

Box 3.1 Theory into Practice—Ecological Perspective and Grief Therapy: Case Study

Grief Therapy: Erich Lindemann (1944) first introduced the idea that grief was a unique syndrome that required specific clinical techniques to address it appropriately and effectively. Worden (2009) distinguishes grief counseling from grief therapy, noting that counseling guides clients through acute grief, while grief therapy focuses on helping people resolve disabling or prolonged complicated grief through the use of clinical tools, skills, and family and community resources appropriate to the client's needs and environment.

Janine is a 45-year-old recently widowed professional photographer and mother of three teenage girls, ages 13, 16, and 19. Janine has always counted herself lucky to have been born into a well-established family of successful business entrepreneurs, which gave her opportunities for exploring the world and her passions throughout her developmental years and into her chosen career of photography. She and her husband of 20 years, Roger, an environmental attorney, lived a well-

established, stable, upper-middle-class life throughout their married life until his sudden and unexpected death six months ago. They have resided in the same historic neighborhood in the suburbs of Chicago for the past 15 years and have been involved in community life with neighborhood friends, volunteered at their daughters' school, and served on several boards of directors for nonprofit agencies that promote the arts, especially among underprivileged children. Since the death of her husband, Janine has found it increasingly difficult to meet her professional and community obligations and to be attentive to her daughters' needs. She is prone to depression and bouts of uncontrollable sobbing and feels empty and alone and unprepared for navigating this new territory of loss in her life. Family members have been supportive but have returned to their own lives and routines, adjusting to the loss of Roger.

Over the past two weeks, Janine's oldest daughter, Christina, has been increasingly concerned about her mother. After

contracting the 24-hour crisis line and talking with a volunteer, Christina is even more convinced that her mother needs help. Christina finally convinced her mother to reach out for help. Although not willingly, Janine has agreed to give therapy a chance. Now you are sitting with her, and she can barely catch her breath, as she cannot stop crying. You sit with her and do not say much other than to give her the space to "let go." After about 30 minutes, Janine is finally able to talk in very general terms about how hard her life is now and how much she misses Roger. She tells you that she had the perfect life and the perfect husband. They were best friends, and she can barely make it through the day, as she aches so much for him. Losing Roger has changed her world completely, and she no longer feels the rhythm and balance that life once offered.

She apologizes for spending the entire time crying and gets up to leave. You ask her to stay, as you are concerned about her leaving in such a highly emotional state. She sits back down and states, "I am so sad and so miserable. Will this ever get better?" As a social worker, you know that things will eventually get better for her, but it will be a different life, and Janine will eventually find new things, interests, and people to bring the rhythm and balance back into her life. You say, "You were fortunate to have Roger in your life and feel unsure about how to carry on without him. Grieving takes time, and we all deal with death in very different ways. I can support you as you start the process of grieving, but you must be kind to yourself. You have children who love you and count on you too. I believe that you will feel better and will find peace, but it takes time. Please consider coming back next week."

Janine agrees to meet with you next week. After the session ends, she tells Christina that you, the social worker, were hopeful, and therefore she felt a tinge of hope too.

The life model application in practice guides the practitioner in assessing life stressors, stress levels, and coping mechanisms in the client and seeks to use interventions that restore or enhance relatedness, self-esteem, and self-direction. Specific goals toward these aims are outlined and established with the client. The life model is grounded in the principle of empowerment and as such is particularly sensitive to cultural, physical, and social contexts. Aspects of empowerment that are central to the life model include the following:

- Client and social worker as partners in change
- Recognizing clients as expert on their lives
- Sensitivity to the power differential in the client–social worker relationship (Germain & Gitterman, 1997, 2008)

Box 3.B Now You Try It . . . Applying the Life Model

Review the case study of Janine in the Theory into Practice Box 3.1.

1. What strengths can you identify in Janine?
2. What resources can you identify in Janine's environment?

3. Suggest one change that Janine might make in her environment that may help her create a better person in environment fit.

The evolving working relationship between the client and social worker within the empowerment practice principles is geared to enhancing clients' access to personal power and in turn promoting a sense of self-worth. When clients have the ability to experience efficacy in their relationship to their environment, they grow in feelings of competence, promoting decision making that gives direction to clients' lives (Germain & Gitterman, 1997, 2008). Using the guidance provided in Box 3.B, try to apply some of the life model concepts to the case study of Janine presented in Box 3.1.

Human Rights and Justice

Behavior: Apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels.

Critical Thinking Question: How is the life model of social work practice similar to the ecological perspective? How is it different?

Strengths Perspective

The **strengths perspective** of social work practice springs from the values that permeate the profession—*inherent worth, human dignity, and self-determination*. Putting these values into action requires that we believe in the *unleashed power* that resides in all human beings and the possibility of change. Client strengths become the resources for change that move them forward to growth, mastery, and self-actualization (Miley et al., 2013). Box 3.4 summarizes the assumptions that underlie the strengths perspective.

An important aspect of the strengths perspective is that it provides social work practitioners with an alternative framework for practice that is counter to the deficit model that has dominated human services perspectives (Saleebey, 2013). Often, social workers find themselves in practice contexts that subscribe to the medical model of practice that focuses on remedial care and "fixing" what is broken. If social workers are not armed with theoretical frameworks that emphasize the inherent worth of

Box 3.4 Underlying Assumptions of the Strengths Perspective

1. Everyone is imbued with abilities, capacities, talents, and competencies.
2. People have an inherent capacity for growth and change.
3. Life traumas may have a negative impact on people's lives, but they can also serve as a source of growth.
4. The upper limits of people's ability to grow and overcome adversity is unknown and unknowable.
5. Problems do not reside within the person but occur in the transactions within and across systems.
6. People are experts on their own lives.
7. People's friends, families, and communities are reservoirs of resources that are or can be made available.
8. Growth is future focused on what is possible.
9. Mastery and competence are best attained within a supportive process.
10. People generally know what will and will not be helpful in overcoming the challenges they face.

Sources: Miley et al. (2013), Spandler and Neuner (2015)