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The Methodology of Advanced Generalists

INTRODUCTION

A *method* is "an orderly systematic mode of procedure." The term *method* refers to the way or process one uses to accomplish certain goals. In this chapter, a methodology is identified that describes the general way advanced generalists proceed as they mobilize various theories, tools, and techniques for direct and indirect practice.

From the beginning of contact with any system, the advanced generalist uses a systematic way to proceed called the General Method (see Diagram 1-6). It begins with efforts to engage the system. Whether the system is a client or a target system, a supervisee or an administrator, a resource or a political institution, the advanced generalist uses select words and actions to cross the boundary and engage the system in a meaningful transaction. Proceeding through a process that involves data exchange, assessment, decision making and planning, evaluation, and termination, the practitioner assumes a variety of roles and uses appropriate theories for understanding and intervention to

accomplish clearly defined goals. In this chapter, the general method as presented with encompass use in a holistic practice that includes the direct and indirect practice roles of advanced generalist practice.

As stated earlier, the entry-level generalist is prepared primarily for direct, face-to-face contact with client systems. The advanced generalist, on the other hand, is expected to assume responsibilities that may exceed direct client service and include such indirect practice roles as supervisor, manager, administrator, planner, and researcher. The full scope of services expected of advanced generalists calls for a practitioner who is capable of seeing the whole, pinpointing and prioritizing the problem(s), applying relevant theory or theories, and intervening at appropriate levels with an effective methodology.

All the essential elements of advanced generalist practice as identified in earlier chapters (e.g., advanced ecological systems perspective, advanced knowledge, international social work/welfare, ethical decision making, advanced research and technology, advanced general method) provide perimeters and incentives for the advanced generalist to deal with each situation with clarity of purpose and guidance for action. The systematic way in which advanced generalists use these elements as they proceed in their roles of direct service provider (e.g., counselor, problem solver, therapist) and in their indirect practice roles (e.g., supervisor, manager, administrator) will be explored and demonstrated in the following pages.

Definition of Terms

Within the profession of social work, several terms are used to describe the actions of social workers. A variety of definitions may be found for direct practice, indirect practice, integrated practice, direct intervention, indirect intervention, psychotherapy, supervision, management, administration, and holistic practice. It is necessary, therefore, to clarify the meaning of these terms as they will be used in this chapter.

Direct practice refers to front-line work with client systems. The social worker may use a variety of actions, interventions, strategies, methodologies, and resources with or in behalf of the clients being served. Client systems may be individuals, families, groups, or larger systems, provided they fit the description of a *client system*. As stated by Allen Pincus and Anne Minahan, "client systems" are "people who sanction or ask for the change agent's (worker's) services, who are the expected beneficiaries of service, and who have a working agreement or contract with the change agent."² Generalist social workers at the entry level are prepared for direct practice with client systems.

Indirect practice, on the other hand, refers to the practice of social workers that does not involve their working directly with client systems. It includes such areas as administration, supervision, management, policy development, and planning. This type of practice is usually conducted by advanced professionals

who have had years of experience in direct practice. Advanced generalists are prepared for direct and indirect practice.

Integrated practice is a term used when social workers are concurrently engaged in direct and indirect practice modalities. An example would be a practitioner who carries a case load and at the same time supervises other workers or manages a program.

Direct intervention is one type of action taken by social workers within the context of direct practice. It involves face-to-face contact with clients and can extend from a brief interview to ongoing contact in an intensive helping relationship. The worker works directly with the client system.

Indirect intervention refers to another category of actions taken by a worker while working in direct practice with client systems. This includes interactions between a worker and other systems that affect clients in order to bring about changes needed for clients to achieve their identified goals. These systems may be voluntary resources or resistant power systems that impact the problems or needs of client systems. The latter may be referred to as *target systems*.³

Psychotherapy is an advanced direct intervention used in direct practice and has been characterized according to the following four features:

1. Developing of a strong, empathic relationship with the client or patient
2. Providing emotional support
3. Aiding the client or patient to develop insight into the causes of behavior/feelings
4. Enabling the client to change behaviors/feelings/cognitions⁴

Advanced generalists may have the ability to provide psychotherapy when it is assessed as the appropriate way to proceed in the helping process with their clients.

Supervision is a process in which authorized individuals direct, coordinate, enhance, and evaluate the on-the-job performance of assigned supervisees. Supervisors perform administrative, educational, and supportive functions and are held accountable for the work of their supervisees.⁵ As stated, supervision is one type of indirect practice. Alfred Kadushin, for instance, describes supervision as "indirect service":

Supervisors do not directly offer service to the client, but they do indirectly affect the level of service offered through their impact on the direct service supervisees. Supervision is, thus, an indirect service.⁶

Management has been defined as "the process by which the elements of a group are integrated, coordinated, and/or utilized so as to effectively and efficiently achieve organizational objectives."⁷ *Middle managers* in human services are often described as those who stand in the middle or who are caught between the higher administrators of an organization and those who are provid-

ing direct service under the management of the manager. More specifically, as described by Henry Havassy, middle managers meet the following three conditions:

1. They report to organizational superiors who have little or no direct contact with the actual service-delivery context.
2. They manage line supervisors or direct service providers who have contact with the client community but little or no direct contact with the higher levels of the vertical organization.
3. Their work site is located in the service-delivery community.⁸

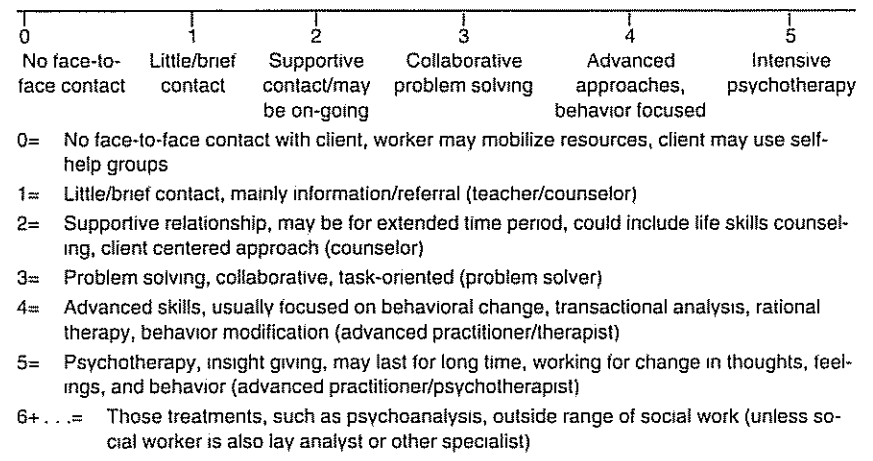
Administration in human services is defined as having two functions: "the conscious direction of the internal relationships and activities of the enterprise toward the achievement of goals" and "the conscious intervention in the interacting forces operating between the agency and the larger community."⁹ In the broadest sense, administration may be the term used to describe the activities of a range of personnel referred to as "administrative staff members." These may include chief executive officers (CEOs), directors of programs or units, managers, and supervisors. In this text, an attempt will be made to separate the practice of supervisors, managers, and top executives and administrators.

Holistic practice is a concept that will be used to describe the practice of an advanced generalist who is prepared to intervene with a broad range of interventions in the service of a variety of clients and to practice indirectly at different levels with and within different systems. This practitioner retains the "problem focus" and responds as needed to each problem or issue without constraint by any particular theory, intervention, or type of practice limitation (e.g., direct vs. indirect, micro vs. macro, clinical vs. nonclinical). At any given time, the advanced generalist may be providing, mobilizing, or managing multiple interventions. The "holistic" practitioner sees the whole, partializes as needed for study, decides and selects responses and resources, and completes service provision when it is time to end the process.

THE ADVANCED GENERALIST IN DIRECT PRACTICE

The client system of advanced generalists may be individuals, families, groups, communities, organizations, or institutions. Client problems in need of professional attention may call for diverse interventions. The advanced generalist recognizes a broad scope of possible direct interventions (Diagram 5-1), extending from limited direct face-to-face contact for information or referral, to establishing an ongoing supportive relationship, to collaborative problem solving, to particular behavioral approaches, to insight-giving psychotherapy. Each intervention on the scale in Diagram 5-1 may be applied to any size client system. The "life skills counseling," for example, could be a life skills counsel-

DIAGRAM 5-1 Direct Service Interventions



ing group. The insight-giving "psychotherapy" may apply to family or group therapy. "Collaborative problem solving" could be the approach used in community organization. This range attempts to reflect the worker's skill level and the intensity of contact with the client system. The duration of contact and the degree of intensity of worker/client relationship is dependent upon each individualized need and selected intervention.

Although each interval on the scale in Diagram 5-1 is not necessarily equal, and a number of various types of additional approaches could be identified, the diagram conveys the extensive range of options facing an advanced generalist when working directly with a client system. While using any one type of intervention on the scale, one or all to the left may be included in the worker's interventions with different problems for the same client system. For example, a worker may be providing psychotherapy for insight into a client's dependency, while at the same time working collaboratively with the client in problem solving regarding a need for employment.

The counseling and problem-solving approaches (0-3) used in direct practice by entry-level social work generalists have been presented in the author's earlier work.¹⁰ At the advanced level, practitioners expand knowledge and skills for an extended range of possible interventions. Depending on one's interests, abilities, and opportunities for study and practice, advanced generalists may pursue their development in such treatment modalities as those listed in Diagram 5-2. Practitioners are not expected to be highly skilled in all types of intervention. Advanced generalists acquire additional competence in some of the advanced approaches. They grow in knowledge about the more sophisticated interventions and enhance their ability to better identify and match need with treatment, making appropriate referrals as necessary.

DIAGRAM 5-2 Direct Practice Interventions

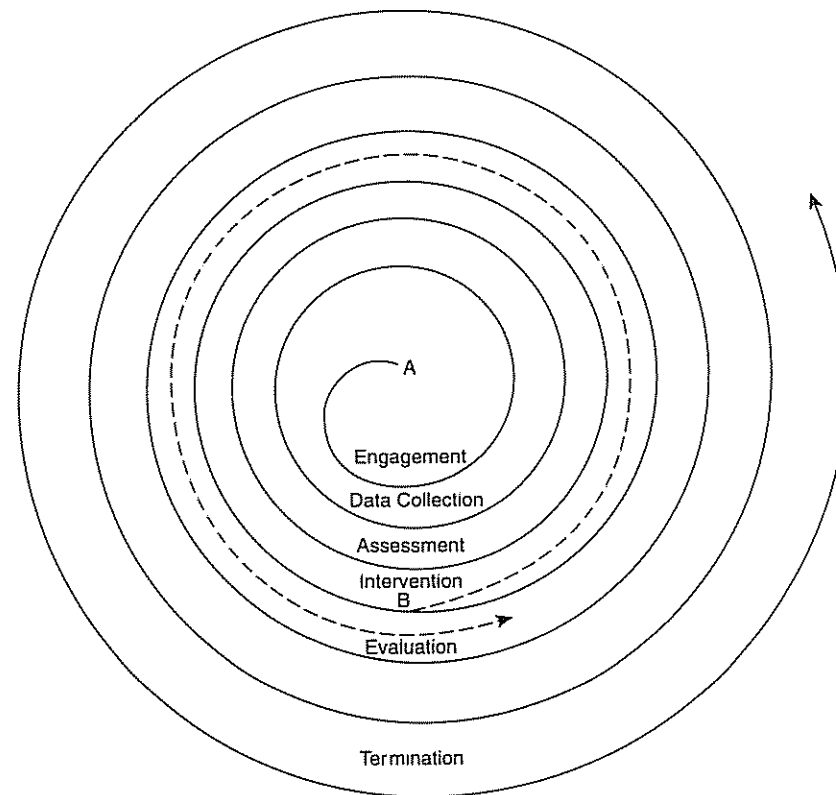
Behavior modification	Play therapy
Crisis intervention	Psychoanalytic psychotherapy
Existential psychotherapy	Rational therapy
Gestalt therapy	Reality therapy
Neurolinguistic programming	Transactional analysis

In addition to the interventive approaches identified in Diagram 5-2, there are a number of tools and techniques that may be selected to assist the worker in direct practice. These may include contracting, sculpting, genograms, nominal group approach, field-force analysis, psychodrama, meditation, imagery, and muscle relaxation techniques.

Problem Solving: The Advanced General Method in Direct Practice

In generalist and advanced generalist practice, the selection of an intervention follows the engagement and data collection stages of the problem-solving general method. During assessment, the third stage of the method, the worker carefully selects the type of intervention believed most appropriate to the person-problem-situation. In direct practice at the advanced level, the selection may include the worker's assuming the role of psychotherapist, provided there has been advanced study, practice, and supervision in this type of intervention. Throughout the process of working with the client system as therapist, the worker maintains the guiding framework of the general method. Even though the therapy may be finished with a client, the worker will not conclude the service without taking time for evaluation and termination, the fifth and sixth stages of the general method. It may be that there are additional problems or needs that will call for other types of intervention by the worker and, thus, the need to return to the initial stages of problem solving. It may be that the practitioner was also providing counseling or problem solving (general direct interventions) or working with outside services or target systems (indirect interventions) relating to other problems while the client system was in therapy with the worker. The time to assess the progress being made with all interventions and to recognize the possible need to reformulate the contract would be during the evaluation stage of the process.

In Diagram 5-3, for example, the A line depicts the six-stage general method. Intervention in the general method refers to the carrying out of the tasks in the contracted plan that were identified with the client system during the assessment stage. Throughout this stage, the worker may be seen as providing general counseling and problem solving while maintaining the role of case manager, monitoring the implementation of the plan. The B line reflects the possible use of advanced interventions by the worker, such as psychotherapy, while, at the same time, the other tasks of the contract are being executed.



A = General Method-Problem-Solving Process
 B = Advanced Intervention(s)

DIAGRAM 5-3 The Advanced General Method in Direct Practice

Combining general and advanced interventions in direct practice calls for a methodology that reflects complexity in thought and skill. Using entry-level and advanced interventions within the framework of the problem-solving general method, as symbolized in Diagram 5-3, may be referred to as the Advanced General Method. Further expansion of the method, as applied to indirect practice and holistic practice, will be developed later in this chapter.

The case of Mr. W. provides an example of the use of the advanced general method in direct practice.

CASE EXAMPLE: THE CASE OF MR. W.

Mr. W. was unemployed and in the process of being evicted from his apartment. Although he had a degree from the University, he found it difficult to maintain a job. He

was divorced two years ago and has monthly visitation rights, allowing him to take his two children for one weekend a month. After attending church one Sunday, he introduced his children to the pastor. As they talked about Mr. W.'s problems, the pastor encouraged Mr. W. to go to talk with the social worker at the diocesan office.

The social worker learned that Mr. W. had been renting an apartment on the second floor of a home owned by an elderly couple. They had recently sold the house and the new owner was not interested in renting the second floor. Mr. W. had to be out of the apartment in three weeks. There were not many apartments for rent in the town or surrounding areas. Mr. W. said he needed help finding one. He was currently receiving unemployment benefits and looking for work. In the course of working with Mr. W., the worker learned that Mr. W. was having trouble getting his children each month for a visit. He complained that they often were not ready when he arrived and that sometimes his ex-wife made other plans for the children on the weekends he was supposed to be with them. Mr. W.'s cultural background was Italian. The worker was a female of Irish ethnicity.

As the working relationship developed, and the worker and client moved through engagement and data collection, the worker could see that Mr. W. did not only need help with finding a place to live. She helped Mr. W. to begin to become aware of a pattern of broken relationships in his life. It became apparent that he had repeated problems with supervisors at several job sites. Although he had the abilities and credentials for employment in the field of computer technology, he had a history of difficulties with authority figures in different places of employment. As they began to plan and contract, at first Mr. W. was interested only in finding a place to live. Shortly after they began to work on this need, he agreed to begin psychotherapy for help with his problem relating to losing his jobs. The worker had developed extended knowledge and skill in psychotherapeutic intervention. She was the only diocesan worker for a large rural population, and she found that most clients who needed psychotherapy would not go the distance or pay the price for this treatment elsewhere. The contract with Mr. W., as found in Diagram 5-4, indicates the ongoing plans for obtaining housing and for psychotherapy. Later, as the problems regarding Mr. W.'s visitation with his children emerged, the worker and Mr. W. added this issue to the contract with planned interventions.

In assessing Mr. W.'s problems, strengths, and potential, the worker concluded that he could benefit from insight-oriented psychotherapy. She chose to use the time-limited insight-oriented psychotherapy as described by J.H. Weissberg:

a treatment modality in which a single conflict underlying a patient's main complaint or symptom is focused upon actively and tenaciously during a series of weekly vis-à-vis sessions, usually numbering 12 to 20, with an upper limit of 30. Psychodynamic principles are used to understand and trace the focal conflict back to its origin. Transference attitudes and distortions related to the focal conflict are confronted actively as they arise.¹¹

The worker assessed that Mr. W. met the following criteria developed by Marc Hollender and Charles Ford for this type of psychotherapy:

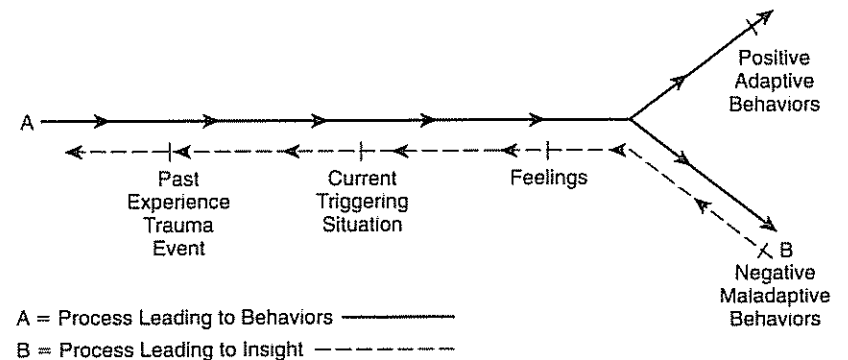
1. The capacity to establish a relationship with the therapist
2. An identifiable focal conflict
3. Adequate ego strength
4. Motivation
5. Psychological mindedness¹²

DIAGRAM 5-4 Contracted Plan

DATE IDENTIFIED	PROBLEM/NEED	GOAL	TASK	CONTRACT	DATE ANTICIPATED	DATE ACCOMPLISHED
7/15	Eviction notice	Locate housing	1. Check newspaper	1. Mr. W	7/15	7/15
			2. Find other sources of info.	2. Worker	7/16	7/16
			3. Discuss findings	3. Worker/ Mr. W	7/19	7/19
			4. Follow up (call, apply)	4. Mr. W	7/19--	7/21
			5. Discuss	5. Worker/ Mr. W	7/23	7/23
7/19	Can't keep job	To be able to work with authority figures	1. Receive psychotherapy	1. Mr. W./ worker	7/30, weekly	7/30 8/6, 13, 20, 27, 9/3
9/3	Chn. not ready for visits	Chn. prepared for visits	1. Discuss with Chn. mother	1. Mr. W/ mother	9/8	9/8
			2. Discuss with mother's social worker	2. Worker	9/15	9/15
			3. Take legal action	3. Mr. W	9/25	

In working with Mr. W., the worker moved through an insight-oriented process as illustrated in Diagram 5-5. Beginning with the problematic behavior of losing his temper and walking out at a job, they traced the behaviors back to the feelings that precipitated such actions. Mr. W. said that he was feeling "put down" and "embarrassed." They then focused on the experience, event, actions or words that triggered the feelings in Mr. W. Usually it happened when Mr. W. had a face-to-face encounter

DIAGRAM 5-5 Insight-Oriented Process



with a supervisor who found fault with something he had done. In time, Mr. W. and the worker were able to recognize that he was behaving in a similar way toward her whenever he felt she was criticizing or reprimanding him. As Mr. W. began to see a pattern in the way he responded to feeling "put down" whenever he was corrected, he was encouraged to try and connect such events with earlier experiences and feelings. In one session, he was able to say, "You remind me of my mother; I was never good enough for her." Mr. W. gained insight. He connected past experiences and feelings to current feelings and behaviors. The worker learned that Mr. W.'s father died when he was 3 years old. His mother, a school teacher, was very demanding, with exceptionally high expectations for her son. Mr. W. said he tried to be "the perfect child" but never could quite make it. All his life he seemed to be fighting the fear of being seen as a failure. He and the worker then moved into considering other more adaptive ways to handle his feelings. He began to be able to think more objectively about each situation as it arose and to accept the possibility that he could learn from each opportunity. He began to accept the fact that he did not have to be "perfect" to be "ok."

Mr. W. found work as a technician at the local high school. He would tell the worker about incidents at work that upset him and they were used as examples for practicing more adaptive behaviors. Even though Mr. W. eventually appeared to no longer need psychotherapy for his problem with authority figures, the worker continued to work with him as they moved into focusing on the problems surrounding his visits with his children. As shown in Diagram 5-4, Mr. W. attempted to work out the problem with his ex-wife himself. When this did not improve the situation, he and the worker agreed that she would try talking with his ex-wife's social worker to see if she could intervene. If this did not help, Mr. W. was going to take legal action. This was not necessary because the social services worker helped Mr. W.'s ex-wife see the need and value in cooperating with Mr. W. if she wanted to maintain her custody of the children with visitations as now dictated by the court.

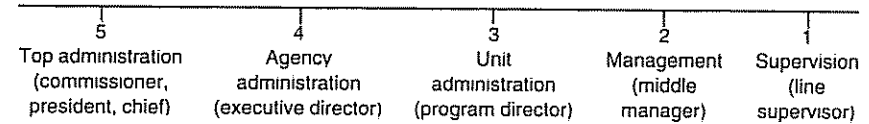
During evaluation, Mr. W. and the worker reviewed the goals they had set to work on together. Since Mr. W. was able to locate housing, maintain his job, and was no longer having trouble with his visitations with his children, they agreed to move toward Mr. W.'s termination with the agency. He described himself as "now able to get on with his life."

In this case, the worker, an advanced generalist, used the advanced general method as she proceeded through the six-stage general process. She provided a variety of interventions in direct practice with the client. In addition to insight-oriented psychotherapy, the worker's general interventions included information and referral, case management, problem solving, and indirect intervention (contacting ex-wife's social worker).

THE ADVANCED GENERALIST IN INDIRECT PRACTICE

Indirect practice, as defined earlier, covers a broad scope of roles and activities assumed by a worker that do not involve direct contact with client systems. Diagram 5-6 portrays a range of roles often expected of advanced generalists.

DIAGRAM 5-6 Indirect Practice Roles and Responsibilities



Although each interval on the scale in the diagram may not necessarily be equal, and not all types of indirect practice are identified, the extensive range of diverse roles and responsibilities found in indirect practice is indicated. In any of the indirect practice positions identified in Diagram 5-6, advanced generalists rely on the essential elements of generalist and advanced generalist practice. Their perspective and approach reflect their advanced ecological systems perspective, problem focus, open selection of theories and interventions, advanced research skills, awareness of international developments and policies (as well as their impact on service delivery), and the six-stage problem-solving general method. In addition, advanced generalists doing indirect practice may select supplemental tools, theories, and techniques to assist with goal accomplishment. Diagram 5-7 suggests some of the supplements that may be used.

Problem Solving: The Advanced General Method in Indirect Practice

As an advanced generalist performs indirect practice roles, the stages, tools, techniques, and process of the general method are applied dynamically to different situations and systems with creativity, flexibility, and complexity. As stated, additional tools, techniques, and theories may be used to supplement and complement those found in the general method. Administrators, for example, may need to engage in data collection before attempting to engage a resistant system. They may need to develop a proposed plan (assessment) prior to engagement with a system. In selecting a program to be proposed, a cost-effectiveness analysis may help to study possible alternatives. The six-stage general process serves as an open and adaptive guiding framework in supervision, management, and higher levels of administration. When a worker uses the general method in any of the roles of indirect practice, it may be called "the advanced general method."

DIAGRAM 5-7 Indirect Practice Theories, Tools, and Techniques

Blanchard's leadership styles	McGregor's theory X and Y
Chemiss' symptoms of worker burnout	Ouchi's theory Z
Cost-effectiveness analysis	PPBS (planning-programming-budgeting system)
Herzberg's motivation-maintenance model	Ratio analysis
MBO (management by objectives)	Thomas' conflict management interventions
Mintzberg's typology (5-part organization model)	ZBB (zero-based budgeting)

Supervision

Advanced generalists often have the responsibility of supervising other employees. While in this position, they continue to reflect all the characteristics of advanced generalist practice. In the process of guiding, directing, training, supporting, and evaluating a supervisee, the advanced generalist may apply the six-stage problem-solving process. In the following case example, a supervisor recognizes emerging symptoms of burnout in a supervisee. She asks to meet with the worker in an effort to engage her in a collaborative problem-solving process.

CASE EXAMPLE: MARY O., SUPERVISEE

Mary O. has been working in public social services for two years. Her current caseload is 50 families. She has a baccalaureate degree in social science. Recently, she has been failing to keep up with her recording, coming to work late, and avoiding discussion of her work with her supervisor. She frequently appears to be angry and resentful. Mrs. Smith, the advanced generalist supervisor, saw a need to talk with Mary not about her cases, but about Mary. The six-stage general method was used as a guiding framework in the process.

Phase I: Engagement

Supervisee: You asked to see me, Mrs. Smith?

Supervisor: Yes, come in Mary. I would like to talk with you about some concerns I have lately about you and your work.

Supervisee: Sure. What's the matter? I thought I was doing ok.

Supervisor: Over the past two years, you have been doing a fine job, Mary. Lately, though, you are getting behind in your recording, coming late to work, and often appearing upset about things. I wonder if I might be of some help.

Supervisee: Oh (sigh), I don't know. I guess it's just everything. I guess I'm having a hard time with my caseload. Getting those extra five cases last week was probably the "straw that broke the camel's back."

Supervisor: You are feeling somewhat overwhelmed by the size of your caseload—is that it, Mary?

Supervisee: Yes, I used to feel like I was doing a good job. There was time to visit the homes of those clients who couldn't come in to see me. But lately, there just isn't enough time for anything.

Supervisor: Yes, I'm sure that with fewer cases you were able to spend more time with your clients.

Supervisee: Right, but now that my caseload has doubled, there just isn't enough time to make the contacts, keep up with the paperwork, and attend the necessary meetings. I try to take work home with me, but that just gets my husband upset.

Supervisor: Having your husband upset at home doesn't help the situation.

Supervisee: No, it sure doesn't. We are also having some problems at home with Billy, our son. We started going for counseling to see if it will help. That seems to be coming along pretty good, but I know it's just going to take

time. I guess I'm just not able to keep up with all the demands I'm facing right now.

Supervisor: It sounds like you are under quite a bit of pressure right now, Mary. I hope that the counseling will help all of you. Is there some way I might be of help to you?

Supervisee: I guess it would be great if you could hold off from giving me any more cases for a while, or even find a way to lighten up my present load. I don't know if that's possible.

Supervisor: I can see that you are feeling pretty upset because of the pressures of home and at work right now, and you would like some relief to feel better about what is happening with you.

Supervisee: Yes, I sure don't want to get any worse.

Supervisor: You know, Mary, the problems at home I can't help you with. But what's happening with you here at work I would like to look at with you. Let's see if there might be a way to help you with your caseload so you can regain a sense of satisfaction with your job.

Supervisee: I'd really appreciate it.

Phase II: Data Collection

Supervisor: In order to work on the problem of your heavy caseload, Mary, I will need some information.

Supervisee: Sure, where do we begin?

Supervisor: Let's see, you came to work here about two years ago, right?

Supervisee: Right, it was in September.

Supervisor: And you have been doing an excellent job; you have high potential for advancement here. I'm wondering, Mary, when did you start to feel that you were slipping in your work and that the pressures were getting to be too difficult for you to manage?

Supervisee: I don't remember. I do love it here and want very much to do high quality work. Perhaps it was about two months ago, when my caseload was increased by 15 cases. I know that some of the other workers have been here even less than two years and they have even more cases than the 50 I have, but I just don't know how they are able to balance everything.

Supervisor: Did you come with any previous experience or professional education?

Supervisee: No, not really. I came right after graduation from college. My major was psychology.

Supervisor: Perhaps you know this, but some of the workers studied social work and caseload management in school, or they may have come with previous social work experience.

Supervisee: Yes, I don't want to lag behind, but I just don't seem to have the energy or the skill to handle such a large caseload. I wish I could learn how to do it.

Supervisor: Are you aware of the training opportunities that are available for employees? I can get you that information. Sometimes it calls for an overnight in a training location. Would that be a problem for you?

Supervisee: I don't really think so, but I would have to ask my husband to see what we could work out.

Supervisor: Well, let's both take some time to gather more information and to think

about what possible ways might be helpful to you with your caseload.
Should we plan to meet again on Monday?

Supervisee: Sure. Would it be at this same time?

Supervisor: Yes, it looks like that would be fine. I'll see you on Monday.

Monday—Data Collection Continued

Supervisor: Come in, Mary. How are you doing?

Supervisee: Better, I'm glad we talked last week.

Supervisor: Yes, I am too. Did you think more about getting some training?

Supervisee: Yes, and my husband said he would take care of the kids if I had to go overnight.

Supervisor: Fine. There will be a session on Caseload Management in October. Here is the announcement with the application to be completed. Why don't you take it and see if you think it might help.

Supervisee: Great. I'll see what I can work out.

Supervisor: I also gave some thought to what else we might do to help you at this time. Another possibility is to hold off from adding to your workload for a while. Also, a worker from another unit is transferring here to have her field experience for her Master's degree. Perhaps we can assign some of your cases to her.

Supervisee: That would be great. I can think of some that I could easily transfer.

Supervisor: O.K., let's see if we can assess what we have here and spell out our plan of action.

Phase III: Assessment

Supervisor: Based on what we have discussed, how would you assess the problem?

Supervisee: I guess I would say that I am having a problem with the pressures of a large caseload at this time due to the fact that I really have had no preparation for this job and that I am experiencing heavy home difficulties at this time also.

Supervisor: Yes, I would agree. Now to work on it, what is our plan?

Supervisee: Well, (1) I'll complete the application for training in caseload management.

Supervisor: Yes, and (2) I'll approve it and send it forward to get your name on the list.

Supervisee: And (3) I will look over my caseload and see which cases I would suggest for the new worker.

Supervisor: Yes, and if we are in agreement, (4) I will reassign them to the worker coming over into our unit for her field placement. Also, (5) I will hold off from giving you additional cases for a while. What timeframe should we put on this, Mary?

Supervisee: I think things are starting to get better at home. The counseling isn't easy but it's helping us to face things.

Supervisor: Let's see. You should be taking that training in October. Let's say that I will try to hold off on additional case assignments until November. That gives you a little over a month. How does that sound?

Supervisee: It sounds great. I really appreciate your understanding.

Supervisor: O.K. Let's plan to work on this and then meet again the first week of November to evaluate how it's going.

Supervisee: Thanks so much.

Phase IV: Intervention

Planned activities were carried out with brief contacts and shared comments between worker and supervisor relating to the problem throughout October. Other needs or concerns of the worker and her clients were addressed in bimonthly group supervisory sessions.

Phase V: Evaluation

Supervisor: Come in, Mary. It's difficult to believe it's November already. I'm glad to see you smiling again.

Supervisee: Yes, Mrs. Smith. That training was great. It takes time to organize your cases and systematically plan your weekly contacts, but it really helps. As they said, "You have to take time to make time."

Supervisor: Sounds like you got a lot from the training. How are you feeling about your workload now?

Supervisee: I really feel good about it. I know part of why I'm finding more energy to invest in my work is also because things are really better at home, too. Billy likes his counselor and I think he's doing better in school.

Supervisor: Fine, and our new worker seems to be moving along well with those cases. You did a nice job with the transfer process.

Supervisee: Thanks. She's really a nice person and brings a lot to the unit.

Supervisor: Are you ready to move on and take more cases?

Supervisee: Yes, I think so. I feel better about my work, and I'd like to get caught up.

Supervisor: O.K., I'd like you to look over these five new applications and let me know what you think.

Supervisee: Right. Should I plan to stop in later today?

Supervisor: No, give it a little more time to see how they fit into your caseload management system. Let's meet next week. If all looks well, we can move on and just plan to check up every now and then on how you're doing.

Phase VI: Termination

Supervisor: Come in, Mary. How are you today?

Supervisee: I'm fine, thanks. Weekend went well, and things are moving along O.K.

Supervisor: That sounds fine. Well, are we ready to get back on track with your caseload?

Supervisee: Yes, I think so. I looked over the cases you gave me last week, and I don't think I'll have a problem. Some of them may develop into more serious situations, and I'll be sure to give them priority.

Supervisor: I'm glad to hear that, Mary. And, I'm glad we were able to talk about what was happening a few months ago when you were feeling all that pressure.

Supervisee: It really helped to talk about it with you. That training workshop helped a lot, too. It was good to get away and take some distance from everything, too. Things are really a lot better for me now—both here and at home.

Supervisor: You have come a long way, Mary. You know my door is open if you ever find that your work is becoming too much for you and you want to talk about it. And I'll see you at our bi-monthly supervisory meetings to get

an update on how you're doing. We value our workers, Mary, and want to give you as much support as we can to keep you with us.

Supervisee: I can see that. I really appreciate your help.

In this case example, the supervisee does not present a problem with a particular case but rather a problem with the size of her caseload. The supervisor focuses, therefore, directly on the presenting problem and the worker's needs for effective problem solving. From an ecological systems perspective and with knowledge of cognitive theory, ego psychology, professional socialization, stress theory, and signs of burnout, the supervisor listens and responds with skill and sensitivity. It became apparent that the supervisee was being drained of energy and output due to increasing pressures and demands from her home and work environments. The worker was receiving little positive input and was struggling to find ways to regain a sense of balance and equilibrium. If the worker and her family had not been going for counseling, the supervisor could have used referral skills as part of her intervention efforts. Fortunately, the supervisee and her family demonstrated sufficient strengths to seek and use this help. The supervisor applied the six-stage general method and used task-oriented interventions effectively. Support and stress reduction were offered through decreasing caseload demands. The job training and family counseling provided additional opportunities for positive growth and management of stress. Using the six-stage process as a guiding framework in supervision demonstrates the advanced general method in indirect practice.

Management

Middle managers and unit directors deal daily with a variety of issues and problems that could threaten the effectiveness of service delivery. They stand at the nexus of many different groups and social systems (Diagram 5-8) that often have conflicting interests or desires. Frequently, they are put in the middle to mediate between the two levels of top administrators and line workers. Advanced generalists in these roles call upon their "interculturalism" (Chapter 2) as they apply principles and ideas, experience feelings and engage in diversity. Henry Havassy describes the process of "engaging diversity" as:

a complex process that includes interacting and meshing with different perspectives, accepting and dealing with the differences rather than trying to unify or gloss over them. It entails a commitment to maintain, master, and use the diversity of perspectives. Three interdependent factors jointly produce the ability to engage diversity: (1) considerable tolerance for ambiguity, (2) maintenance of multiple loyalties, and (3) cross-system translation.¹³

He defines "cross-system translation" as "expressing needs, expectations, and demands of one system in the terms and concepts of another system."¹⁴ The

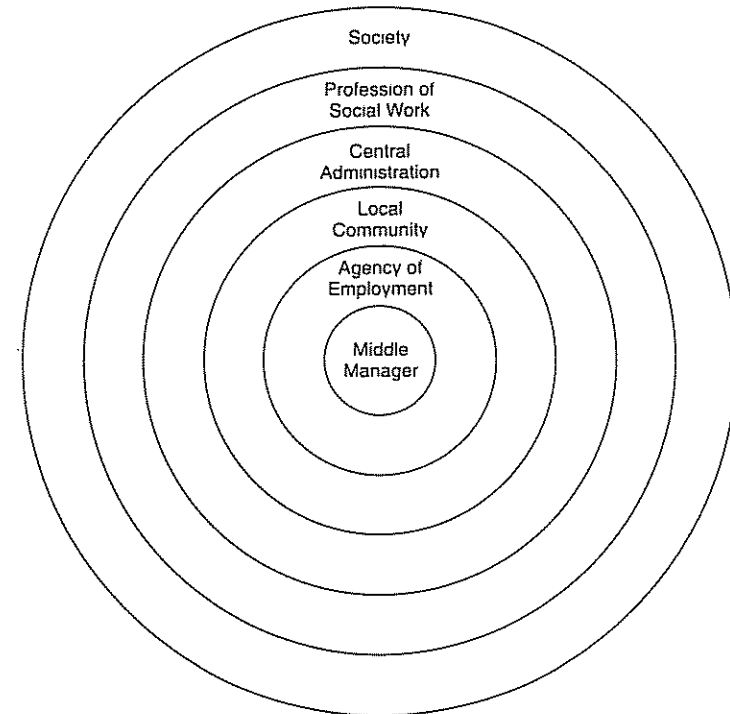


DIAGRAM 5-8 Systems Surrounding Middle Management

middle manager strives to find a common goal that would be acceptable to both opposing groups.

CASE EXAMPLE: MIDDLE MANAGER

A manager of a unit office of a human service agency, for example, was asked by central administration to establish a drug rehabilitation program in her unit. The staff of the unit was resistant and unmotivated because they felt overworked, and they were inexperienced in this area of service. As unit manager, the advanced generalist saw the whole, focused on the problem, demonstrated interculturalism while engaging diversity, and applied the advanced general method.

During the engagement stage, the manager recognized and listened to the two major groups impacting the problem. She understood the pressures placed on administration by the legislature to do something about the emerging drug problem in the community. At the same time, the worker heard and understood the staff's frustration and limitations in developing a drug rehabilitation program. Appealing to the staff's professional values and commitment to serve the local community, the worker enthusiastically asked staff members to accept the fact that "we need to do this" and

appealed to them to "create the best possible drug rehabilitation program." She assured them that she would do all she could to get them the information, training, and compensation needed to achieve this goal. When talking with central administration, she said that she and her staff would work to develop the best possible drug rehabilitation program, but certain demonstrated supports were needed from administration (e.g., time and finances for training, visitations to other programs, and additional staff).

During data collection, a community needs-assessment and a feasibility study were conducted. A contracted plan was developed by the manager, with input and agreement from staff and central administration (Diagram 5-9). Throughout the process, the resources of the staff and central administration were used. Jay B., for example, from central office told the manager about Dr. Gene R. of the School of Social Work who served on the agency's advisory board. Dr. R. had extensive practice experience and published research in the area of drug rehabilitation. The manager presented this information to the staff. One of the staff members said that he had studied under Dr. R. and would be happy to contact him to see if he would serve as a trainer/consultant for the staff.

As the contracted plan was implemented, the manager played a major role in mediating, reporting, and motivating the staff and central administration. Upon completion of the plan by the staff, it was sent to administration for discussion, modification, and approval. After receiving approval, the manager, staff, and central administration then evaluated the situation. They agreed that the problem of conflict between the two groups regarding the development of a drug rehabilitation program was resolved. The manager knew, however, that they had "only just begun." She and the staff needed to move on toward the goal of establishing and running the new program with the continued support of central administration. For this goal, the process would be revisited with a formulation of an extended contract.

In this case scenario, the manager advances in the six-stage problem-solving process and contracts with two major systems simultaneously. The methodology used may be called the advanced general method. It serves as a guiding framework for problem solving at all levels of administration.

HOLISTIC PRACTICE

The practice of advanced generalists may be referred to as "holistic." The advanced generalist in any capacity (e.g., direct service provider, supervisor, manager, chief administrator) has the generic skills, theoretical perspective, and problem focus that allow for (1) looking at the whole and the interrelationship of its parts, (2) identifying and assessing the problem/need, and (3) responding (singularly or with multiplicity) in a variety of ways and roles. Even when partializing a situation for problem targeting and intervention, the practitioner continues to see the interrelated influences and resulting consequences on the whole system and its environment.

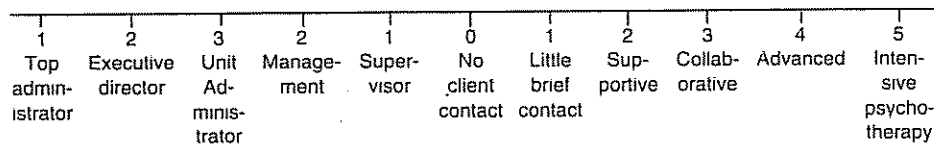
Often, an advanced generalist may be working directly and indirectly at the same time. In the case of Mr. W. (cited earlier), for example, it is possible that a new worker would be hired by the diocesan office and Mr. W.'s

DIAGRAM 5-9 Contracted Plan

DATE IDENTIFIED	PROBLEM/NEED	GOAL	TASK	CONTRACT	DATE ANTICIPATED	DATE ACCOMPLISHED
8/10	Conflict staff/admin. about drug rehab program	To agree on plan for drug program	<ol style="list-style-type: none"> 1. Discuss results of needs as. & feas. study 2. Locate model programs 3. Select sites & visitors 4. Author. funds for staff dev. 5. Visit sites & report to staff 6. Locate Trainer/consultant (Dr. R.) 7. Arrange training 8. Attend training 9. Assign new staff position to unit 10. Dev. job description 11. Advertise position 12. Discuss program to be proposed <ol style="list-style-type: none"> a. location b. services c. staffing d. time table 13. Form a D. P. program planning committee 14. Develop plan 15. Present plan to staff and manager for discussion, modification, approval 16. Present plan to administration for discussion, modification, approval 17. Mediate, reach agreement 	<ol style="list-style-type: none"> 1. Manager and staff 2. Manager and staff 3. Manager and staff 4. Central administration (KL) 5. Tom, Bo, Sarah 6. Pete 7. Training Committee 8. Staff & Manager 9. Central Admin. (MH) 10. Manager (with staff input) and agency personnel dir. 11. Personnel Office 12. Manager and staff 13. Staff and manager 14. D. P. P. committee 15. D. P. P. committee 16. Manager 17. Manager with staff and administration 	<p>8/10</p> <p>8/11-8/17</p> <p>8/17</p> <p>8/11</p> <p>8/20-</p> <p>8/18</p> <p>8/20-8/30</p> <p>8/17</p> <p>8/20</p> <p>8/27</p> <p>9/2</p> <p>9/2</p> <p>9/3-9/16</p> <p>9/24</p> <p>9/25-</p>	8/10

worker could be assigned as supervisor. To enhance the example, the new worker could be assigned to lead a support group for single males, to which Mr. W. could be referred by his worker. The result would be that Mr. W.'s original worker would be serving as direct service provider, supervisor, and team worker in service delivery for Mr. W., all at the same time. The diver-

DIAGRAM 5-10 Advanced Generalist Practice Range



sity in abilities needed would appropriately be expected of an advanced generalist. In this situation, the advanced generalist could find herself using the advanced general method concurrently in both direct and indirect practice. This ability to work on multiple problems/needs in direct and indirect practice roles at any given time may be described as "holistic practice."

The range of roles and interventions of a holistic practitioner is depicted in Diagram 5-10. Combining the direct practice roles and interventions of Diagram 5-1 with the indirect roles and practices identified in Diagram 5-6 helps illustrate the scope of abilities and expectations of advanced generalists. The scale also reflects the polarity of roles and contrasting competence in therapeutic relationship skills as compared to social systems operational skills.

Advanced generalists have sometimes been described as "God," because they appear to be able "to do all things." In some positions, particularly in remote rural areas or in public welfare offices, they are given such a diversity of duties and demands that they may, in fact, need "divine intervention" to accomplish all well. Recognizing the growing demand for nonspecialized social workers throughout the field of human services today, the profession of social work has begun to face the challenge with the introduction and development of advanced generalist practitioners. The key to effectiveness may lie in the central need for these practitioners to "know thyself." They need to know their strengths and their limitations, to be able to creatively stretch their knowledge and abilities as they "engage diversity," and to have the skill to mobilize other resources as needed in the extended environment. Knowing that they cannot be "all things to all people," they rely on their solid foundation, the clear identification of the scope of their abilities and limitations, and the belief that they can make a contribution to help others achieve greater harmony and wholeness in their lives.

SUMMARY

In this chapter, the methodology of advanced generalists was explored. The range of possible direct and indirect practice roles and approaches found in advanced generalist practice was delineated. The methodology of advanced generalists is a skeletal guiding process of six dynamic stages applied creatively. It is often carried out with the use of complementary tools and techniques, theories, and approaches. When the six-stage process is used with advanced

interventions such as psychotherapy, or when it is used during indirect practice such as supervision or management, it may be referred to as the advanced general method. The integration of the general method with a variety of theories, tools, and techniques and the use of the integrated method in one or many roles, individually or concurrently, in direct and/or indirect practice was presented and described as holistic practice.

Definitions, case examples, and a variety of diagrams were offered to clarify the methodology of advanced generalists. The need for advanced generalists to know what they can do and to accept their limitations was emphasized as essential for effective practice. Further exploration of advanced generalist practice in higher administration will be given in the following chapter.

NOTES

1. Commission on Social Work Practice, NASW, "Working Definition on Social Work Practice," quoted in Harriet M. Bartlett, "Toward Clarification and Improvement of Social Work Practice," *Social Work* 3, no. 2 (April 1958): 7.
2. Allen Pincus and Anne Minahan, *Social Work Practice: Model and Method* (Itasca, Ill.: Peacock, 1973), p. 63.
3. Pincus and Minahan, *Social Work Practice*, p. 63.
4. James K. Whitaker and Elizabeth M. Tracy, *Social Treatment: An Introduction to Interpersonal Helping in Social Work Practice*, 2nd ed. (New York: Aldine De Gruyter, 1989), p. 221.
5. Alfred Kadushin, *Supervision in Social Work* (New York: Columbia University Press, 1976), p. 21.
6. Ibid.
7. Howard M. Carlisle, *Management: Concepts and Situations* (Chicago: Science Research Associates, Inc., 1976), p. 5.
8. Henry M. Havassy, "Effective Second-Story Bureaucrats: Mastering the Paradox of Diversity," *Social Work* 35, no. 2, (March 1990), p. 103.
9. Sue W. Spencer, "The Administrative Process in a Social Welfare Agency," in *Social Work Administration: A Resource Book*, Harry A. Schatz, ed. (New York: Council on Social Work Education, 1970), pp. 135-136.
10. Maria O'Neil McMahon, *The General Method of Social Work Practice: A Problem-Solving Approach*, 2nd ed. (Englewood Cliffs, N.J.: Prentice Hall, 1990), p. 330.
11. J. H. Weissberg, "Short-term Dynamic Psychotherapy: An Application of Psychoanalytic Personality Theory" *Journal of American Academy of Psychoanalysis* 12 (1984): 101-113.
12. Marc H. Hollender and Charles V. Ford, *Dynamic Psychotherapy: An Introductory Approach* (Washington, D.C.: American Psychiatric Press, Inc., 1990), pp. 135-136.
13. Havassy, "Effective Second-Story Bureaucrats," p. 106.
14. Ibid.