

# I

## INTRODUCTION: TASK-CENTERED AND GENERALIST PRACTICE

The hallmark of generalist practice is the ability to work with multiple systems including the individual, family, small group, organization, and community. The necessity for developing this capacity rests on five observations. First, the difficulties people confront are usually multidetermined. This means that there are multiple causes for problems. For example, a learning disability, a disorganized family, and an inadequate school system might all contribute to the problem of truancy. The effective resolution of the problem would require work with the child, the family, and the school. Second, systems of all sizes experience challenges and turn to social workers for help. Third, people and their social and physical environments are inextricably interconnected and, as a result, social workers must be prepared to work with client systems, their environments, and the interactions between them (Miley, O'Melia, and DuBois 2001). Fourth, it is often more efficient to include work with larger systems when the same problem is experienced by a number of people or families. Fifth, prevention and reform efforts usually require work with multiple systems.

The challenge is to acquire the skills necessary to work effectively with a variety of systems, problems, populations, and settings in a relatively short period of time. This challenge has been accentuated by the Council of Social Work Education (CSWE) which, by means of its accreditation standards, requires a generalist orientation to be taught at the undergraduate level and at the entry level of graduate programs

(Sheafor and Landon 1987). We believe that mastering one practice approach, task-centered (TC), that has been applied across systems and with a large array of clients and problems produces competent generalist practitioners. TC has two additional advantages as the core approach for generalist practice. It has been rigorously tested and found effective, and it is an open framework, which means that it can accommodate interventions drawn from other approaches.

### I. I. O THE GENERALIST PERSPECTIVE

A useful description of the generalist worker is as follows: “The generalist social worker [has] the tools to work in various settings with a variety of client groups, addressing a range of personal and social problems and using skills to intervene at practice levels ranging from the individual to the community” (Schatz, Jenkins, and Sheafor 1990:219). Some definitional confusion pertains to the distinction between generalist practice and generic knowledge. Generic knowledge is that which is common to all social workers. For example, all social workers share knowledge about values and human behavior. Although we touch on issues that are part of our generic knowledge base, like values and human development, the topic of this book is generalist practice.

The roots of the generalist perspective have been traced to the inception of social work with the Charity Organization Society (COS) in the late 1800s (Sheafor and Landon 1987). The COS workers, as well as the settlement house workers who followed, were concerned not only with the plight of individuals but with the social conditions that produced those plights. In other words, both groups were concerned about the individual in the environment and the transactions between the two. Others (Schatz, Jenkins, and Sheafor 1990) trace the generalist perspective to the Milford Conferences, which occurred during the 1920s. By that time a number of specialized social services had evolved and the conferences were established to identify the generic elements within social casework. The need to identify generic content for the purpose of establishing a professional identity was made more urgent by the merger of several social work professions into the National Association of Social Workers in 1958.

Although these phenomena and others foreshadowed the development of a generalist orientation, it was not until the seventies that scholarly attempts to develop holistic practice approaches emerged. The first of them was Bartlett's *Common Base of Social Work Practice* (1970). Volumes by Meyer (1970), Pincus and Minahan (1973), Goldstein (1973), Siporin (1975), Morales and Sheafor (1977), Germain and Gitterman (1980), and Hartman and Laird (1983) followed. These efforts were particularly notable for developing two themes. One is the common knowledge or skill necessary for a "goal oriented planned change process" (Pincus and Minahan 1973:xiii) across the traditional specializations (casework, group work, and community organization) or the various system levels. A second theme is the relationship between systems and their environments. Both the literature and the movement toward generalist practice continued into the 1980s culminating in the curriculum policy statements of CSWE.

In spite of many efforts, the generalist orientation has not been uniformly defined or developed. In fact, there is disagreement about whether it is a model for practice or a perspective for practice. Sheafor, Horejsi, and Horejsi (2000) define a perspective as a way of viewing or thinking about practice: "The generalist perspective focuses a worker's attention on the importance of considering . . . various levels of intervention (51)." A model (or an approach) for practice is, in contrast, a set of procedures that tell the practitioner what to do. Models for practice are specific and often the result of research, whereas perspectives are general and testing their effect is very difficult, if not impossible. In spite of the definitional debate, a number of principles for generalist approaches have been articulated:

1. Incorporation of the generic foundation for social work and use of multilevel problem-solving methodology.
2. A multiple, theoretical orientation, including an ecological systems model that recognizes an interrelatedness of human problems, life situations, and social conditions.
3. A knowledge, value, and skill base that is transferable between and among diverse contexts, locations, and problems.
4. An open assessment unconstricted by any particular theoretical or interventive approach.

5. Selection of strategies or roles for intervention that are made on the basis of the problem, goals, and situation of attention and the size of the systems involved.

(Group for the Study of Generalist and Advanced Generalist, as cited in Schatz, Jenkins, and Sheafor 1990:223)

The relationship between these principles and TC will be described in the following section.

### 1.2.0 THE TASK-CENTERED APPROACH

TC was developed in the early 1970s by Reid and Epstein (1972). It falls within the category of approaches referred to as “problem solving.” Problem solving, as an approach to social work practice, was first articulated by Helen Harris Perlman (1957). TC has the following characteristics:

1. As noted, it is a problem-solving method of intervention.
2. It is highly structured, which means that the procedures for implementing the model are specific.
3. It focuses on solving problems as clients perceive them.
4. It is time-limited.
5. It is theoretically open and thus can be used with many theoretical orientations.
6. Change occurs through the use of tasks, which are activities designed to ameliorate the identified problems. Tasks can be developed from an array of practice approaches, as well as from problem-solving activities with clients.
7. It is present-oriented.
8. It is an empirical approach to practice in that it (a) was developed from research findings about practice; (b) was constructed with concepts that are researchable; (c) has been tested and found effective; and (d) contains within its procedures activities necessary to evaluate case outcomes.
9. It is appropriate for use with culturally diverse clients, as discussed in chapter 16.

Like the rationale for learning to be a generalist, the rationale for employing TC is based on several factors. First, it is in concert with many of the principles of generalist practice, including its problem-solving focus; openness to multiple theoretical orientations; and procedures that are transferable among a variety of systems, problems, populations, and settings. Second, TC has been tested and found effective with individuals and families. It is one of very few approaches to social work practice that can make this claim. Research findings will be detailed in the following chapters. Third, TC has been applied to work with all systems—individual, family, group, organization, and community. Fourth, it is relatively easy to incorporate interventions from other approaches into the TC framework. Examples of this will be provided in the following chapters. Finally, TC is consistent with the orientation that survey research has found to be most frequently used: “Thus, it appears that action-oriented and task-centered methods are increasingly being used to teach social work practice” (LeCroy and Goodwin 1988:47).

Although TC has many advantages, we are not suggesting it is a magic bullet (were there a magic bullet, social workers would not be needed). Indeed, in some cases, the desired goals will not be reached; in others, no progress may be made at all. Rather, our argument is that, in most cases, TC should be the approach of first choice. The rationale for this position rests on (1) the advantages described in the preceding paragraph; (2) the literature on dropouts; and (3) the relative ease of moving from TC to other approaches, rather than vice versa.

The literature on dropouts indicates that a substantial percentage of clients leave treatment prematurely, that the suspected cause in a number of these cases is the lack of congruence between worker and client with respect to the focus of treatment or target problem, and that the drop-out rate might be lower in time-limited modalities. Since TC mandates congruence on target problems and is time-limited, relying on it as the approach of first choice should enable us to engage more clients whom we might otherwise lose.

With respect to movement away from TC, our experience has been that, when TC has been insufficiently effective, clients are generally amenable to trying other, more complicated, and more time-consuming approaches. We think this occurs because they have experienced for

themselves that a parsimonious and straightforward approach is not adequate.

### 1.3.0 GENERALIST PRACTICE, THE TASK-CENTERED APPROACH, AND THE ECOSYSTEMS PERSPECTIVE

The development of generalist practitioners is obviously a highly desirable goal. The practical problem in accomplishing this goal is that an enormous amount of time would be required if students had to learn a unique approach to practice for each system and each situation. It is our hypothesis that educating students to use TC with systems ranging from the individual to the community will produce competent beginning-level generalists within a reasonable period of time. The openness of both TC and the generalist perspective also provide a sound base for incorporating other theories and intervention procedures as skill levels mature. In addition to the practical problem involved in educating generalist practitioners, there is a conceptual problem. This problem concerns helping practitioners to recognize the possibility and necessity of working with systems other than the most immediate ones—those that present themselves or those to which others refer us. A solution to this problem lies in the ecosystems perspective, which enables us to see people and problems in their environmental contexts and about which a large, robust literature exists. However, since the ecosystems perspective continues to evolve, there is no one description of it on which everyone agrees. Since space limits us here to only a brief description of this perspective, the reader is encouraged to consult additional sources (see, for example, Germain and Gitterman 1996; Kemp, Whittaker, and Tracy 1997; Meyer and Mattaini 1995; and Norlin and Chess 1997).

The ecosystems perspective is a collage of two bodies of theory: ecological theory and general systems theory. It is called a “perspective” because it provides a way of thinking about people and their environments rather than offering domain-specific content or a methodology for practice (Meyer 1983; Kemp, Whittaker, and Tracy 1997). Ecological theory has been borrowed from zoology, and the word *ecology* refers to the relationship between an animal and its environment. The fundamental proposition in this perspective is that human systems and

environments are in constant interaction and in a continual process of adaptation and accommodation that is mutually influencing. For our purpose, the most useful concept from this perspective is the ecomap, one version of which is illustrated in Figure 1.1. Other important concepts are habitat (the physical and social environment), niche (the place the system occupies), goodness-of-fit (the extent to which there is a harmony between the system and the environment), stress (result of a misfit), and coping (strategies to ameliorate stress).

Systems theory combines ideas from a number of fields including information theory and biology. Like ecological theory, it stresses the importance of the relationship between people and their environments. For our purposes, its most salient contributions are the definition of a system and the concept of boundaries. A system is defined as a complex of elements that form an organized, interrelated whole. Two of the concepts that capture some of the organization of systems are hierarchy and subsystems. Using a family system as an example, it is apparent that the family members are the elements that, taken together, form the whole or the unit. Boundaries are evident because we can define who is part of the system and who is not. Families exhibit a clear hierarchy, with parents expected to have more power than children. It is also apparent that the work of the family is carried out by subsystems, such as the marital, parental, and sibling subsystems. The division of power and labor and the number of subsystems are more complex in larger systems like organizations. The concept of boundaries is used to examine the amount of information exchanged between systems or subsystems. When boundaries are rigid, little information is exchanged. When they are open, adequate amounts of information are exchanged. When they are porous, too much information is exchanged and one system can be overwhelmed by another. Other useful concepts include steady state and homeostasis (the tendency of systems to maintain a dynamic equilibrium and the mechanisms for doing so) and equi- and multifinality (the relationship between means and ends).

The fundamental contribution of an ecosystems perspective to task-centered generalist practice is that it expands our ability to recognize the possibilities and necessity to work with a variety of systems. The ecomap in Figure 1.1 is derived from ecological theory and can be used to analyze human situations within this perspective. Typically, however,

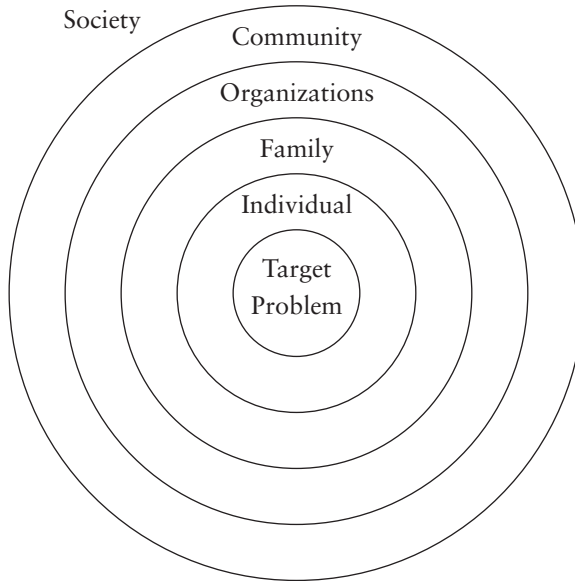


FIGURE 1 *Systems and Target Problems*

the individual, rather than the problem, is nested in the center of the concentric circles. We have placed the problem at the center, because it is the target of change in this approach to practice.

Examination of the various systems within the concentric circles enables us to consider how each contributes to the existence of the problem. The example of a child failing academically has already been used to illustrate this kind of examination. Consider another example: child abuse or neglect.

Individual: the child might be “hard-to-manage.”

Family: the parent(s) might be deficient in resources, problem-solving skills, or impulse control.

Organization: child welfare workers might be overloaded and parent education nonexistent.

Community: the community might be transient and without the capacity to provide social support.

Society: this society tends to regard children as property.

(Garbarino 1982)



Ecological theory thus provides a useful road map for examining problems in context. Each of the systems should also be considered with respect to the way the problem affects the system. For example, a serious illness can have a debilitating effect on family members, as well as on the individual patient. A serious illness that affects many people, like autoimmune deficiency syndrome (AIDS), has a devastating effect on individuals, families, organizations that serve the patients, the communities in which they reside, and the society as it struggles to protect individual rights in the face of a feared epidemic.

Finally, the likely impact of each system for solving or alleviating the problem needs to be considered. Which system is most likely to resolve the particular problem of academic failure, child abuse, or physical illness?

Thus, for each problem we are asked to address, we must consider each of the systems identified—individual, family, community, organization, and society—with three questions in mind. First, what is the role of this system in causing or maintaining the problem? Second, what is the impact of the problem on each of the systems? Third, what is each system likely to contribute to solving the problem? Finally, we can consider the context as a whole and with respect to the concept of “goodness of fit,” that is, the extent to which the context promotes the growth of the primary systems.

In addition to helping us analyze the involvement of each system, the ecosystems perspective, through the concept of boundaries, enhances our ability to examine the interactions among systems. For example, an eight-year-old child, Oliver Wilson, was referred for behavioral problems in school. The teacher and principal cared about the child and were using appropriate means to modify his behavior but with little success. During a home visit, the social worker met a nurturing and concerned mother who reported that her son was well behaved at home. The clue to the problem came at the very end of the visit. When the social worker asked Ms. Wilson if she had any questions, the mother replied, “There’s one thing that I don’t understand. When Oliver acts up at home, I don’t call the school. I don’t understand why they call me.” This question indicated that the problem resulted from rigid boundaries between the systems, with little information exchange.

When communication in the form of home report cards was established, the problem was resolved.

#### 1.4.0 SELECTING THE SYSTEM FOR WORK

Consideration of the questions identified in section 1.3.0 will identify the possibilities for work with the various systems. The next step is to choose that system with which we will conduct most of our work in our attempt to resolve target problems. The chosen system will be referred to as the primary system. This does not mean that other systems will be ignored. Our decisions, at this point in our knowledge development, will have to be based on our best judgments and practice wisdom since no empirical literature exists to guide us.

Actual system selection probably entails consideration of four variables: problem identifier, problem location, location of necessary changes, and problem-solver location. First, the system that identifies the problem is important, because, in many cases, identifying a problem indicates both motivation and accessibility for working toward solving it.

Second, the system in which the problem is located indicates where the impact must be made. Sometimes different people will identify different locations for the same problem. For example, teachers often locate problems of children in the child, whereas the child often locates the problem in the teacher. Thus the teacher is saying that the child is bad, and the child is saying that the teacher is mean. Someone else might say that the school system is inadequate. Yet another person might say that the problem is located in our society, which tolerates poverty. These locations are determined by explanations about the *causes* of problems. When we refer to the location of a problem, we are not referring to the location of the cause of the problem. Rather, we are referring to where change will be seen. If, then, a child is truant, the desired change—school attendance—will be seen in the child's behavior. Thus the child is the location of the problem to be changed.

Third, the system in which changes must occur to achieve problem alleviation must be determined. This brings us to the consideration of the problems' causes, as identified above. Continuing the truancy ex-

ample, the child might be truant because of conditions in the family, the school, or the neighborhood. Exploration of the truancy problem will reveal which systems are interfering with the child's school attendance.

Finally, the system best able to make the necessary changes must be considered. In the case of truancy, the problem location is the child. The system in which changes must occur to solve the problem might be the family. But the family conditions might be sufficiently chaotic that homemaker services are necessary. Thus the system best able to make the changes becomes the social welfare agency, which must be persuaded to provide a homemaker.

Some examples are in order. A married couple seeks help for marital communication problems. In this case, the problem identifier and location of the problem, necessary changes, and problem solvers are all the same: the couple. The couple, then, becomes the primary system for work.

A child is referred for truancy. On exploration, the social worker learns that the mother is keeping the child at home to provide care for younger children because the mother is temporarily incapacitated. The mother agrees to allow the social worker to help her find other alternatives. In this case, the problem (truancy) is located in the child but changes must occur in another system (family) for the problem to be solved. It is likely the problem can be solved by the combined efforts of the family and the social worker. The primary system becomes the family.

A woman complains that she cannot allow her children to play outside because the neighborhood is too dangerous. This problem cannot be solved by the woman and the social worker alone. If community groups exist that are willing to take on the problem, then the problem location, location for change, and problem solving are all located in the same system: the community. The community groups become the primary system.

A community group has become concerned about the physical deterioration of the neighborhood. It learns that residents cannot borrow money for home repairs because of an illegal banking practice called "red-lining." The group gathers evidence to bring this practice to the authorities' attention. Here the problem is located in one system, the

community, but the solution is in the hands of another system, an organization (banks), and the organization is unwilling to change. Thus another organization (banking regulators) becomes involved to enforce the law and solve the problem. The primary system for work is the community group.

As these examples illustrate, only one firm rule exists for choosing the primary system, namely, its willingness to accept help. In some cases, the primary system will be the one in which the problem is located. In other cases it will be the system that must change in order for the problem to be alleviated. In still other cases, it will be the problem-solving system. Decisions are easiest when all three are the same.

The primary system will usually reflect one of the three following conditions:

1. The system has an internal problem that is capable of being resolved internally and either requests or agrees to accept help to resolve it;
2. The system has an external problem, either requests or agrees to accept help to resolve it, and alleviation of the problem is expected to be possible through the combined resources of the system and social worker; and
3. Change in the system is necessary to solve the problem of another system, and the system agrees to help.

One system is not covered by these guidelines for selecting a primary system. That system is the small group when the group is not a natural one. In these circumstances, the small group is constructed by the social worker for the purpose of solving the problems of another system—usually the individual. Group treatment is offered because it seems the most likely and efficient avenue to achieving the desired changes. When the group is a natural one, like a group of tenants, the guidelines can be applied. The issue of deciding to use group treatment will be covered in part 4. In fact, the issue of selecting systems will be covered in each of the sections that follow.

Two final comments about choosing appropriate systems are in order. First, although one primary system will usually exist, often we will need to work with other systems to some extent. Second, we will, at times, err in selecting primary systems. The mistake will manifest it-

self through our inability to resolve targeted problems. The remedy is, of course, to try to engage the system that is needed to resolve the problems successfully.

### 1.5.0 COLLATERALS AND REPRESENTATIVES OF OTHER SYSTEMS

Collaterals are people involved with the primary system. They might be personally or professionally related to the primary system. For example, when the primary system is an individual, collaterals might include family members and schoolteachers or physicians. Work with collaterals has always been a component of TC. We do not hesitate to involve them on the client's behalf *provided* they are important to problem resolution and the client has granted permission. Clients are always fully informed about our contacts with collaterals.

Although, in this chapter, we have used the generalist phrase "work with other systems," in fact we rarely work with other entire systems. More often we work with representatives of other systems like individual family members or friends, teachers, physicians, or public assistance workers. In other words, we work with collaterals.

Thus it may appear that the TC approach is no different than the generalist approach with respect to the inclusion of others. In fact, however, recognizing the similarity and difference between the two is enriching. The similarity suggests that work with others (by whatever name) is an important bridging concept between the two approaches. The differences strengthen each of the concepts. TC contributes specificity to the generalist idea. Collaterals and procedures for working with them can be identified. Ultimately their contributions to problem resolution can be determined. The generalist perspective expands our thinking about collaterals in two ways. First, it directs us to consider other systems systematically. Second, it illuminates the fact that collaterals are representatives of other systems and that potential conflicts may exist. As representatives of other systems, collaterals are accountable to others, and they must operate within the rules and procedures of other systems. The recognition that collaterals are involved in more than one system should enable us to work with them more effectively.

Furthermore, uniting the two concepts, “work with collaterals” and “work with other systems (or representatives of other systems)” should foster some social work roles that are vitally important but often receive insufficient attention. These roles include broker, mediator, and advocate (Compton and Galaway 1989; Middleman and Wood 1989). We act as brokers when we take on tasks that involve linking the client to resources. We act as mediators when we take on tasks designed to resolve disputes between the clients and other people. We act as advocates when we argue for the client. All these roles entail work with others.

### 1.6.0 NEW APPLICATIONS

Since the appearance of the first edition of this volume (1994), there have been a number of additions to the task-centered model. These developments have occurred across several dimensions. Task planners evolved to assist in generating task alternatives and thus further explicate this aspect of the model. Treatment protocols have been developed for particular populations like at-risk elementary school children and for case management in the schools and in the community. TC supervision represents a new application of the model. These additions to TC are described below and referred to in the text.

*Task planners.* Task planners consist of descriptions of problems and task menus that can be used in problem resolution. Task planners for more than one hundred clinical problems (e.g., substance abuse, child maltreatment, anxiety, depression, child behavior disorder, couple conflict) have been published (Reid 2000). Also available are task planners for the frail elderly (Reid 2000) and for Temporary Assistance for Needy Families (TANF) (Reid and Kenaley 2000). Task planners are not viewed as prescribing tasks for particular problems but rather as a resource to provide both practitioners and clients with an array of action possibilities to consider along with links to relevant literature and research. They are intended to facilitate rather than supplement basic principles and methods of task planning.

*A task-centered social worker in the classroom.* Social Worker–Teacher Classroom Collaboration (SWTCC) is a model of intervention for at-risk elementary school children that places a social worker and

a teacher in a classroom together (Viggiani, Bailey-Dempsey, and Reid, in press). The model is particularly useful for classrooms that have a high number of children with academic, behavioral, or attendance difficulties and in circumstances in which student social workers can serve as practitioners. Using task-centered methods, social workers intervene with behavioral and attendance issues, which permits teachers to focus their efforts on teaching. Weekly collaborative meetings facilitate ongoing communication between the teachers and the social workers. SWTCC was tested using social work interns in two classrooms in an urban elementary school in Albany, New York. A quasi-experimental design that included the use of comparison classrooms indicated that SWTCC fostered appropriate classroom behavior, such as following rules, and had a positive effect on attendance problems. Social worker, teacher, student, and parent questionnaires revealed that the intervention was perceived positively.

*Task-centered case management in the schools.* This variation, mentioned briefly in the first edition, has been designed primarily to help children at risk of school failure with specific focus on problems of grades, attendance, and classroom behavior. In consultation with the family, the social worker forms a case management team that includes the worker as leader, the student, one or two of the student's teachers or other school personnel, and the parents. Depending on the case, the team might also include such other members as a student peer, a member of the extended family, or a community agency representative. Considerable weight is given to the student's input in team member selection, especially the teacher(s) to be invited. In addition, the social worker sees the child and his or her parents in individual and family sessions.

The main purpose of the case management team is to identify and work on school-related problems. All team members are involved in developing and carrying out tasks to solve the problems. For example, students might undertake tasks of completing homework assignments, making up detention time, and attending classes; parents' tasks might include facilitating and monitoring homework and providing reinforcers for successful school performance; teachers' tasks might include providing students extra help and obtaining information about school resources or policies that might affect the student, as well as coordinating activities of team members; and social workers assume tasks to

secure resources such as tutors and Big Sisters. The case management teams meet every other week to review the status of problems and the progress on tasks, to resolve obstacles to task completion, and to plan new tasks. Meetings with children and their families, which usually take place on alternate weeks, focus on problem-related tasks and obstacles. Median service length (in various trials of the model) has been sixteen weeks.

Since its original conception (Bailey-Dempsey 1991), the case management model has undergone an extensive research and development process (Bailey-Dempsey and Reid 1996). The primary experimental trial is reviewed in section 6.1.0. Applications have been incorporated in part 2, "Families." A complete protocol for the model is available from the second author of the present text.

*Task-centered case management with the frail elderly in the community.* In this adaptation, practitioners work with elderly clients, caregivers, and service providers to meet the needs of the elderly in the community (Naleppa and Reid 1998, 2000, in press; Huh 2000). Since most elderly want to "age in place," a major purpose of the approach is to provide the help necessary to maintain clients in their own homes. In the sessions, which usually take place in the client's home, the older person is involved in identifying the problem and the needs, and in task planning and implementation. Such involvement (as opposed to having caregivers and practitioners develop and carry out tasks) is viewed as empowering the older client. To protect client autonomy, guidelines have been developed that emphasize the client's right to make decisions, even when others have to implement them. Other guidelines, such as handling client reminiscences in focused interviewing, provide additional adaptations of basic task-centered procedures to work with an elderly population. The approach also makes use of intervention "modules" (Lieberman 1988). Most modules take the form of task planners, as described earlier. Additional modulees—e.g., ways of helping clients with grief and loss issues—have been devised to supplement task-centered methods. A field test of the model suggested that elderly clients were, in general, active participants in all steps of the model, from identifying problems to suggesting and implementing tasks (Naleppa and Reid 1998). The approach appeared to be instrumental in helping clients remain in the community. A controlled trial of the



model is now in progress. The application is discussed further in part 2, "Families."

*Task-centered supervision.* In task-centered supervision (TCS), the basic structure and methods of task-centered practice are applied to educational supervision, including field instruction (Caspi and Reid 1998, in press). TCS outlines a series of activities to be carried out during and between supervision meetings. In short, during each supervisory session the supervisee and supervisor engage in a process of selecting practice and learning objectives for immediate, targeted work. These objectives are considered, mutually evaluated, prioritized in order of perceived importance, and formulated as "target goals." Up to three target goals are selected for work at each supervision meeting. Actions, or tasks, for attaining target goals are then developed. For each target goal, up to three tasks are selected. These tasks are usually implemented by supervisees between supervision meetings in their work with clients. Tasks may take a variety of forms, such as learning new skills ("Observe processes of triangulation in the B family") or using a particular intervention ("Confront Mr. C regarding his denial of a drinking problem"). Before finalizing the selection of tasks, potential obstacles to task implementation are considered, as in the basic practice model. Similarly other steps of the basic model, such as procedures for planning and rehearsing tasks, task review, and recording task progress are adapted for purposes of supervision. Supplementary components provide opportunities for didactic teaching, for dealing with the supervisee's feelings, and for handling other issues likely to arise in supervision.

Other applications since the first edition include task-centered mediation with post-divorce couples (Donahue 1996), group treatment of single parents in a college setting (Raushi 1994), group treatment of sex offenders (Kilgore 1995), psycho-educational and task-centered group intervention for family members of people with AIDS (Pomeroy, Rubin, and Walker 1995) and a task-centered approach with Vietnamese families (Nguyen 1999). Additional applications and current projects, in this country and abroad, as well as examples of task planners, a task-centered tutorial, and a comprehensive bibliography of task-centered methods, can be found at the task-centered web site, <http://www.task-centered.com>.

### 1.7.0 OTHER APPROACHES, CONCEPTS, AND PERSPECTIVES

There are many approaches and perspectives for social work practice (for succinct descriptions of other approaches, see Sheafor, Horejsi, and Horejsi 2000 or, for more extended descriptions within a generalist perspective, see Lehmann and Coady 2001). Most of those that have existed for some time have been considered in one way or another within this volume. However, we do want to mention a few here. They are managed care, empowerment, the strengths perspective, and the solution-focused approach. Managed care is included because it is having a pervasive effect on the delivery of service. Empowerment is a philosophy that, we believe, should influence all approaches to practice including TC. The strengths perspective and solution-focused work are included because they have increased in popularity since the first edition of this book and because of the way they deal with the concept of problem, a concept that is central to the social work profession and to TC.

Managed care is an orientation to the delivery of service (Chambless 2000). It emphasizes cost-effectiveness and efficiency. Supporters claim that it also enhances quality of care, but this is a matter of debate. Regardless of the merits (or demerits) of managed care, it currently shapes the environment for practice by determining the amount and type of service offered. Task-centered generalist practice is particularly valuable in this environment. It is a time-limited approach, which means that it fits the constraints of managed care. The fact that its effectiveness has been demonstrated means that it offers a valuable tool for providing service that does not jeopardize quality in the pursuit of cost reductions.

Empowerment is a vital philosophical concept for social work practice. The mission of social work is to aid and abet those who are disadvantaged and disenfranchised, and many of our clients are among those who possess the least power. Solomon (1976) defines the powerless as “anyone who is haunted by severe limitations of their self-determination and an inevitable sense of dependency” (12). Gutierrez (1990) has examined the empowerment literature and culled several techniques common to empowerment approaches. These are (1) “accepting the client’s definition of the problem”; (2) “identifying and

building on existing strengths”; (3) “engaging in a power analysis of the client’s situation”; (4) “teaching specific skills”; and (5) “mobilizing resources and advocating for clients” (151–52). The first technique, accepting the client’s definition of the problem, is clearly consistent with TC. The second, fourth, and fifth techniques—identifying and building on strengths, teaching specific skills, and mobilizing resources and advocating—are often incorporated in TC through the development of client tasks, practitioner tasks, and work with collaterals. The one aspect of empowerment practice not systematically included in TC is a power analysis. However, there is nothing about the structure or philosophy of TC that would preclude incorporating a power analysis.

The strengths perspective has become popular within social work education during the past decade. The basic principles in this approach are as follows:

1. Every human system has strengths;
2. Traumas and struggles may be injurious but they may also be sources of challenge and opportunity;
3. The upper limits of the capacity to grow and change are unknown and client aspirations should be taken seriously;
4. Client systems are best served by collaborating with them;
5. Every environment has resources.

(Saleebey 1997:12–15)

The focus in the strengths perspective is the client’s vision for the future, and assessment emphasizes the identification and articulation of strengths in the client system and the environment. Intervention consists of implementing collaboratively developed strategies that build on strengths and resources (Early and Glenmayer 2000).

A considerable amount of overlap exists between the strengths perspective and TC. Both stress collaboration. Both focus on what clients want to achieve. Both are eclectic in that they use other interventions as appropriate (see the case example in Early and Glenmayer 2000). Both also build on client strengths and resources, albeit in different ways. The strengths perspective emphasizes the articulation of these strengths and resources, whereas, in TC, they are assumed in the development of tasks (tasks based on client weaknesses would be futile).

A major difference between the two approaches seems to result mainly from the fact that the strengths perspective developed as a reaction against traditional problem-solving approaches in which problems were often located in the client and solidified with a diagnostic label. In fact, TC, which is a problem-solving model, also eschews focusing on client pathology. Unfortunately many advocates of the strengths perspective fail to differentiate between problems that are attributed to clients by professionals and those problems-in-living that clients identify themselves. Some of the more radical adherents of this perspective even reject the use of the word *problem*. This is dangerous because denigrating client-identified concerns is disempowering. Although Saleebey (1997) acknowledges that this is “a very serious criticism” and contends that “there is nothing, however, in the strengths approach that mandates the discounting of the problems of life that people bring to us” (238), not all adherents share this point of view, and the possibility of ignoring client concerns for the sake of adhering to any particular philosophy is risky, to say the least.

As Blundo (2001) has put it: “To learn the strengths perspective one must seriously challenge the basic foundations of practice knowledge, the 80 years of variations on a basic theme of disease and expertise as it is taught and practiced today” (301). However, the strengths perspective will need to come to grips with a central dilemma: how to reconcile its radical vision of working with clients with the many demonstrably effective models that focus on client problems as “pathologies”—cognitive, cognitive-behavioral, and interpersonal interventions for depression; exposure therapies for phobias, obsessive-compulsive disorder, and post-traumatic stress syndrome; psycho-educational treatment of families with schizophrenic members; problem-solving skills training with aggressive children—to name but a few. In TC, most such interventions can be adapted for use within the structure of the model. It is not at all apparent how the strengths perspective can achieve such an integration.

The solution-focused model is a time-limited approach that evolved from work with families (De Jong and Berg 1998). The focus of this approach is on helping clients achieve solutions to their problems as they define them. Positive, specific goals are carefully developed. The emphasis on solutions and goals creates optimistic expectations and

stresses clients' strengths. Careful attention is given to the "exceptions," the times when problems do not occur. The emphasis on solutions and goals creates optimistic expectations and stresses clients' strengths. There are differing opinions about the extent to which problems are focused on. Some suggest that discussion of problems is minimal, whereas others contend that a thorough understanding of problems is necessary to the development of solutions and relapse plans (Christensen, Todahl, and Barrett 1999).

There are many similarities between solution-focused work and TC. Most evident are brevity and a focus on client-determined concerns. Both emphasize collaboratively solving problems, an emphasis that communicates optimism. Both make use of client problem-solving actions (tasks) in the real world. There are, however, a number of differences. In its current form, the solution-focused model is guided by a postmodern, constructionist epistemology, whereas the task-centered approach is modernist and realist in its philosophy. How these contrasting viewpoints (which we shall not discuss here) affect actual practice is not completely clear, but we shall comment on a few differences at the practice level.

Much of the divergence between the two models is concerned with the client's problem. In the solution-focused approach, as it is customarily presented, it is not assumed that there has to be a connection between the problem and the intervention (de Shazer 1988). The problem serves largely as a motivator for new behavior, and it is the latter (the solution) that receives attention—hence the name. In the task-centered approach it is assumed that a collaborative effort by the client and practitioner to understand the problem as the client perceives it, as well as contextual factors, can provide useful information about how best to resolve it. Also, in TC, collecting baseline data on problem occurrence is seen as an important ingredient in helping both client and practitioner assess progress. Thus the task-centered model has a formal, although brief, assessment phase. The solution-focused approach usually does not. As Peller and Walter (1995:77) observe, "The word assessment does not fit into a solution-focused orientation." (However, as noted earlier, there is variation within the solution-focused school on the importance to attach to the problem.)

In addition, the task-centered model makes use of structured sequences of activities, such as the Task Planning and Implementation Sequence. The solution-focused method is much more fluid. In TC, provisional time limits are set at the beginning of contact, whereas the solution-focused model has no preset time limits, although most cases turn out to be brief.

## 1.8.0 STRUCTURE AND CONTENT OF THIS BOOK

This book contains four major parts, as well as the introductory and concluding chapters and the chapter on diversity. The major parts describe work with individuals, families, groups, and larger systems. The first three pertain to individuals, families, and groups and are composed of four chapters each. The chapters describe pretreatment considerations, the initial phase of treatment, the middle phase of treatment, and termination. The fourth part, “Larger Systems,” is composed of two chapters only—work with organizations and work with communities—because we have less experience in applying TC to work with them. We are grateful to authors Bageshwari Parihar (organizations) and Gregory L. Pettys and Kollengode R. Ramakrishnan (communities) for sharing their expertise in these chapters. Only one chapter, chapter 16, is devoted to work with culturally diverse clients because it is necessary to describe only modifications to TC. Blanca M. Ramos has generously contributed her special knowledge to writing this chapter.

A numbering system is used to identify the content in each chapter. This numbering system is consistent for the first three parts. For example, the topic “Theoretical Base” is covered in 2.2.0 (“Individuals”); 6.2.0 (“Families”); and 10.2.0 (“Groups”). To locate related content in parts 1, 2, and 3, change chapter numbers as shown in Table 1.1.

The numbers used to identify topics in chapters 14, 15, and 16 are the same as those used in part 1 except that they are preceded by the appropriate chapter number, that is, 14, 15, or 16. Thus section 14.3.0.0 deals with the same topic as that in section 3.0.0, 7.0.0, and 11.0.0. The numbering system enables the reader to cover the content in two ways. The book may be read in the ordinary fashion—from

TABLE 1.1 *Locating Related Content in Parts 1, 2, and 3*

	<i>Part 1</i>	<i>Part 2</i>	<i>Part 3</i>
	<i>Individual</i>	<i>Families</i>	<i>Groups</i>
<i>Chapters</i>	2	6	10
	3	7	11
	4	8	12
	5	9	13

front to back—or it can be read by topic; for example, content about the theoretical base for working with all systems can be examined together. The numbering system also allows the reader to refer back to the discussion of a topic in earlier sections. For example, the discussion of values begins in 2.4.0 and is elaborated in 6.4.0, 10.4.0, 14.2.4.0, and 15.2.4.0. This is important, because we have avoided repeating content as much as possible.

Checklists, questions for consideration, and practice exercises have also been included so readers can monitor their own understanding and skill development. Finally, description of work with each system concludes with an extended case illustration.

