I wish to express my deep appreciation to the contributors for their willingness to prepare a chapter for the Handbook. They accepted and carried out a difficult and comprehensive assignment.

I appreciate their conscientiousness in following a demanding outline, their openness to editorial suggestions, their willingness to rewrite drafts, and their good spirit about my constant e-mailing and calling to “inquire” about their progress. I hope you will be as pleased as I am with their significant accomplishments and contributions to the profession’s literature.

I also would like to thank Jennifer Perillo, senior executive editor, and Stephen Wesley, editorial assistant, at Columbia University Press for their interest in and commitment to this project.

I thank my faculty, administrative, and staff colleagues at the University of Connecticut School of Social Work for their stimulation and support.

Finally, I am most grateful to my wife, Naomi, daughter, Sharon, son, Daniel, daughter-in-law, Amy, and grandchildren, Max and Claire, for their ongoing support and love.

A.G.

ACKNOWLEDGMENTS
HANDBOOK OF SOCIAL WORK PRACTICE WITH VULNERABLE AND RESILIENT POPULATIONS
CHAPTER 1

Social Work Practice with Vulnerable and Resilient Populations

ALEX GITTERMAN AND LAMBRINE A. SIDERIADIS

Through our teaching and practice experiences, we have become distressed by the increasing degradation and distress faced by large sectors of the client population served by social workers. Students and professionals confront daily the crushing impact of such problems as mental illness, substance abuse, disability and death, teenage pregnancy, and child neglect and physical and sexual abuse. Clients suffer from the debilitating effects of such life circumstances as homelessness, violence, family disintegration, and unemployment. The miseries and human suffering encountered by social workers in the new millennium are different in degree and kind from those encountered in the 1960s, 1970s, 1980s, and 1990s. The dismantling of the welfare state, the consequences of welfare “reform,” and foreclosures are examples of newly devastating social phenomena.

Social workers in practice today deal with profoundly vulnerable populations, overwhelmed by oppressive lives, and circumstances and events they are powerless to control. The problems are often intractable because they are chronic and persistent, or acute and unexpected. When community and family supports are weak or unavailable and when internal resources are impaired, these populations are very vulnerable to physical, cognitive, emotional, and social deterioration. Yet, in spite of numerous risk factors and vulnerabilities, a surprisingly large number of children, for example, mature into normal, happy adults. Why do some people remain relatively unscathed and somehow, at times, miraculously manage their adversities? Why do some thrive and not simply survive in the face of life’s inhumanities and tragedies? To more fully understand the human experience, this book examines vulnerability and risk factors as well as resilience and protective factors.

Defining and Explaining Life Conditions, Circumstances, and Events

After a brief introduction about the respective population, contributors analyze the definitions of the life condition, circumstance, or event. What are the different political and theoretical definitions and explanations of the condition, circumstance, or event? What are the effects of the definitions and explanations on the larger community, service providers, and service users? With certain “personality conditions” such as chronic depression, schizophrenia, and borderline personality, and with certain addictions such as alcoholism, growing evidence suggests potent predisposing genetic, biochemical factors. Researchers’ studies have, for example, analyzed the life careers of identical twins separated at birth and have used other tracking designs to find significant genetic linkages to alcoholism (Cloninger, 1983, 1987; Dowekio, 2006; Palmer et al., 2012), bi-polar disorder (Gallitano, Tillman, Dinu, & Geller, 2012), depression (Pirooznia, Seifuddin, Judy, Mahon, Potash, & Zandi 2012), and schizophrenia (Gejman, Sanders, & Duan, 2010).