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**Jonathan Singer:** Today's podcast looks at the relationship between theory and clinical social work practice. I spoke with Joe Walsh, professor of social work at Virginia Commonwealth University (VCU), and author of the Brooks/Cole text, *Theories for Direct Social Work Practice*, which came out in a second edition in 2009. We talked about why social workers should learn practice theories, the differences between practice, developmental and personality theories, the difference between a theory and a model, and why there are so many different practice theories. We talked about how knowing theory makes for better social work practice and how being "eclectic" isn't about eschewing theory, but being well grounded in a few theories and making intentional choices about when and how to draw from them. Joe suggested that social workers in the field can contribute to theory refinement by thinking seriously about how well the theories they use work with the clients they serve. We ended our conversation with some information on resources for social workers who are interested in learning more about practice theories.

Now if you are a regular listener to the podcast, you'll know that at this point I usually say, "and now on to the podcast with" and I name the guest and the topic. But, before we get to the interview, I wanted to acknowledge that theory is one of those topics that really makes a lot of people uncomfortable. It tends to make social work students groan, makes practitioners throw up their hands and shrug, and incites all sorts of debate among social work scholars. I think it is because while theory is by definition abstract, there is a debate in social work as to whether or not theory improves the quality of practice, research and policy. I also want to acknowledge that the topic of theory is huge and this podcast cannot cover all of it. But, in order to provide a context for the interview, I'm going to spend a few minutes defining some basic ideas around theory, identify different types of theories, and talk about some of the pros and cons of theory in social work practice, research and policy.

### **A definition of theory**

In a 2001 article, Bruce Thyer, one of social work's most outspoken critics of theory, defined theory as "attempts to retrospectively explain and to prospectively predict" (2001, p. 16). This is just one of many definitions, but I like it because it suggests two functions of theory. The first is to explain or help us understand – to provide some insight – into why something happened. For example, you are working with a woman whose children were removed by child welfare for neglectful parenting. Why did this happen? During your conversation with her it becomes clear that she learned how to parent by watching her parents as well as the people around her. Is that information important? It is according to Albert Bandura's Social Learning Theory, which says that people learn behaviors by watching others. This mother modeled her parenting on what she saw around her. This brings us to the second function of theory - to

predict what might happen in the future. Taking this same example, social learning theory would predict that if you model protective parenting behaviors, your client will learn how to parent her children in ways that are neither abusive nor neglectful. But, you might be asking yourself, isn't there more to parenting than just behaviors? Yes. And this suggests the limits of relying on a single theory to try to explain or predict human behavior. While some theories do a better job of explaining and some do a better job of predicting, all theories have limitations. And being an informed consumer of theories means knowing about different types of theories and specifically about different assumptions of practice theories. So, let's talk for a minute about the different types of theories.

### **Types of theories**

There are many types of theories that clinicians need to know about, such as developmental, personality, and practice theory. Social work students learn about developmental theory in their Human Behavior and Social Environment courses. Some examples of developmental theory are Piaget's theory of cognitive development, Kohlberg and Gilligan's theories of moral development, and Erik Erickson's psychosocial theory. Developmental theories can be useful in understanding why someone is doing something at a particular stage in life. Personality theories explain human behavior in terms of personality traits, such as being more introverted or extroverted, or more dominant or submissive. But neither developmental theory nor personality theory talk much about what you, the practitioner, can do to help. That's where practice theories come in. Practice theories often incorporate components of developmental and personality theory, but the focus is on why someone is having a specific set of problems and how we can resolve those problems. The why and how vary by the practice theory.

Practice theories are often divided into four broad categories, psychodynamic, cognitive-behavioral, humanistic, and postmodern. If I recorded this podcast in the 1950s not only would I be a technological genius, but I would talk exclusively about the variations of Freudian psychosexual theory. By the 1970s, social workers could choose between psychodynamic, cognitive-behavior and humanistic theories. In the 1980s, postmodern theories became popular. These categories are not exhaustive, but do account for most practice theories that are commonly applied to treating individuals. I'm going to spend a few minutes describing each of these four categories of practice theories. To learn more about these categories, you can listen to a number of other social work podcasts, or read social work practice theory texts by Coady and Lehman, Malcolm Payne, or today's guest, Joe Walsh.

*Psychodynamic theory.* These theories, including drive or id psychology, ego psychology, object relations, and self-psychology, have their roots in the work of Sigmund Freud and the belief that current problems can be traced back to childhood traumas or developmental challenges. These theories emphasize insight and personality change. More recent psychodynamic approaches, such as brief psychodynamic therapy maintain the emphasis on insight but focus interpretations on current issues.

*Cognitive-behavioral theories.* Although they developed separately, cognitive and behavioral theories are generally considered part of the same broad category because, in practice, most behavioral interventions have a cognitive component, and most cognitive interventions have a behavioral component. In contrast to psychodynamic theory's focus on the past, cognitive behavior theories focus on the present in order to change future behavior.

However, CBTs acknowledge that current problems with behavior and thinking often have roots in the past. Although today's cognitive-behavior therapists agree that the therapeutic relationship is central to the change process, the original writings of Albert Ellis and Aaron Beck described the therapeutic relationship as more of a teacher-student relationship the therapist was teaching the client about their patterns of thinking and behavior.

*Humanistic.* This category of practice theories has its roots in the work of Carl Rogers, who held the humanistic belief that people have within them all of the resources needed to achieve their full potential. Humanistic therapies see the therapeutic relationship as central to the change process. Rogers is famous for saying that in order for change to occur, therapists must be authentic, genuine, and demonstrate unconditional positive regard for their clients. Humanistic therapies focus on the present, with little emphasis on the past or future.

*Postmodern.* Practice theories in this category, most notably Michael White and David Epston's Narrative Therapy, are critical of approaches that privilege some ideas at the expense of others. Postmodernists believe that since reality is a social construction, the therapeutic relationship is central to change. Postmodern approaches argue that the primary benefit of labeling a set of behaviors as "dysfunctional" is to elevate those without that label. In this way, traditional social services, the medical model, and most treatment approaches are tools used by those in power to maintain control.

Within each of these categories, specific practice theories try to tackle more broad or narrow ranges of experience. For example, traditional Freudian psychoanalysis is considered a grand theory that tries to account for the experience of all people. In contrast interpersonal psychotherapy is more of a practice model in that it uses ideas from psychodynamic theory, but makes very narrow assumptions about who can be helped by the intervention and in what time frame.

### **Arguments against theory**

So far I've defined theory, talked about types of theories, and specific categories of practice theories. The last thing I want to talk about before we hear the obviously pro-theory interview with Joe Walsh is that there are three compelling arguments against practice theories.

First, there are no unique social work practice theories. That is, there are no theories that derive from social work values and specifically reflect social work's assumptions about the human condition. But wait, you're saying, what about ecological systems theory? Ecosystems theory is not a practice theory – it is a framework. Katherine van Wormer, in her book on Human Behavior and the Social Environment noted that systems theory is too broad to be researchable in any practical way. Ecosystems theory reminds social workers of the broad range of influences on a person's life but doesn't provide guidance on how to intervene.

Second, there is limited empirical support for the use of most practice theories with diverse populations. Narrative therapy, one of the few practice approaches that explicitly focuses on societal construction of disadvantage, was developed by Michael White, a social worker.

A third argument against theory has to do with the limited amount of empirical support for practice theories as a significant factor in client change. Jerome Frank, whom Joe Walsh will reference in this interview, argued that four "common factors," the therapeutic relationship,

common therapeutic procedures, a healing setting and the client's belief in a reason for their problems, accounted for most therapeutic change. In 2001 Bruce Wampold published a meta-analysis of psychotherapy studies and concluded that Frank was right. He found that all practice approaches work about the same and that common factors accounted for significantly more change than did the specific treatment approach.

You might be wondering, ok, so those are pretty good reasons against practice theories, should I even bother to listen to the rest of the podcast? Well, I would say yes, because despite the critiques against theory in social work, the truth is that more people would argue for it than against it, Joe is a great interview, and I'm going to tell your professor if you don't finish the podcast. I'm just kidding about that last one. But, a good social worker will gather lots of information before making a decision. So, in the spirit of gathering information, on to the interview with Joe Walsh and Theories for Clinical Social Work Practice. A quick note before we start the interview – I used Skype to record the interview; Joe was in Richmond, Virginia and I was in Philadelphia.

### *Interview*

**Jonathan Singer:** Joe, thanks so much for being here today on the podcast to talk with us about theories and the social work practice. My first question is: Why should social workers learn theory?

**Joe Walsh:** Well, to me a theory is simply a way to make sense out of very complex behavior, and I think that at its core, human behavior is way too complex for any of us to understand in its entirety so a theory is just a perspective or a "lens" that we assume so that we can narrow down what we're looking at and do the best we can at understanding people and their experiences. It's sort of a way to make sense out of confusing experiences. I believe that everyone operates from a theoretical perspective whether they are aware of it or not. So, I believe that it's important for social workers to learn theory because in the process, they learn about their own beliefs, their own assumptions about people and how problems develop, and how they can help people to change. I'll just add here at the beginning that I do not propose any particular theory as being the best or better than others because I believe that a social worker's mastery of any theory will enable that person to do the best work with their clients.

**Jonathan Singer:** You've written a whole book on practice theory and I'm wondering, how does it differ from other types of theories that social workers learn about developmental theory or personality theory?

**Joe Walsh:** Well, I think of developmental theory, which is what our students get in their human behavior and the social environment courses, as being theories about how people develop, what makes people tick, why people behave the way they do, natural changes that people go through in their lives. A personality theory, which I'm very interested in but have no expertise in, is about, how does a personality develop? What is a personality? Are personalities fluid or are they firm? A practice theory is different in that, as I see it, it's a theory about how to help people make changes when they desire to make changes. What is it about talking or doing

with clients that can help them make the changes that they want to make? So, that's how it's different from the other two kinds of theories.

**Jonathan Singer:** So, what's the difference between a practice theory and a practice model?

**Joe Walsh:** Ok, a practice theory is a very general, broad, abstract thing. Most practice theories, although not all, include concepts about human development. They include ideas about how problems develop, about how people change, and how the social worker can help people to change. But a model is narrower. A practice model is taking some of those concepts that a theory provides and using it to apply to a certain kind of client population. For example, we have interpersonal theory which actually, in my view, is a practice model because it takes concepts from psychodynamic thinking and cognitive behavioral thinking and applies them to how people can resolve relationship problems. So, that's a more narrow application of those two theories. Dialectical behavioral therapy is another one that is very commonly used nowadays with persons who have substance abuse and personality problems and it too takes ideas from a couple of theories and applies them to a certain kind of a client population that is believed to be amenable to responding to applications of those theories. Now, personally, I have spent most of my practice career working with clients who have severe mental illnesses like schizophrenia. And I like to use ego psychology in my work with them. The reason I would call this a model is because I believe that with persons who have severe mental illnesses, the client-worker relationship is very, very important because this is a client population that typically has difficulty with relationship development and trust, and so forth. And so I take some concepts from ego psychology that have to do with the relationship and I pay particular attention to those things when I work with that client population. I'm not using the whole theory, the whole psychodynamic range of ideas; I'm just using a part. And then I also utilize a lot of behavioral techniques which comes from a different theoretical perspective but I find that that is also useful for that population. So, I would call what I do using a practice model: a narrow application of some ideas that come from several theories.

**Jonathan Singer:** So, the difference between a practice theory and a practice model is that a practice theory is broader in scope and a practice model is sort of more narrowly defined. And you gave some examples of practice models, such as interpersonal psychotherapy and dialectical behavioral therapy, both of which we have podcasts on. And so, I guess one of my questions is, why are there so many practice theories that students learn about in their schools of social work?

**Joe Walsh:** Well, as I said earlier, a theory is just a way to make sense out of the complexity of the human condition. And there are many ways to do that that people have found useful over the decades. Psychodynamic theory is a very old theory compared to the others and of course it came out of a particular time and a particular culture, and I think that depending on the culture one lives in, that we live in for example, we develop certain beliefs and assumptions about human behavior. Those change over time. Cognitive behavior became very popular in the fifties and the sixties when, for a variety of reasons, it was believed that, hey, this id, ego, superego stuff is really amorphous and abstract and it seems to be giving life for these very abstract

concepts, shouldn't we get more concrete and shouldn't we just focus more on people's cognitive thinking? Again, I don't think that there is any theory that is the "correct theory." I like ego psychology in part because it is what I learned first. I came up in the seventies and back then it was still a very popular approach.

And the other thing that I need to emphasize that I forgot to say a minute ago is that a theory has to make sense to the person who is using it or else it will be useless to them. So I believe that we have a lot of theories because there are simply a lot of ways to conceptualize human behavior and some of those are related to the times, to the culture, and others are probably related just to the personalities of the people that come up with the theories. While I don't think it's possible for anyone to really feel comfortable with a lot of theories, I tend to think that any of us can feel comfortable with working with three or four and so those are the ones that we are going to latch onto.

Now, the reason we have so many practice models, and I think this is wonderful, is because as the clinical social work practice field has developed, we have identified things like "attachment problems" that are very severe that affect people throughout their lives that maybe didn't get all that much attention twenty or thirty years ago. PTSD related to sexual trauma, things like incest sexual abuse, became very widely studied beginning, I think, in the seventies and eighties. Then we had, of course, personality disorders that became more of a focus and more was learned about those. So, we learn more and more about the intricacies of human existence and human behavior and how people are affected. And I think it's great that a variety of thinkers in social work and other fields are able to take whatever theories are available and try to figure out, ok, how can we use these with this population in a way that's going to be helpful? So I think that part of the reason we have models is that we have more specifically identified client populations that we're trying to serve.

**Jonathan Singer:** So, models develop out of a specific need, and it sounds like they're drawn from these broader ways of understanding how the world works and about how people work. You know, there might be a skeptic out there who might say that practice theories are less useful these days than practice models like, IPT or DBT, or even solution-focused therapy or motivational interviewing, all of which are included in your book. What would you say to somebody who says, basically, theory doesn't matter, it's just sort of having a framework that is most important?

**Joe Walsh:** I think we all operate from theoretical perspectives, going back again to what my own definition for a theory is. So, we owe it to ourselves as self-aware professionals to understand the basis from which we are trying to help people. And if somebody says to me, and they do, they say this a lot, that theory doesn't matter, I just disagree with that. I think this person is not aware of the fact that they do adhere, again, whether they are aware of it or not, to certain theoretical perspectives.

**Jonathan Singer:** So, I think this is really interesting, you say that you use ego psychology and cognitive behavior theory when you work with your clients. That certainly fits in with your idea that social workers tend to work from at least a couple of different theoretical perspectives. It seems that most social workers these days would consider themselves "eclectic," meaning that

they do not adhere to one specific theory. And I get that you're saying that it's really not realistic to think that somebody does not come from any perspective, that they're entirely eclectic, that they just sort of work with somebody completely individually based on how they meet them and that's it. That everybody has sort of some theoretical basis for what they're doing. I was wondering if you could talk about, what are the pros and cons of being theoretically eclectic?

**Joe Walsh:** Well, the pros of being theoretically eclectic, which by the way, I would define as having knowledge of and mastery of several theories, and also having knowledge and mastery of accompanying models of practice, and being able to make decisions about which of those approaches is most suitable for this client or client system I'm working with. I, for example, I keep saying this, I tend to be ego psychological but a lot of times when I work with clients I put that completely aside and work behaviorally, for example. So, I think eclecticism among, again, a limited number of theories with which one is familiar is the pro.

On the con, many people who are theoretically eclectic might think that they're prepared to draw from, let's say, twelve theories depending on what the needs of the client are. And I would just challenge that person to be sure that they truly understood the basis of all those approaches they're drawing from and have an understanding of why and how one or several of those would be useful to apply to a situation. The con of being theoretically eclectic is sloppiness. "Oh, I think I'm going to do some narrative therapy here because narrative therapy seems to apply." Now, if I don't really know much about narrative therapy, I will not trust that that social worker is going to do a good job trying to use narrative therapy with a client if they don't really understand the process. And let me back up for a minute. Narrative theory is radically different from most of the other theoretical perspectives that I'm aware of and it has radically different assumptions about identity and the influence of culture and it's important for the person to understand that or else I think what they'll be doing with the client is something that's really the kind of vague, ambiguous and not really being done in a way that they really understand the kinds of goal that narrative theory tends to espouse.

I actually have some pleasant arguments with my colleagues around here with regard to solution-focused therapy. Now, I see that as a model, not a theory. I am reluctant to teach students about solution-focused therapy unless I am prepared to do it exhaustively because if you just get a little bit of solution-focused therapy, you're left with the understanding that you ignore the past, you just look to the future, you find out what the client's goals are and you help them develop ideas for ways to achieve those goals. It ignores a lot of the HBSE concepts that I personally believe are important and I just think that a student or a social worker should understand that before they start using solution-focused therapy. I feel like I'm rambling now, but I think my basic point here is that the cons of being theoretically eclectic is that it can be a mish mash if you really do not understand the basis of what your various approaches are about.

**Jonathan Singer:** So, those are some of the pros and cons of being theoretically eclectic, but I'm wondering if you could give an example of how theory actually informs practice.

**Joe Walsh:** Sure, I'd like to talk about family theory here for a minute because I was not a family practitioner for the first ten years of my practice career. I came upon family work later and I

was aware when I got to that point that didn't really know a lot about family theory. So, I did some research and I found out about Murray Bowen's family systems theory which I call "family emotional systems theory" just to make it a little more distinctive, and then Minuchin's structural family theory. Now, those two approaches to me are very, very complimentary. They help me to think about how to work with a range of families. I'll say too that when I learned about family emotional systems theory, I learned a whole lot about myself because my own family of origin issues seemed to be addressed very well in that approach.

But, I work right now at a counseling center that is a part of Virginia Commonwealth University here. We get a lot of students coming in that are going through a lot of adjustment problems related to being at college and away from their families. One thing that Bowen's family systems theory does is it helps us to explain that, you know, the patterns of attachment that we learn in our families of origin stay with us long after we leave those families. And while we often think that we have separated appropriately from our families of origin, we may be very much attached and maybe even enmeshed with that family more so than we are aware and even willing to admit. So, I've learned to talk a lot with students who are going through serious adjustment problems to college about their family histories, just to get an idea of what those relationships were like. Are they trying to escape a negative family experience perhaps too abruptly? Do they have unresolved issues with siblings, parents? It informs my practice greatly to think about concepts like differentiation, emotional cut-off, enmeshment. My work with those kinds of students, and again, these are individuals not families, but the family theory actually is applicable to any size client system. I'm much more comfortable assessing those clients. I feel much more clear about the kind of questions I should be asking and because I spend a lot of time trying to understand those family of origin concepts, I think I'm in a better position to help the person think about how to appropriately move on in a way that feels good to them.

Now, a second example of family theory and how it informs my practice is Minuchin's structural family theory because he developed his approach from working with multi-problem families. There's a lot of chaos, disruption, there are a lot of problems going on and it's all about looking at in a concrete way about how a family is structured and trying to help the appropriate people within the family address the structural problems, which might be parent-child conflict, parent to parent conflict, one sibling subsystem versus another sibling subsystem. The way I think about Minuchin's theory is that he's very concrete and he helps me to understand, in families where there's a lot of behavioral acting out among one or more members, what's going on there structurally that might be facilitating that. And his approach also provides me with ideas for how to amend those challenges and he talks more about activities, giving assignments, tasks for family members to achieve.

Going back to Bowen, Bowen is not as much about doing tasks. Bowen is more about understanding and developing insight. So, depending on the family that you're working with, one might be more amenable to behavioral interventions, to address structural or boundary problems. And then with Bowen, his approach is more about just helping a person or helping certain people in a family understand more clearly why things are the way they are with them so they can move past it and not just be stuck somewhere without realizing it.

So, there are two examples from my own practice of how theory has had a whole lot to do with how I interact with the various clients that I have. Again, I also work with families of



people who have schizophrenia and you see a lot of sort of family disruption so I find that the action-oriented, task-centered kinds of interventions seem to work well with them.

**Jonathan Singer:** As you're talking, it makes it very obvious that being familiar with both Bowen's and Minuchin's approaches to family therapy allows you to be more flexible and more comprehensive in the services that you provide to your clients.

**Joe Walsh:** And I should add something to your previous questions about the pros and cons of being eclectic

**Jonathan Singer:** Uh huh

**Joe Walsh:** One of the important pros of being eclectic is that it does imply that you are going to be flexible.

**Jonathan Singer:** Mm hmm

**Joe Walsh:** And I do want to emphasize that there's a lot of flexibility that I encourage in working with any kind of client because as we have just been talking, depending on the family presentation it would be very useful to have several ways to go as far as how to understand the family, help them understand themselves also, and intervene when it's effective.

**Jonathan Singer:** I have a couple of other questions that are related, a little bit distinct, but related. One of them is, what's a good practice theory? Another one is, can social workers develop their own practice theory? And if so, what are the components of a practice theory? So, they're all about how clinicians/social work students can think about how they can be theoretically grounded when they practice.

**Joe Walsh:** I think that the common components of a practice theory include the following things. A theory has to have some core ideas that suggest, how is it that people develop problems? How is it that people go about changing? What ways can social workers use to help people make the changes they want? Also, what does this approach say about the appropriate nature of the worker-client relationship? Any theory that a social worker uses should help them feel comfortable in predicting and explaining what is going on with clients. The theory should bring order to their work, discipline to the work that they do, by giving them a focus.

The other thing that a theory does is that it helps us to develop any knowledge gaps that we have about a client. For example, if I'm trying to understand the nature of the interpersonal problems that a client has, and I'm talking now about a client who has severe and persistent relationship problems, object relations theory helps me to organize, what do I need to know about this client historically? This helps me to be able to proceed to try to help them to change in ways that they would want to change. So, identifying knowledge gaps, I think, is also very important.

Jerome Frank wrote a book called *Persuasion and Healing* and what he did, he studied helping professionals around the world. He wanted to try to find out, what are the common elements

of “good helping,” in our terms, “good practice?” And he came up with things, and these guide my own work and my own teaching quite a bit. We have to be confident in whatever approach we are using. It has to resonate with our own beliefs and view of the world. We have to operate in such a way that the client perceives us to be competent and caring. Whatever interventions that I use with the client, based on my theory, there should be some rationale to that that makes sense to my client. And my client as well as myself need to believe that what I am doing and the reasons why are a valid means of improving their function.

There’s another researcher, and I don’t know the person’s name, who also did a cross theoretical study to figure out: What are the common elements of help, no matter what theoretical perspective somebody uses? And this is quite simple and I love this and I agree with this. What this person found is that in order to be theoretically equipped to do good work with a client, you have to be able to inform the client, after you do the assessment, of course, of how you will try to help them and why in ways that make sense to the client and yourself. And the only other thing that we need to do is seek feedback every so often, asking the client, “How is this working for you?” “Do you have any questions about what I am doing?” “Do you have any questions about why I say or ask the things that I do?” What all this means is that a good practice theory is one in which the social worker has belief, one that provides useful intervention strategies, one that is consistent with the practitioner’s values, and also one that has research support.

You’ll notice that I haven’t said anything about research support up until now and that’s not a mistake. I may get in trouble with some of the other podcasters and some of the people who listen to this. I really don’t have a lot of enthusiasm for evidence-based practice because I don’t think that you can take people as diagnostic groups and just identify a theoretical or practice perspective that applies to this diagnostic group and determine from that what you should do with other clients from that same diagnostic group. To me, theory is also about the relationship that you develop with your client and I haven’t seen very much research in that area, at least that calls itself evidence-based. Now, you asked the question, can social workers develop their own practice theory?

**Jonathan Singer:** Yes

**Joe Walsh:** And, I have not done that, so I guess I would say that certain social workers probably could but they’re going to be a lot smarter than me. What I do think social workers can develop is their own practice model and, in addition, I think that social workers in the field can contribute a great deal to theory refinement, meaning, I teach my students a variety of approaches, they go out in the field, they’re working with clients who are increasingly complex, and they are in the best position to find out what approaches work and what don’t. And they’re in the best position to kind of refine what a theory might have to say or suggest and maybe even improve on it. I wish that more practicing social workers wrote about theory. It’s unfortunate that it’s mostly the academics who do that because, you know, even though I, for example, continue to be a practitioner, I don’t see twenty clients a week anymore, I see about five and, you know, I’m just not in the mix as much as I used to be. So I really do encourage social workers to test theory and develop their own models if they are inclined to do so and they can contribute a lot to the profession in those ways.

**Jonathan Singer:** I think that last point that you made is really interesting. That social workers can contribute to theory refinement by thinking about what it is they're doing and seeing if that actually works. And what comes to mind is, say somebody is using cognitive behavioral therapy and, more specifically, they're using Beck's cognitive theory, and they're really looking intently at this idea of the cognitive triad, thoughts about the self, about others, about the future, and really being critical about, you know, does this concept play out with my clients? Does it actually fit the way it's supposed to fit in terms of depression, core beliefs, schema, and that sort of thing? I know that when I was in school I never had a professor who said you're learning theory not just, you know, to fulfill some sort of requirement, but also to improve your practice. And remember that you can contribute to theory. You can actually provide feedback that will make theory a living, breathing, active, daily thing. Just because you read it in a book doesn't mean that it's done, that there are always things that can be added to theories. So I think that that's a really important point.

**Joe Walsh:** Related to that, one reason why many theories get criticized is because with so much awareness of, and attention to client diversity, it's believed that all these theories were developed with respect to some type of family or some socioeconomic level of client. And you just can't generalize across ethnic groups, racial groups, etc. And this is where I think students who graduate and go into the field, it's certainly one area where they can make major contributions, because they are going to be getting so much of that experience and they're going to find out what does work with this type of client or that type of client, or how is this approach limited when faced with a client from this culture?

**Jonathan Singer:** Joe, this has been very informative and I know it's been interesting for me, and I hope for our listeners, in clarifying about the role of theory and practice models. If somebody wanted to find out more about social work practice theories, do you have recommendations of resources for them?

**Joe Walsh:** What I always suggest to students is that if they're interested in a particular theory, like, let's say, cognitive theory, that they read an original text, in other words, a book written by one of the pioneers which would be Albert Ellis or Aaron Beck back in the sixties and seventies. And then that they also read a more current text on the subject because they get a sense of how it has evolved over the years and how it's been found both to be useful across generations and also how it's had to adapt across generations because that's very interesting and it helps to understand exactly what it is about an approach that works or that seems to be helpful. I have a book out on social work practice theories that just came out in the second edition through Brooks Cole and you're certainly all welcome to take a look at that. It's called *Theories for Direct Social Work Practice*. Francis Turner had written a book back in 1996 called *Social Work Treatment* that summarizes quite a few theories related to social work. I would recommend that anybody who is interested read the book *Persuasion and Healing* by Jerome Frank which, again, is an early and classic cross cultural consideration of, what is it about the helping professions that seems to make a difference when you try to get down to just the core elements? That's all I can think of off hand, Jonathan. I hope that's helpful enough.

**Jonathan Singer:** Yeah, no that's great. And I'll put links to the books that you mentioned on the social work podcast website at <http://socialworkpodcast.com> so that the listeners can go there and find those resources. And I always update the social work podcast website with links that I find long after the interview is over so that will continue to be a resource. Joe, thanks so much for talking with us today about social work practice and theory. I really appreciate you taking the time out.

**Joe Walsh:** I was very happy to do it, Jonathan. It's been great fun, I love talking and thinking about theory. And the last thing I'll say is that to anybody out there who's a teacher, is that, in my view, none of this has to be complicated. Most theories boil down to a few key ideas and that if we can get our students excited about those, excited about trying them out, then the profession will be in good shape.

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## References and Further Readings

- Chaiklin, H. (2004). Problem formulation, conceptualization, and theory development. In A.R. Roberts & K. R. Yeager (Eds.), *Evidence-based practice manual: Research and outcome measures in health and human services* (pp. 95 – 101). New York : Oxford University Press.
- Fiske, S.T., & Taylor, S.E. (1991). *Social cognition* (2nd ed.). New York: McGraw-Hill Inc.
- Gomoroy, T. (2001a). A fallibilistic response to Thyer's theory of theory-free empirical research in social work practice. *Journal of Social Work Education, 37*(1), 26-50.
- Gomoroy, T. (2001b). Critical rationalism (Gomoroy's blurry theory) or positivism (Thyer's theoretical myopia): *Which is the prescription for social work research?*. *Journal of Social Work Education, 37*(1), 67-78.
- Merton, R.K. (1967). *On theoretical sociology*. New York: Free Press.
- Miller, S.M. (1995) Do we need theory? *Social Policy, 26*(2), 51-53.
- Robbins, S.P., Chatterjee, P., & Canda, E.R. (1999). Ideology, scientific theory, and social work practice. Families in society: *The Journal Of Contemporary Human Services, 80*(4), 374-384.
- Simon, B.L. (1994). Are theories for practice necessary? Yes! *Journal of Social Work Education, 30*(2), 144-148.
- Stoesz, D. (1997) The end of social work. In M. Reishch & E. Gambrill (Eds.), *Social work in the 21st century* (pp. 386-375). Thousand Oaks, CA: Pine Forge Press.
- Thyer, B.A. (1994). Are theories for practice necessary? No! *Journal of Social Work Education, 30*(2), 148-152.
- Thyer, B.A. (2001a). What is the role of theory in research on social work practice? *Journal of Social Work Education, 37*(1), 9-23.
- Thyer, B.A. (2001b). What is the role of theory in research on social work practice? *Journal of Social Work Education, 37*(1), 51-66.
- Witkins, S.L., & Gottschalk, S. (1988) Alternative criteria for theory evaluation. *Social Service Review, 62*, 211-224.

**References recommended by Joe Walsh:**Psychodynamic Theory

Berzoff, J. (Ed.) (1996). *Inside out and outside in: Psychodynamic clinical theory and practice in contemporary multicultural contexts*. Northvale, NJ: Jason Aronson.

Goldstein, E. G. (1995). *Ego psychology and social work practice (2nd. ed.)*. New York:Free Press.

St. Clair, M. (1999). *Object relations and self-psychology: An introduction (3rd ed.)*. Pacific Grove, CA: Brooks/Cole.

Cognitive / Behavioral Theory

Berlin, S. (2002). *Clinical social work practice: A cognitive-integrative perspective*. New York: Oxford.

Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. New York: Oxford.

Mattaini, M. A. (1997). *Clinical practice with individuals*. Washington, DC: NASW Press.

Family Theories

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Kerr, M. E. & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York: W. W. Norton.

Laird, J. (Ed.) (1999). *Lesbians and lesbian families: Reflections on theory and practice*. New York: Columbia University Press.

Minuchin, S. (1978). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Minuchin, S., Lee, W., & Simon, G. M. (1996). *Mastering family therapy: Journeys of growth and transformation*. New York: Wiley.

Minuchin, S., Montalvo, B., Guerney, B. G., Rosman, B. L., & Schumer, F. (1967). *Families of the slums: An exploration of their structure and treatment*. New York: Basic Books.

Satir, V. M. (1964). *Conjoint family therapy: A guide to theory and technique*. Palo Alto, CA: Science and Behavior Books.

### Other Theories and Related Topics

Frank, J. D., & Frank, J. B. (1993). *Persuasion and healing: A comparative study of psychotherapy*. Baltimore: Johns Hopkins.

Frankl, V. E. (1988). *The will to meaning: Foundations and applications of logotherapy*. New York: Meridian.

Garvin, C. D. & Seabury, B. A. (1997). *Interpersonal practice in social work*. Boston, MA: Allyn and Bacon.

Lantz, J., & Walsh, J. (2007). *Short-term existential intervention in clinical practice*. Chicago: Lyceum.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change (2<sup>nd</sup> ed)*. New York: Guilford.

Monk, G., Winslade, J., Crocket, K., & Epston, D. (1997). *Narrative therapy in practice: The archaeology of hope*. San Francisco: Jossey-Bass.

Thyer, B. A., & Wodarski, J (2006) (Eds.), *Social work in mental health: An evidence-based approach*. Hoboken, NJ: Wiley.

Turner, F. J. (Ed.) (1996). *Social work treatment: Interlocking theoretical approaches*. New York: Free Press.