

emotive behavior therapy (a form of cognitive-behavioral therapy), worked under the assumption that "cognition, emotion, and behavior are not disparate human functions but are, instead, intrinsically integrated and holistic" (Ellis & MacLaren, 1998, p. 3). Cognitive-behavioral theories focus on present conditions in a client's life and identify cognitive distortions, conflicts in belief systems, and misconceptions that may contribute to problematic behaviors and symptoms in the client. Through restructuring how clients perceive their world and themselves in relation to it, symptoms can be reduced or eliminated and future behaviors changed. This process of change is referred to as cognitive restructuring. While cognitive-behavioral therapies (CBT) tend to focus on the present with a hope for an improved future, they also acknowledge that current behavioral thinking problems often have their origins in the past. Both behavioral and cognitive therapies assume that a client's maladaptive behaviors and associated thinking patterns can be unlearned (Beck, 1970; Singer, 2009; Walsh, 2013).

Humanistic Theories

Humanistic theories emerged from the work of Carl Rogers, who posited that people have within them everything that they need to achieve their full potential. Humanistic psychology seeks to understand what it means to be fully human and to use the highest forms of humanity to illuminate lower forms so that we may more fully be. This suggests there is greatness in each of us to achieve and is at odds with the work of reductionists who look to abnormal psychology to explain human behavior. Rather than limiting our views to understanding illness and maladaptive behaviors, we might come to know what lifts people up toward the expression of their highest potential (Moss, 2015). Central to humanistic approaches is the therapeutic relationship, with a primary focus on the therapists being authentic and genuine and having unconditional positive regard for their clients. Humanistic therapeutic approaches are concerned with the here and now and place little emphasis on the past or future. Widely used humanistic therapies include person-centered counseling, Gestalt therapy, humanistic psychology, transactional analysis, and transpersonal psychology (Moss, 2015; Rogers, 1957; Singer, 2009; Walsh, 2013).

Postmodern Theories

The fourth category of practice theories is postmodern theories. Postmodern practice theories are grounded in the belief that reality is subjective in nature and therefore open to multiple interpretations, which themselves are influenced by personal experiences and values and the social and political norms and language in a given historical context. For example, in the context of twelfth-century religious influence, self-starvation was interpreted as a saintly act of women who had feared to detach from the world and to miraculously sustain themselves on spiritual sustenance alone. This starkly contrasts with the current scientific context of the twenty-first century, when self-starvation is considered one of the most resistant and difficult-to-treat psychological disorders and has been given the label of anorexia nervosa (Lock, Epston, & Mahsel, 2004).

Postmodern theories reject therapeutic approaches that privilege the interpretation of a client's reality at the expense of others (e.g., the application of the

Diagnostic and Statistical Manual of Mental Disorders over the meaning given by the client). Postmodernists believe that since reality is a social construction, the therapeutic relationship is central to positive change in clients' lives by reconstructing the meaning attached to the contexts in which they live and experience life. Postmodern approaches argue that the very labeling of a group of client symptoms with a diagnosis serves to elevate the social worker to a "healthier" and therefore preferred status. The fundamental power differential that exists between the client and social worker within the traditional human service and medical models demotes the client to a position of "other" or "less than" from the outset of the therapeutic relationship. Within the postmodern perspective, therapeutic interventions, then, are the means of those in power to gain and maintain control over others (Carpetto, 2008; Singer, 2009; Sommers-Flanagan & Sommers-Flanagan, 2004; Walsh, 2013).

Two popular and effective therapeutic approaches that grew out of postmodernism are narrative therapy (originated by David Epston and Michael White) and solution-focused therapy (developed by Steve de Shazer). The narrative therapy approach focuses on helping clients resolve their problems through restoring their lives. The narrative social worker sees the problems that the client presents with as socially constructed stories influenced by family and cultural norms and the dominant social, economic, and political interpretations of who they are. For example, in today's social, economic, and political context, there are dominant ideas about the poor: who they are, and why they are poor. Many of these interpretations of the poor place the problem within poor persons, making them problematic. Thus, to be poor is a problem with which comes many negative assumptions about individuals who are poor (i.e., they are lazy, unmotivated, uneducated, or trapped in a culture of poverty). The role of the narrative therapist is to help clients to restore their lives, or to find a more positive alternative story that frees them from their problem situation (Lock et al., 2004).

Solution-focused therapy seeks to help clients construct a preferred future state through the application of the miracle question strategy developed by de Shazer (1988):

Suppose you were to go home tonight, and while you were asleep, a miracle happened and this problem was solved. How will you know the miracle happened? What will be different? (p. 5)

The miracle question becomes the core from which the client is guided by the therapist into the construction of change in his or her life (Carpetto, 2008).

It is unlikely that you will know all practice theories well, but it is important to read and know theories and therapists that are relevant to your particular area of social work practice in order to achieve competent application and to move with ease from one theoretical framework and practice model to another as needed. It is helpful to read the original theorists to gain a clear understanding of the foundation of theories, frameworks, perspectives, and therapists that you will be using in the practice setting.



Research-Informed Practice

Behavior: Use practice experience and theory to inform scientific inquiry and research.

Critical Thinking Question: Select one category of practice theory, then explain its benefits to social work practice. What are the shortcomings of this body of theory?

? Assess your understanding of categories of practice theory by taking this brief quiz.