, 1994a). The problem is then analyzed from the perspective of level of severity (no problem, low, moderate, high, very high, catastrophic), the duration of the problem (more than five years, one to five years, six months to one year, one to six months, two weeks to one month, less than two weeks), and the client’s ability to cope with the problem (outstanding, above average, adequate, somewhat inadequate, inadequate, no coping skills). All responses are coded, and all recommended interventions should be listed.

**TABLE 1.1  Factor I: Social Role Problem Identification**

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<tr>
<th>Roles</th>
<th>3. Occupational</th>
<th>4. Special Life Situation</th>
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<tbody>
<tr>
<td>1. Family</td>
<td>a. Parent</td>
<td>a. Consumer</td>
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<td>a. Parent</td>
<td>b. Spouse</td>
<td>b. Inpatient Client</td>
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<tr>
<td>b. Spouse</td>
<td>c. Child</td>
<td>c. Outpatient Client</td>
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<tr>
<td>c. Child</td>
<td>d. Sibling</td>
<td>d. Probation/Parolee</td>
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<tr>
<td>d. Sibling</td>
<td>e. Other Family Role</td>
<td>e. Prisoner</td>
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<td>e. Other Family Role</td>
<td>f. Significant Other</td>
<td>f. Immigrant—Legal</td>
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<tr>
<td>f. Significant Other</td>
<td></td>
<td>g. Immigrant—Undocumented</td>
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<tr>
<td>2. Interpersonal</td>
<td></td>
<td>h. Immigrant—Refugee</td>
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<tr>
<td>a. Lover</td>
<td></td>
<td>i. Other Special Life Situation</td>
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<td>b. Friend</td>
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<td>d. Member</td>
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<tr>
<td>e. Other Interpersonal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor II draws our attention to six environmental problem areas: economic/basic needs system; education and training system; judicial and legal system; health, safety, and social services system; voluntary association system; and affectional support system. Specific problems within each system are identified; these then are analyzed from the perspective of severity, duration, and coping ability of the client. The codes for these systems are listed in...
Table 1.2. Just as it was noted that culture and intergroup differences might have an impact on social role functioning, problems with environmental systems may also be related to the client’s culture or an expression of the dominant culture. The worker’s understanding of diversity literature is crucial here. See the Evaluation Forms for Factors I and II in the appendix.

<table>
<thead>
<tr>
<th>Environmental Systems</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Economic/Basic Needs System</td>
<td>5000.XX</td>
</tr>
<tr>
<td>Food/Nutrition</td>
<td>5100.XX</td>
</tr>
<tr>
<td>Shelter</td>
<td>5200.XX</td>
</tr>
<tr>
<td>Employment</td>
<td>5300.XX</td>
</tr>
<tr>
<td>Economic Resources</td>
<td>5400.XX</td>
</tr>
<tr>
<td>Transportation</td>
<td>5500.XX</td>
</tr>
<tr>
<td>Discrimination in Economic/Basic Needs System</td>
<td>5600.XX</td>
</tr>
<tr>
<td>2. Education and Training System</td>
<td>6000.XX</td>
</tr>
<tr>
<td>Education and Training</td>
<td>6100.XX</td>
</tr>
<tr>
<td>Discrimination in Education/Training System</td>
<td>6200.XX</td>
</tr>
<tr>
<td>3. Judicial and Legal System</td>
<td>7000.XX</td>
</tr>
<tr>
<td>Judicial and Legal</td>
<td>7100.XX</td>
</tr>
<tr>
<td>Discrimination in Judicial/Legal System</td>
<td>7200.XX</td>
</tr>
<tr>
<td>4. Health, Safety, and Social Services System</td>
<td>8000.XX</td>
</tr>
<tr>
<td>Health/Mental Health</td>
<td>8100.XX</td>
</tr>
<tr>
<td>Safety</td>
<td>8200.XX</td>
</tr>
<tr>
<td>Social Services</td>
<td>8300.XX</td>
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<tr>
<td>Discrimination in Health, Safety, and Social Services System</td>
<td>8400.XX</td>
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<tr>
<td>5. Voluntary Association System</td>
<td>9000.XX</td>
</tr>
<tr>
<td>Religious Groups</td>
<td>9100.XX</td>
</tr>
<tr>
<td>Community Groups</td>
<td>9200.XX</td>
</tr>
<tr>
<td>Discrimination in Voluntary Association System</td>
<td>9300.XX</td>
</tr>
<tr>
<td>6. Affectional Support System</td>
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</tr>
<tr>
<td>Affectional Support</td>
<td>10100.XX</td>
</tr>
<tr>
<td>Discrimination in Affectional Support System</td>
<td>10200.XX</td>
</tr>
</tbody>
</table>


Conclusion

This chapter has presented a broad justification for developing culturally sensitive practice competence with the ever-expanding diverse client populations served by social workers. A process for selecting an appropriate body of theoretical and empirical knowledge was considered. The outcome of this text is, then, to present information about specific oppressed groups that will improve the quality of social work assessment and the array of social work interventions. In the next chapter, we will discuss sociocultural theories related to all oppressed groups and psychosocial knowledge related to marginalized individual and group adaptation, coping, and change.
References


