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## A Working Model

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Every day, social workers meet up with complex challenges faced by individuals, families, communities, and organizations. In this book, we are presenting and demonstrating a working model to help social workers understand the many and varied challenges they will encounter in their work.

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### **Why a Challenges of Living Approach?**

Social work scholars have long attempted to find frameworks for organizing social and behavioral science knowledge about human behavior in a way that is useful for the varied roles that social workers play. Two popular approaches are a social systems approach and a life course approach. Each of those approaches makes important contributions to the understanding of the complexities of human behavior encountered by social workers (see Hutchison, 2003a, 2003b). Each has been evaluated, however, to be more helpful for the social work assessment process than for guiding intervention. In this book, we are proposing another organizational framework that we think will assist social workers to move from scientific understanding to intervention. We call this approach a *challenges of living approach*, because it is organized around specific challenges of living that social workers confront and it proposes a way of thinking about the wide range of challenges of living that move social workers to action. Because this approach is quite specific about how it draws on general knowledge from the social and behavioral sciences, it can serve as a working model for searching for and integrating the best possible evidence about any challenge of living social workers encounter in their work.

The idea of challenges of living as an organizing framework is not a new idea. From the early days of the social work profession, social work scholars have focused on knowledge

of client problems as the basis for intervention (e.g., Meyer, 1993; Perlman, 1957; Richmond, 1917). Although we write in this same tradition in this book, we have chosen to use the language of “challenge” rather than “problem.” By dictionary definition, *problem* means a situation that presents perplexity or difficulty, and *challenge* means a call to engage in a contest or struggle (Mish, 1998). We are using challenge here to mean a difficult situation that calls for engagement and action.

We think a challenges of living approach makes sense for organizing knowledge for social workers because all social work methodologies are used to address troubling situations that are to be prevented, altered, improved, or managed. Social work intervention begins with assessment of “what the trouble seems to be” (Kirk & Reid, 2002, p. 54) as a basis for a plan of action. A challenges of living approach also makes sense because social and behavioral scientists often engage in systematic study of specific problematic conditions. Consequently, social workers can and should efficiently draw on existing empirical research about general classes of people and/or situations. Stuart Kirk and William Reid suggest that social work practitioners and social and behavioral scientists share an interest in difficult situations, although the nature of their interests is somewhat different. Social workers want to know how to help clients cope with challenging situations, and social researchers want to understand the causes of human problems.

Social workers encounter many challenges of living in their work. Indeed, any client situation may involve multiple challenges. The knowledge base for social work is very broad because of the extensive range of problems addressed by social workers and the diverse roles in the professional social work repertoire. Writing of this breadth of focus, Carol Meyer (1993) suggested that “theoretically, there is almost no end to what a social worker might have to know” (p. 15). It is not the purpose of this book to present a comprehensive encyclopedia of knowledge about the full range of challenges of living that become the focus of social work intervention. Rather, we want to present a working model that can be used to develop understanding of any challenge of living encountered and provide examples of application of the model. The working model gives a structure to facilitate the transfer of general knowledge about human behavior to discrete practice challenges (i.e., problems, populations, and settings). It includes a set of questions that guides the social worker in acquiring a base of knowledge that goes beyond, and serves as a screen for, data about the unique situation faced by the social worker.

The social and behavioral science knowledge base is ever growing and always changing. What we know about a specific challenge of living can be outdated quickly. However, if we have an organizational framework for thinking about relevant sources of knowledge, the work of developing understanding of the challenges faced by client situations will be far less daunting. We will be able to update our knowledge when necessary, and perhaps more important, we will be able to mine the available scientific knowledge about novel challenges that we encounter. In this way, we can modify existing intervention methods and/or develop new methods to align the plan of action with what “the trouble seems to be.”

In this chapter, we describe the working model, and in Chapters 3–10, we demonstrate the use of the model to develop understanding of eight challenges of living: financial impoverishment, community violence, child maltreatment, traumatic stress disorders, substance abuse, obesity, HIV/AIDS, and major depression. We have not followed any classification system to select the exemplar challenges of living, nor are we suggesting one. We have attempted to choose exemplars that are considered to be major contemporary social work as well as public health problems that present across the life course, that are faced by communities as well as individuals and families, that represent a range of challenges to physical and mental health, and that cut across race, culture, ethnicity, social class, gender, and sexual orientation. The final chapter, Chapter 11, overviews the themes of Chapters 3–10, noting both commonalities and differences across the challenges of living.

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## The Working Model

Kirk and Reid (2002) suggest that frameworks for organizing knowledge for social work practice must present “a multidimensional matrix framed by client problems, intervention targets, and client characteristics” (p. 72). The working model presented in this book focuses primarily on client problems (challenges of living), but it also provides tools for thinking about intervention targets and client characteristics. The intent is to present a model of knowledge acquisition that assists social workers to “notice” the complexity of the multidimensional situations they encounter. Several social work scholars have written about the tendency of social workers to shrink from the complexity of the situations they encounter, to simplify and narrow the focus in the face of challenging situations (see, e.g., Begun, 1993; Gambrill, 2003a; Gibbs & Gambrill, 1999; Meyer, 1993). Our working model raises seven questions that, taken together, help social workers attend to the complexity of the challenges they face in their work:

1. Who is affected (pattern of occurrence)?
2. What are the current theories of causation, or association, related to the challenge of living?
3. What are the multidimensional (biological, psychological, social, and spiritual) developmental risk and protective factors?
4. What are the consequences of the challenge of living? Are different people affected in different ways?
5. How have people attempted to cope with the challenge of living?
6. What social justice issues are involved?
7. What do the answers to the above questions suggest about action strategies (practice implications)?

## Patterns of Occurrence

One way of understanding a challenge of living is to ask “who is affected,” what are the patterns of occurrence? The answer to this question has particular relevance for the development of preventive interventions. Social workers can draw on the field of public health, where epidemiological research has addressed this question. **Epidemiology** is the study of the distribution of disease and health in a population (Kaplan & Sadock, 2002). Epidemiological research can identify causal factors of diseases, social problems, and troubling situations as well as the different patterns of occurrence across age, gender, socioeconomic status, cultural groups, geographic regions, and so on (Nash & Randolph, 2004). For example, epidemiological research tells us that, in the United States, women are 2 times more likely than men to be diagnosed with major depression during their lifetime (Gorman, 2006) and that males are 3 times as likely as females to be both victims and perpetrators of homicide (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Epidemiological research has also been used for international comparisons, for example, in 2000, for one definition of relative poverty (40% of median income), 14.1% of children in the United States, 1.3% of children in Finland, and 17.1% of children in Mexico lived in poverty (Luxembourg Income Study, 2004). With this attention to patterns of distribution, an epidemiological approach is crucial for social work’s attention to human diversity and social justice.

We want to interject a word here about terminology and human diversity. As we attempted to uncover what is known about human diversity in relation to specific challenges of living, we struggled with terminology to define identity groups. We searched for consistent language to describe different groups, and we were dedicated to using language that identity groups would use to describe themselves. However, we ran into challenges endemic to our time related to the language of diversity. First, it is not the case that all members of a given identity group at any given time embrace the same terminology for their group. Second, as we reviewed literature from different historical moments, we recognized the shifting nature of terminology. In addition, even within a given historical era, we found that different researchers used different terms and had different decision rules about who comprises the membership of identity groups. So, in the end, you will find that we have not settled on fixed terminology that is used consistently to describe identity groups. Rather, we use the language of individual researchers when reporting their work, because we want to avoid distorting their work. We hope you will not find this too distracting. We also hope that you will recognize that the ever-changing language of diversity has both constructive potential to find creative ways to affirm diversity and destructive potential to dichotomize diversity into *the norm* and *the other*.

To interpret epidemiological research, it is important to understand two types of statistics used in that research, prevalence and incidence. **Prevalence** is a rate of the number of existing cases (of a troubling situation) at a particular point in time divided by the total population studied. For example, in 2003, 929,985 people in the United States were estimated to be HIV infected, for a prevalence rate of 0.0033. **Incidence** is the rate

of new occurrences of a troubling situation within a given time period. For example, in 2003, the estimated number of new diagnoses of HIV in the United States was 43,171, for an incidence rate of 0.00015 (Centers for Disease Control and Prevention [CDC], 2004b). Oftentimes, prevalence rates are reported in terms of the number per 100,000 of the population.

## Theories of Causation

Much of what we “know” about challenges of living is organized into **theories**, or “systems of concepts and hypotheses designed to explain and predict phenomena” (Kirk & Reid, 2002, p. 18). Theories help us bring order to the vast, and exploding, information about human behavior, calling attention to patterns and relationships. As Anne Fortune and William Reid (1999) suggest, the theories that social work practitioners find most useful are those that produce explanatory or causal hypotheses, those that provide the “whys” of challenges of living. However, unlike medicine, where researchers seek “cause” by isolating specific biological mechanisms of causation, social scientists must live with the reality that, for the social world, “it may never be possible to identify causes and their effects fully” (Fraser, 2004, p. 6). Social science theorists rely on research that indicates that one variable is likely to influence another, and they attempt to build theory that explains these associations.

In the process of building knowledge about a specific challenge of living, we think it is important to begin by surveying the range of current explanatory theories. Because human behavior is subject to many influences, no one theory is likely to account for the complexity of a particular challenge of living. Attending to the range of explanatory theories brings more variables into view and prepares us to recognize the multiple factors influencing difficult situations. As Berlin and Marsh (1993) assert, this theoretical pluralism obligates social workers to engage in critical analysis of the strengths and limitations of a variety of theoretical frameworks. In the final chapter of the book, we analyze the **empirical research** evidence, the information produced by careful, purposeful, and systematic observation, for the various theoretical perspectives discussed throughout the book.

## Multidimensional Risk and Protection

For the past several decades, researchers across several disciplines have been studying challenges of living through the lens of multidimensional developmental risk and protection. They have attempted, with much success, to identify **antecedent factors** of troubling situations, those factors that came before the troublesome situation, in several personal and environmental dimensions. A number of large-scale longitudinal studies have been a real boon to this line of inquiry (see, e.g., Masten & Garmezy, 1985; Rutter,

2000; Werner & Smith, 2001). The researchers have identified **risk factors**, or factors that increase the probability of developing and maintaining problem conditions. Some researchers call these *vulnerability factors*. More recently, researchers have also been interested in individuals who have adapted successfully in the face of risk factors (see, e.g., Luthar, 2003). They have identified **protective factors**, or factors (resources) that decrease the probability of developing and maintaining problem conditions. They have begun to recognize the power of humans to use protective factors to assist in a self-righting process over the life course, to be resilient in the face of adversity, a process known as **resilience** (Vaillant, 2002; Werner & Smith, 2001). Sometimes protective factors are just the other end of a continuum from risk factors; intelligence is a factor for which this is the case. This is not always the case, however. For example, having a teenage mother is a risk factor, but having a mother at the upper end of child-bearing age has not been found to be a protective factor (Rutter, 2003).

Scholars in the fields of developmental psychology, clinical psychology, psychiatry, and behavior genetics have used a multidimensional developmental risk and protective approach to understand developmental psychopathology, as well as psychological resilience. The field of community epidemiology has used a similar approach to understand the prevalence of disease across communities, as well as the experiences that can break the chain of risk; they use the language of prevention rather than protection (e.g., Brunner, 1997; Kellam & Van Horn, 1997; Kuh & Ben-Shlomo, 1997). Immunization against disease is one of the clearest and best-known public health prevention interventions. Both groups of researchers have observed that risk factors often co-occur with, are bundled with, other risk factors, resulting in a pileup of stress. They describe this as *cumulative risk* and find that higher numbers of risk factors result in more problems.

To date, research on risk, protection, and resilience has been guided by ecological theories and supports the idea that both risk and protective factors occur along multiple dimensions of person and environment. There is growing consensus about a common set of risk factors and a common set of protective factors, usually categorized as individual attributes, family qualities, and aspects of systems outside the family. However, some researchers have suggested that, in future studies, there is a need to extend the types of risk and protective factors investigated; they note that there is a tendency to continue to study the same factors over and over because of findings from previous studies (Luthar & Zelazo, 2003). Unfortunately, risk and protective factors cannot be identified unless they are included in the research design. After a review of the research on resilience, Suniya Luthar and Laurel Zelazo suggest several directions for future research:

- More attention to biological and genetic factors
- More attention to protective factors during adulthood that can modify the impact of early risk
- More recognition of the mutual, two-way influence of factors across biological, psychological, social, and spiritual dimensions

- More attention to understanding the mechanisms or processes by which risk factors cause vulnerability and protective factors reduce vulnerability
- More attention to ethnicity and social class

In the working model proposed here, we suggest use of a biopsychosocial-spiritual framework to examine multidimensional risk and protection. We suggest that challenges of living be analyzed by focusing attention on one aspect of this framework at a time: biological risk and protection, psychological risk and protection, social risk and protection, and spiritual risk and protection (see Exhibit 1.1 for a description of each). This is a somewhat artificial way to go about examining the knowledge base because of the linked and overlapping nature of these dimensions. However, we encourage this approach because we want to avoid the tendency in the literature to limit the focus to psychosocial factors and neglect attention to biological and spiritual dimensions. It is also the case that different disciplines have attended to different dimensions, and the literatures on the different dimensions are scattered across several disciplines. We recommend, however, that once the dimensions have been analyzed separately, an attempt should be made to weave them back together into an integrated story of risk and protection.

Biological Risk and Protection	Genetic influences The body's biochemical, cell, organ, and physiological systems
Psychological Risk and Protection	Cognitions Emotions
Social Risk and Protection	Family Peer group Community Formal organizations Social institutions
Spiritual Risk and Protection	Search for meaning and purpose Religion

**Exhibit 1.1** Biopsychosocial-Spiritual Risk and Protection

### ***Biological Risk and Protection***

Genes can be the source of both risk and protection for major physical and mental diseases/disorders. Prenatal and perinatal complications and premature birth are also risk factors for a number of challenges of living (Werner & Smith, 2001). In addition, social and psychological experiences can affect brain development, produce changes in neuronal connections, and facilitate or moderate gene expression (Luthar & Zelazo,

2003). In the chapters to come, you will read, particularly, about how early deprivation and trauma alter neurobiological mechanisms that regulate cognitions, emotions, and behaviors and link to a number of physical and mental health challenges.

### *Psychological Risk and Protection*

Looking across several major longitudinal studies, a number of psychological factors show up on common lists of both risk and protective factors, with one extreme of the continuum producing risk and the other extreme producing protection. At one end of the continuum, cognitive abilities, self-perceptions, temperament, self-regulation skills, and outlook on life produce risk. At the other end of the continuum, each of these factors has been found to be protective (see Masten & Powell, 2003).

### *Social Risk and Protection*

When we speak of the social dimension, we are covering quite a large territory, from the parent-child relationship to the global geopolitical context. The social world is itself quite multidimensional. Researchers typically divide the social world into the **proximal environment** of the family and the **distal environment** beyond the family. Existing research emphasizes the supremely important role of the proximal environment of the family, finding evidence for the importance of factors such as parenting quality, family cohesion, family structure, family social class, and family disruption. Certainly, families are the most regular and intensive contact for most individuals, but when researchers fail to put these family qualities into wider cultural, economic, and political contexts, there is a risk of “blaming the victim.” Researchers have begun to find risk and protection in systems outside the family, in terms of peer groups, school quality, neighborhood quality and cohesion, the built physical environment, health and social service resources, war and community violence, and discrimination.

### *Spiritual Risk and Protection*

When we speak of the spiritual dimensions, we are referring to both spirituality and religion, terms that are sometimes confused. **Spirituality** is a personal search for meaning, purpose, connection, and morality. **Religion** is a systematic set of beliefs, practices, and traditions observed within a particular social institution over time. Until recently, behavioral science researchers have paid very little attention to spiritual risk and protection. Consequently, our discussions throughout this book are somewhat thin in terms of spiritual risk and protection. There is growing evidence in the empirical literature to support the idea that spiritual resources can serve as an important protective factor in adulthood to mitigate early risk (see, e.g., Kendler et al., 2003; Vaillant, 2002; Werner & Smith, 2001). James Garbarino (1999) reports that communities devoid of spiritual anchors serve as a risk factor for male violence and other high-risk behaviors in adolescence.

Some researchers have found that some types of religious beliefs and affiliations serve as protection while other types serve as risk (Pargament, 1997).

### *Biopsychosocial-Spiritual Integration*

After teasing these dimensions (biological, psychological, social, and spiritual) apart, each chapter pulls them back together to present an integrated story of risk and protection for specific challenges of living. This will give a more holistic view of the overlapping factors and reciprocal relationships among the dimensions that create risk and protection. Comparison across challenges of living, presented in Chapter 11, will illuminate co-occurrence, bundling, overlaps, and cumulative risk and protection.

## Consequences

The risk and protection approach is based on the idea that risk and protective factors precede troubling situations and have influence on them. It is also the case that troubling situations have consequences for future human behavior and for the health of individuals, families, communities, and societies, and they sometimes serve as risk for other challenges of living. When social workers are involved in improving rather than preventing troubling situations, it is important to understand the consequences as well as the antecedents of these situations.

Before we proceed, however, it is important to note that the human life course is not such a simple linear process. Quite often many conditions co-occur, and sometimes it is difficult to discern from the literature whether a particular condition preceded another condition, was a consequence of that condition, or simply occurs simultaneously with it. The chapters of this book demonstrate the circular and reinforcing nature of challenges of living, for example, family poverty serves as a risk for community violence, and community violence contributes to the ongoing impoverishment of a neighborhood.

With these caveats in mind, it is still the case that researchers have identified some likely consequences of specific challenges of living, consequences that are widely experienced as an outgrowth of the challenging situation, and we will be reporting those. But just as there are different patterns of occurrence of specific challenges of living among various demographic groups, research is beginning to identify some group-based differences in the impact that challenges of living have on people. For example, Glen Elder's (1974) longitudinal research on children and the Great Depression found that family economic hardship has more long-term detrimental effects if it is experienced in early childhood than if it is experienced in middle childhood or adolescence. In another piece of longitudinal research following a cohort born on the island of Kauai in 1955, Emmy Werner and Ruth Smith (2001) found that males are more negatively affected by child neglect and economic hardships in early childhood than females. On the other hand, females are more negatively affected by family disruption than males during adolescence.

Attempts to study differential consequences are relatively new and somewhat spotty in the literature, and we do not have a lot of such evidence to report. Where such research exists, we think it is important for social workers to be aware of the stories told about human diversity, and we report on that evidence.

## Ways of Coping

When faced with difficult situations, individuals, families, communities, and organizations usually make efforts to contend with the stress and minimize the damage. In other words, they tend to take up the challenge of the difficult situation. These efforts have come to be called **coping**, and the strategies used are called *coping strategies*. Social workers should be curious about the coping strategies that client systems have already tried and should make every effort to give clients credit for their coping efforts. We also can benefit from familiarity with the research about how people attempt to cope with specific challenges of living and which coping strategies produce the most successful results.

Researchers have found that people adapt their choice of coping strategies to the situation at hand, but coping also is influenced by personal biology and psychology (Aldwin, 2000). In addition, cultural norms set the parameters for acceptable ways of coping with particular challenges of living. Resources for coping also vary across the life course. Not surprisingly, some coping strategies produce better outcomes than others. Some coping strategies will help to eliminate or minimize the difficult situation, and other coping strategies will serve to maintain or even exacerbate the situation. The choice of coping strategy can also have other consequences down the developmental line. The method of coping can serve as risk for other difficult situations later in life; this is the case when the method of coping involves escaping into alcohol or other drugs. The method of coping can also serve as protection down the line if it includes goal-directed behavior and use of positive spiritual and religious resources.

## Social Justice Issues

The National Association of Social Workers (NASW) Code of Ethics identifies social justice as one of six core values of social work. The stated ethical principle for this value is “social workers challenge social injustice” (National Association of Social Workers [NASW], 1999). To challenge injustice, we must first recognize it and understand the ways that it is embedded in a number of societal institutions (Hutchison, 2003c). There are at least two reasons that this is not always a simple matter. First, institutional arrangements assign privilege, or unearned advantage, to some groups and disadvantage to other groups, but when we inhabit privileged positions, we tend to take our advantages for granted, to see them as “normal and universal” (Bell, 1997, p. 12). Therefore, we may have trouble “seeing” the injustices in the situations we encounter. Second, available theory and research about specific challenges of living do not always attend to patterns of injustice

related to challenging situations. For example, if researchers focus only on individual and family attributes and fail to examine the societal contexts of these attributes, individual and family pathology will be identified, but harmful social and economic arrangements will not be. Sometimes we will need to search the literature carefully to develop understanding of social justice issues.

Recent scholarship in the social sciences has emphasized the ways in which three types of social identity—gender, race, and class—are used to develop hierarchical social structures “within which people form identities and through which they realize their life chances” (Stoller & Gibson, 2000, p. 4). These social categories are associated with systems of privilege and disadvantage, and, consequently, often convey either risk or protection. Race of color and low economic position show up on the list of common risk factors, cutting across challenging situations, and female gender is a risk factor for some troubling situations. Persons with disabilities and sexual minorities are other groups that face institutional discrimination, disadvantage, and risk.

At this point in history, it is important to note that the United States surpasses other similarly developed nations in income inequality, and the rate of inequality has been growing since the early 1970s (Hutchison & Waldbillig, 2003). This is particularly troubling given the persistent finding, as you will see in subsequent chapters, that financial impoverishment is a risk factor for a host of social ills and challenges of living. A growing international research literature suggests that high levels of inequality are bad, not only for individuals at the bottom of the hierarchy, but also for the social health of a nation, showing up in such social health indicators as childhood mortality, secondary school enrollment, violence, and life expectancy (Auerbach & Krimgold, 2001). Clearly, this issue cannot be addressed just at the micro level of individuals and families but requires that social workers provide leadership for political action and advocacy work.

## Practice Implications

Because we are writing for social workers, each chapter will include discussion of the implications of the available theory and research for social work practice, focusing on modifiable factors that may alleviate difficult situations. From this perspective, the risk factor and protective factor approach is inherently a model of intervention. It suggests that efforts can focus on eliminating or reducing multidimensional risk factors and/or on increasing multidimensional protective factors. This will require that social workers intervene with social institutions, organizations, communities, and small groups, as well with families and individuals.

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## The Organization of the Book

We want to emphasize that we see the multidimensional working model presented in this book as an essential but partial component of your preparation for competent practice

focused on specific challenges of living. It is only useful when combined with consideration of the unique features of the individual case, critical self-reflection, and analysis of relevant ethical issues. Chapter 2 presents these four interrelated elements in the process of knowing and doing in social work: knowledge about the case, knowledge about the self, values and ethics, and general knowledge from the social and behavioral sciences. Because we think it will help you to understand the working model and its applications if you have real-life stories about the challenges of living we are using to illustrate the working model, we begin Chapter 2 with four life stories that are used throughout the chapters of the book. Chapters 3–10 demonstrate how the working model presented in this chapter can be used to build knowledge of existing theory and research about selected challenges of living, including financial impoverishment, community violence, child maltreatment, traumatic stress, substance abuse, obesity, HIV/AIDS, and major depression. Finally, Chapter 11 synthesizes the elements of the working model across these eight exemplar challenges of living.

## Learning Activities

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1. Working in small groups, choose a challenge of living, other than the ones presented in this book, of interest to you (e.g., homelessness, adolescent pregnancy, cancer). Use the databases in your university library to research the pattern of occurrence of this challenge of living in the United States. What is the prevalence of the challenge of living? How is it distributed across different groups, such as those distinguished by gender, socioeconomic class, race, ethnicity, and so forth? How has the prevalence been changing over time?
2. Working in the same small groups with the same challenge of living, search the library databases for risk factors and protective factors for this challenge of living. Make an exhibit that summarizes your preliminary findings of the risk factors and protective factors for this challenge of living.