Social Work Theory and Methods Comparison Table

Theory	Key Concepts	Advantages	Limitations	Situations where this may be useful
Systems Theory	• People are not isolated individuals but operate as part of wider networks or "systems" • Systems may be informal (e.g. family or friends), formal (e.g. clubs, support groups) or public (schools, hospitals) • Difficulties may arise if there is a lack of fit between the person and the systems they operate within. • Systems can be employed to support the service user to achieve change.	• Emphasis on changing environments rather than individuals. • Focus on patterns rather than "cause and effect" – allows for different ways of getting to the desired outcome. • Sees worker as part of a system of change rather than solely responsible – may lend itself to multi-disciplinary work.	• Does not explain why things happen or give guidance about how to act to bring about change. • May overemphasise "bigger picture" at the expense of details. • Values maintenance and integration over conflict – may not explicitly challenge inequality. Does not encourage challenge of oppressive systems.	
Ecological Approach	• Germain and Gitterman – "Life model" (1980 / 1996) - people are interdependent with each other and their environment – each influences the other over time. • People move through their own unique life course and may	• Acknowledgement of interrelationship between person and environment. • Consideration of a range of resources to support people – both internal and external.	• As above.	

	encounter "stressors" – some of which may make them feel they cannot cope. • People employ coping mechanisms and draw on resources in the environment, social networks and inner resources.			
Task Centred Approach	• Brief work within explicit time limits • Collaborative approach between worker and service user – based on a contract. • Systematic work • Includes some behavioural ideas but mainly a cognitive approach • Usual to take action to get what you want • Action guided by beliefs about self and world • Time-limits help motivate service users • People may “get stuck” if they have to deal with a certain issue over and over • Problems defined as “unsatisfied wants"	• Clear and straightforward • Short timescale may help people feel more committed • Well supported by research • Service users supported to take control of own life. • Can increase service user's coping skills to deal with issues in the future. • Strengths based approach which assumes that service users can overcome problems with the right support.	• Not effective where there are longer-term psychological issues • Not effective where service user doesn’t accept the right of the agency to be involved. • May oversimplify issues people face • Some people may be too overwhelmed by the issues they face to have the energy to address them. • Does not really address power differentials between service user and worker. • May not address structural issues of power and oppression	

Crisis Intervention	• Brief intervention – deals with immediate issues rather than longer term problems • Based on ego-psychology and cognitive-behavioural models – serious events have an impact on the way people think about themselves and their emotional reactions • Assumes we live in "steady state" – able to cope with change • Crises upset the steady state and provide opportunity to improve skills / risk of failure • Period of disorganised thinking / behaving • Crises can reawaken unresolved issues from the past but offer a chance to correct non-adjustment to past events.	• Help people to deal with major events or life transitions • Can incorporate other theories – solution-focussed / cognitive-behavioural • Time-limited and task-focussed.	• May not help people who experience "continual crises" • Does not address issues around poverty or social exclusion	
Cognitive-behavioural approach / Rational Emotive Behaviour Therapy	• Rather than being an "insight based therapy" it uses techniques from behaviourism,	• Many empirical studies to suggest effectiveness (although evidence	• Directive approach • Starts from the assumption of deficit, ie the service user is	

	social learning theory and cognitive theory. • Based on the assumption that our thoughts, beliefs, images and attitudes influence our behaviour and if these are changed, our behaviour will change. • "Self-talk" reinforces irrational thinking. • Involves identifying and reframing unhelpful beliefs. Worker teaches service user to challenge own beliefs. • Can involve modifying behaviour using a system of rewards. • Use of ABC system – activating event – belief – consequence and Ellis (1962) extends to DEF – **D**ispute beliefs, replace beliefs with **E**ffective rational belief, describe the **F**eelings which will be the result.	around degree of effectiveness is disputed.) • Can be used to support service users to increase their problem solving skills and coping skills. • Effective over a wide range of issues.	lacking something. • Requires a high level of knowledge and skill to apply. • Focussed on the presenting issues rather than addressing causes. • "Much behaviour may be perceived to be emotionally driven and irrational, when it represents.. a rational response to very upsetting and disturbing experiences. (Lindsay, 2009) • Doesn't take account of socio-economic factors.	
Motivational Interviewing	• Applied form of CBT, developed by Miller and Rollnick (1991,	• Accepts change must come from intrinsic motivation and cannot	• Usage and research around effectiveness have been largely	

	2002) defined as *"a person-centred directive method for enhancing an intrinsic motivation to change by exploring and resolving ambivalence."* • Worker adopts an empathic and non-confrontational approach but worker is directive. • Worker is alert to language person uses and looks for language of change. • Worker provides education / information about situation the service user is in (e.g. effects of smoking / drinking alcohol / taking drugs etc) • Worker encourages service user to list benefits and costs of lifestyle and alternative lifestyles • Explore barriers to goals • Reframe past events – focus on more positive aspects. • Supported by an	be forced upon people. • Supports people to explore their ambivalence around change. • Accepts that people may "lapse" but this is part of learning process.	around addictive behaviours	

	understanding of the cycle of change (Prochaska and DiClemente 1986) [Pre-contemplation / contemplation / decision / active changes / maintenance / lapse.			
Solution-Focussed Approach	• Cognitive approach • Focus on understanding solutions rather than on problems • Originates from Milwaukee Centre for Brief Therapy • Post-modern therapy based on theories of language and meaning. • Uses knowledge of service users • Avoids diagnostic labelling – considers this disempowering • Focus on difference and exceptions • Person is not the problem • Assessment based on strengths not deficits • Talking can construct experience • Distinction between	• Co-operative therapy with a wide application • Emphasis on listening to the service user's story • Seek solutions with the service user's life • Can fit with anti-oppressive practice and be empowering. • Least intrusive – takes easiest route to solutions • Reduces risk of "dependency" on worker. • Optimistic approach which assumes change is possible. • Time limited.	• May not fit with agency's own procedures • May not be suitable for people who have difficulty responding to questions • Feminist critique of language being constructed by men therefore language not reflecting women's experience. • Approach of understanding solution without understanding problem could be misunderstood • Focus on behaviour and perception rather than feelings may limit efficacy. • May not be effective with people in crisis or people with very low self-esteem who may	

	"problems" and "unhappy situations." Problems can be addressed, "unhappy situations" have to be coped with. • Encourages sense of "personal agency."		not accept that they have strengths and skills.	
Person Centred Approach (nb different to Person-Centred Care)	• Based on the work of Carl Rogers • Sets out the principles of empathy, congruence and unconditional positive regard as necessary in the helping relationship. • Non-directive approach • Based on the idea that everyone has the capacity to develop and grow.	• Allows people to find their own way in their own time. • Values all forms of experience. • Resists temptation to criticise people. • Emphasis on building an equal and meaningful working relationship with service users. • Widely applicable across service user groups. • Affirms the dignity and worth of all people	• Role of SW may not allow for non-directive approach. Not a time-limited approach. • Difficult to apply if service user not motivated to engage. • Focuses on individual change rather than societal factors, although allows individuals to express their own goals which may not be the agenda of mainstream society.	
Psychosocial Model	• Based on the idea that people have inner worlds and outer realities. • Certain events remind us of past events we	• Can help with recurring emotional problems • Way of understanding seemingly "irrational" behaviour	• Focussed on a medical model of individual pathology. Tends to ignore issues of power and oppression.	

	have tried to block out. • Events can take on greater emotional significance. • People develop in a series of stages and "faulty personality development" in childhood can affect our responses later in life. • Draws on "personality theory" – id, ego, superego and looks at defence mechanisms. • Considers "defence mechanisms" we deploy to protect the ego.	• Emphasises the importance of self-awareness. • Influenced a listening, accepting attitude in social workers • People can be empowered by insight into what is going on within themselves and between themselves and the outside world.	• Social workers act as "mini-psychoanalysts" – use of clinical jargon. • Tendency to focus on cause and effect. • Can lead to service users being labelled – "inadequate", "narcissistic", "manipulative", "resistant" and can lead to victim blaming. • May not be culturally appropriate – based on valuing self-growth and self-awareness which are not norms shared across all cultures.	
Recovery Model	• Model used in Mental Health services which emphasises recovery rather than illness. • Recovery does not necessarily mean being "symptom-free" but regaining a sense of control and purpose • Not being defined by a label or diagnosis. • Recognises strengths of the individual. • Open to possibilities for the future – return to employment or	• Individuals viewed as experts in their own situation. • Positive approach which attempts to give control back to the person.	• Can challenge authority of medical profession and thus not be accepted / implemented in some MH services. • Currently mainly used in MH services – but could have broader applicability.	

	education.			
Narrative Approach	• SW encourages the person to describe their life in their own words. • Opportunity to tell their story, an in the process define identity. • SW can support the person to feel in control of the narrative and draw their attention to the possibility of a different narrative for the future.	• Can help people understand the pressures they have faced and the impact of discrimination and oppression. • Can help people make sense of change and adjust to new situations.	• SWs may see the discussion as "rambling" or "off the point" and try to cut off the person's narrative. • The person or their family may ask for a "solution" and not see the value in the approach.	

Key References

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