

HELPING INDIVIDUALS, FAMILIES, AND GROUPS WITH ENVIRONMENTAL STRESSORS

In this chapter, environmental stressors are limited to organizations, social networks, and built and natural settings. Organizations, social networks, and physical space can be important supports or significant life stressors.

Environmental Processes as Life Stressors

The Social Environment

Contemporary urban society is characterized by the prevalence of complex organizations in most areas of life, including health, education, and social service organizations. Such structures are themselves embedded in social and physical environments. They affect and are affected by political, economic, and cultural forces. Growing numbers of people served by social workers face such grave life issues as family and community violence and neglect; unemployment; and social and physical disability and chronic illness, including AIDS, homelessness, and substance abuse (Gitterman, 2001b). Limited attention is given to economic stressors that arise from institutionalized blockage of access to stable and sufficient resources.

Social Welfare Organizations. Initially, health, education, and social service organizations are established with financial support from private or public funds. Once established, however, social service organizations must maintain a balance among pressures exerted by legislative bodies, regulatory agencies, funding sources, the community, changing definitions of social

need, and new knowledge and technologies (Reitan, 1998; Schmid, 2004). These forces continually threaten organizational obsolescence. Once established, how an organization defines its function and boundaries has an impact on the experiences of applicants and service users (Gitterman & Miller, 1989). A social work agency may define its function in terms of helping people change, with little account taken of the complex transactions between people and social variables. In some schools, for example, pupils are referred to social work services as disruptive or disturbed because teachers find them unmanageable. The social worker is expected to help such children passively adjust to the school environment. By acquiescing in this definition of professional purpose, the social worker overlooks the need to intervene at the classroom, family, educational policy, or community level. Yet one or all levels may be creating or sustaining the life stressors. An unintended consequence of this definition of social work's purpose is to stigmatize service. Preventive help to all children and their families in their exchanges with the educational system lies outside the boundary of social work in such a school system.

All organizations gradually develop a structure of statuses and roles for division of labor. If roles constrict professional function and negatively impact services, they increase stress for service users and providers. The function of inpatient medical or surgical social workers, for example, is severely limited by the current emphasis on rapid hospital discharge. This deprives patients and their families of social work help with the psychological and social consequences of illness and disability. The pressure of large caseloads, limited time for discharge planning, and shrinking resources create pronounced ethical dilemmas and increased stress for social workers (Moody, 2004; Sulman, Savage, & Way, 2001).

Stress may also be created by organizational boundaries. Some agencies locate services away from those they seek to serve, thus inhibiting client use because of transportation costs, babysitting costs, or social intimidation in an unfamiliar geographic area. Agency gatekeepers such as telephone operators, receptionists, and intake personnel may be unwelcoming and gruff. Physical aspects may be unattractive and uncomfortable; long waits may be involved (Germain, 1983; Seabury, 1971).

Boundaries of other social service organizations may be too easily penetrated. For example, children may be taken into substitute care without sufficient effort to keep them in their own homes, or with other kin, or at least in their own neighborhoods and schools so that all social ties will not be broken.

Intraorganizational boundaries might be too loose, particularly in those interdisciplinary settings where useful role distinctions are blurred. The distinctive contribution of the social worker may be lost in the general welter of "everyone can do everything." Clients could then be confused by ambiguity in professional function and the competitiveness among varied professionals (Reese & Sontag, 2001).

Where interorganizational boundaries are drawn unrealistically or where there is a lack of linkages to ensure effective referral and service pickup, some clients become "lost" and do not receive needed service. An aged person in need of medical care may be deemed ineligible by a clinic because he is financially unable to purchase insurance to supplement Medicare. A mental patient discharged from a state hospital but lacking an aftercare program may be denied service by a family agency because of poor prognosis, weak motivation, or other personal "deficits."

An organization develops structures, policies, and procedures to manage external and internal pressures. An authority structure allocates responsibility and coordinates tasks. It provides a chain of command through which decisions are made. Some authority structures are rigid; they reward conformity, discourage innovation, and block horizontal and vertical communication. The layers of authority may become so numerous, or the communication channels so clogged, that the time span in decision making discourages both practitioner and client from pursuing individualized needs or even common entitlements. In other cases, authority structures may be too flexible, allowing inappropriate discretionary power to practitioners having minimal accountability. Clients are then vulnerable to individual whim, prejudice, or narrow interpretation of service provisions (Reitan, 1998).

The organization develops a set of policies and procedures to assure fair and neutral treatment for all service users regardless of personality traits, ethnicity or race, sex, age, physical or mental disabilities, sexual orientation, or social status. In some organizations, policies and procedures proliferate as circumstances change or exceptional situations arise. They assume a life of their own and take precedence over client need and the organization's avowed goals. Some organizations demand strict adherence to policies and procedures: the agency manual supersedes the applicant's or client's needs and interests. In effect, individual needs are held hostage to bureaucratic needs. Some organizations use procedures and policies to ration or deny services. A welfare agency, for example, may rely on long waits and complicated forms to discourage applicants, delay service, and block referrals. Other organizations may not formalize or codify practices, and clients are subjected to nonuniform practices and to workers' idiosyncratic judgments. When procedures or policies are either underformalized or overformalized, they are potential stressors for clients (Fischer & Siriani, 1994; Gibson, Ivancevich, & Donnelly, 2000).

Informal structures also develop within organizations. These may support the organization's responsiveness to client need or subvert it. Just as formal structures socialize each organizational member to the agency's culture, the informal system socializes members to its culture (Gitterman & Miller, 1989; Jaskyte & Dressler, 2005). Formal and informal sanctions influence members to accept formal and informal structures and processes as natural and immutable.

Even the informal system sometimes exerts pressure toward conformity with the organization's own norms and practice and discourages creativity or innovation. When staff dissatisfaction with personnel practices and working conditions exists, the informal system may support scornful, punitive, or uncaring attitudes toward clients as displacements of feelings aroused by the authority structure of the agency itself.

People's transactions with the organizational environment represent a critical arena for social workers. In helping clients to secure services from an organization other than their own, workers' tasks may be difficult, but not hazardous. The task is more delicate when one seeks to influence one's own organization in order to secure services or resources required by clients and withheld by the agency. Particular skills are required so that neither client nor worker is placed in jeopardy. Issues of job security, agency loyalties, and professional reputation may be involved. Above all, the social worker's responsibility and accountability to clients, with recognition of the vulnerability inherent in the status of client, must be constant and unflinching.

Social Networks. Social support systems consisting of kin, friends, neighbors, workmates, and acquaintances are recognized as important elements of the social environment (Saleebey, 2004). Social networks are embedded within a cultural context and comprised of various circles that move outward from the innermost (which includes people with whom one lives and has the most intense investment), to the next circle of people (which includes those whom one highly values and interacts with frequently), to the next circle (with whom one interacts frequently but who are less important, or important people with whom one interacts less frequently), to the next circle (which includes people who are known but considered of less importance), to the final circle (which includes people who are known about or linked through significant others) (Lewis, 2005; Specht, 1986; Tracy, 1993; Weisner, 2005). As the child grows, the circle of friends grows and becomes in youth and adulthood a network of affiliations that may consist of friends and relatives as well as neighbors, workmates, religious affiliates, and so on. People's networks have a history, change over time, and are the central means through which integration is achieved during each phase of the life course (Bidart & Degenne, 2005; Takahashi, 2005).

Social networks can become very important support systems that buffer the impact of life stressors or serve as coping resources for both problem solving and managing negative emotions in the face of life stressors (Li, Edwards, & Morrow-Howell, 2004). They are important sources of our self-concept and also help shape our worldview (Miller & Turnbull, 1986). Social networks may meet the need for human relatedness, recognition, and affirmation (Lin, Ye, & Ensel, 1999). Some members may consciously serve as effective informal helpers, eliminating the need to seek institutionalized services (Patterson, Germain, Brennan, & Memmott, 1988; Patterson, Memmott, Germain, & Brennan, 1992). For these and other reasons, social

networks are critical buffers against life stressors or the stress they generate (Berkman, 2000; Cleak & Howe, 2003; Dominguez & Watkins, 2003; Hurdle, 2001; Luckey, 1994). Social networks can cushion an individual through four types of support (Auslander & Levin, 1987): instrumental (goods or services), emotional (nurturance, empathy, and encouragement), informational (advice and feedback), and appraisal (information relevant to self-evaluation). Knowing that networks are available for support results in people being less anxious and more confident in dealing with new stressors.

Modern information and communication technologies have had a profound influence on the forming, sustaining, reconstituting, and redrawing of social networks and their boundaries (Licoppe & Smoreda, 2005; Wellman & Haythornthwaite, 2002). People use the communication technologies to maintain easy contact with social networks regardless of geographic distance and time zones. People also develop distinct networks in two worlds, the "real" world, as well as the "virtual" world of cyberspace (Gonchar & Adams, 2000).

While informal support systems may exist, some people are unable to make use of them (Johnson, Whitbeck, & Hoyt, 2005). People who perceive themselves as vulnerable tend to occupy closed networks of weak connections (Kalish & Robins, 2006). Mentally ill people, for example, often suffer from impoverished networks. Background and personality affect people's perceptions and help-seeking behavior. For example, women are more likely than men to identify life issues, acknowledge the need for help, and seek help (McMullin & Gross, 1983). Seeking help may threaten a person's self-esteem. For some, seeking help from social networks evokes a negative social comparison. Seeking help generates and reinforces relative feelings of inferiority and failure. Self-esteem might also be threatened when help seeking is unidirectional rather than reciprocal. Receiving without reciprocating may have negative consequences. Finally, people who attribute their life issues to internal rather than external causes are more likely to feel threatened and to avoid seeking help from significant others.

For some, the needed degree of privacy and anonymity affects their ability to seek help. Public admission of need evokes shame and humiliation. Prior experiences in obtaining assistance from the network could have left a residue of negative feelings, inhibiting future use. A life stressor that conflicts with the network's value or moral system is yet another deterrent. In certain issues pertaining to sexuality, for example, individuals may be reluctant to turn to their network because of the network's restrictive or repressive norms. Harsh judgments or rejection anticipated by a gay person may deter him from reaching out to the network for help with such a devastating life stressor as AIDS (Hough, Magnan, & Templin, 2005; Shippy & Karpik, 2005). Cultural emphases on independence and self-reliance may inhibit some people from asking their network for help.

Loosely knit networks may be unaware of a member's stress. Lacking meaningful contacts, members' stress remains invisible. In addition, some

networks do not offer their resources to members even when stressors are actually visible. When network resources are stretched out, some members may fear incurring additional pressures and burdens, while others may fear encouraging dependency.

While it is generally assumed that social network resources are always useful and helpful, they could at times have a negative impact on members facing life stressors (Schilling, 1987). Some networks are subject to internal exploitative and competitive processes that could undermine one's sense of identity and autonomy. A network with rigid boundaries could isolate the client from growth experiences outside the close-knit network. Some networks have ill-defined boundaries, and are so loosely knit that the network is actually unavailable for material or psychological support.

Other networks can be a negative influence, as in violent teenage gangs or adult groups of drinking companions. They reinforce deviance, holding to values that contravene healthy or normative strivings of the client (Duncan-Ricks, 1992). A member of a drug-oriented network or a delinquent network may want to end his affiliation in order to modify his values and aspirations. Yet the network may exert a strong counterforce, leading to severe stress and even danger. Some families have difficulty combating the influence of peer networks on younger members or combating unwanted interference by kin networks on the day-to-day functioning of the family. Other networks may be emotionally destructive because of hostile attitudes toward a person, family, or group.

Life transitions such as school changes, marriage, migration, job promotion, and retirement are sometimes difficult. Critical life events such as job loss, sickness, and death interrupt or dissolve linkages to others. The sense of self is dependent in part on involvement with others. Some of the most painful and stressful experiences of humankind are loneliness, isolation, and unwanted distance from others (Weiss, 1973, 1982). In old age, friends and kin die, one's activities are curtailed, and the acquisition of new networks is limited. Women appear to make greater efforts than men to establish and maintain friendships and kinship networks. For elderly men, the death of a spouse frequently means more than a lost attachment. The widower has also lost social ties, which were maintained by his wife. This stressor might be intensified by concurrent retirement and the loss of the network created at work.

The Physical Environment. The human services tend to neglect the physical settings of human behavior. The physical environment was long viewed as a static backdrop for biopsychosocial forces that were believed to be the only influence on human behavior and development. Our clients require a more balanced view. The physical environment is an important factor in the development and maintenance of relatedness, competence motivation, and self-concept (Kahn & Scher, 2002). Trust, for example, is based on the security of stable physical arrangements, as well as on stable companionship. Children refer to *my toys, my clothes, my room, my house, and my neighborhood* as

part of themselves (Bronfenbrenner, 2005; Cohen & Horm-Wingerd, 1993; Lindholm, 1995; Mota, Almeida, & Santos, 2005; Nicotera, 2005). Some adults identify the outdoors as the most significant place in their childhood. Children experience the natural world in a "deep and direct manner, not [as] a background for events, but rather as factor and stimulator" (Sebba, 1990, p. 395). Stressors are generated from the loss of familiar and cherished places and structures that comfort and protect, and are part of one's individual and group identity. The life stressor of uprootedness is attributable, in part, to the sense of being torn from an identity base.

In order to analyze complex exchanges between people and physical settings, we distinguish between the built world and the natural world. The built world includes personal space, semi-fixed space, and fixed space. *Personal space* refers to an invisible spatial boundary that people maintain as a buffer against unwanted physical and social contact and to protect one's privacy (Altman, 1975). Some people react to intrusion into their personal space with gestures, withdrawal, or aggressive responses.

Semi-fixed space refers to movable objects and their arrangement in space. Furniture, curtains, plants, pictures, colors, and lighting provide spatial meanings and cues. People rely on environmental props (locks, labels, fences, etc.) to regulate interactions with the social environment. Too much interaction is experienced as crowding. Too little interaction is experienced as social isolation. Both can be life stressors. Families and groups experience differing levels of fit between their interactive patterns and the physical design of their living space (Minami & Tanaka, 1995). The degree of interpersonal coordination required in a limited space is often a stressor. High density limits physical movement, demands behavioral coordination, and increases the number of people with whom coordination is necessary. The close proximity, social overload, and spatial constraints lead to irritation and conflict. Laying claim to an area and defending it are difficult (Cutler, Kane, & Degenholtz, 2006; Pruchno, Dempsey, Carder, & Koropeckyj-Cox, 1993). Such behaviors are influenced by culture. For example, Asian cultures are strongly oriented to collective, communal use of space, whereas Western cultures emphasize private use of space.

Seabury (1971) examined the uses of semi-fixed space in six different types of social service settings. He found a significant association between arrangement of space and the social class of an agency's clients. The public welfare center and hospital social service departments were the most unattractive and uncomfortable, while the private offices and private agencies were the most attractive and comfortable. Iris, Rafaeli, and Yaacov (2005) investigated the uses of office space on three separate dimensions: instrumentality, aesthetics, and symbolism. McCoy (2005) linked the physical designs of organizational environments with the creative achievement of teams.

Reception areas make important symbolic statements to applicants and clients. A social work intern describes an agency serving poor elderly clients:

The Senior Service Center (SSC) is located in the basement of a two-story project building entered directly from the street. The building is not conspicuous. It has two doors, one for administrative offices and the other for clients. Wire fences hidden by overgrown plants and weeds surround the two doors. A small sign is posted on the door bearing the initials SSC. A passerby could easily miss the agency.

On entering, one climbs down a few steps to reach the reception/waiting room. The room is small, dimly lit, and unpretentious. The secretary's desk is located in the middle of the room. Covering one wall is a bookcase containing magazines; various pictures and diplomas hang on the other two walls. Chairs are lined up side by side, forming a line along two walls.

Most interviews are held in an office in the administration building. The office is shared by ten social workers. It contains a table and desk; two chairs are located next to the desk, and two others face the desk from across the room. No lamps or pictures adorn this room. When this room is unavailable, I must use a staff office that I share with four other social workers. It contains five desks, and is sparsely decorated. The agency's drab features probably reinforce feelings of helplessness and despair in those served.

In institutional settings, the need for supervision and surveillance often leads to concentrated use of a limited portion of available space. Unchanging spatial arrangements limit residents' opportunities for privacy and spatial identity. Arrangement of open and closed spaces in institutions, treatment cottages, and schools either invites or discourages certain behaviors in children; arrangement of furniture and other objects in mental hospitals and geriatric facilities promotes or discourages social interaction among the residents (Devlin, 1992; Fein, Plotnikoff, & Wild, 2005). Ward "geography" in any inpatient setting either supports or inhibits patients' shifting needs for privacy or for socialization. A social worker intern reports:

When I enter a resident's room, I feel immediate discomfort as a result of the limited space shared by two people, the intrusive proximity of the beds, and the lack of adequate provision for personal objects. The organization's policy is to have nothing on the walls except the bulletin board provided each resident. The policy is aimed at keeping walls clean and without holes, and at avoiding frequent repainting. Each board provides a few square feet of space for displaying cards and pictures. The only other space the residents have access to is a small bedside table and a small space by the sink. This feels very un-homelike.

The dayroom is located far from the nurses' station, the elevators, and the bathroom. The chairs and sofas are neatly arranged

shoulder-to-shoulder around the perimeter of the room. A television is at one end, and a small table piled with books and games is at the other. There are no tables for games. Residents rarely use the room. Conversations are rare except when visitors are present. They usually arrange the furniture to make small groupings. I thought to myself, "Why can't this be arranged more like a living room?"

I observed several residents in wheelchairs lined up in the hallway, and I realized that it was close to lunchtime. They were waiting for someone to escort them onto the elevator and into the dining room. The wheelchairs were lined up one behind the other. Needless to say, no conversations could take place.

The answer to the student's question, "Why can't this be arranged more like a living room?" is that patients and staff who are confined to an environment for a long period of time eventually view semi-fixed, movable space as fixed and immovable. Habit and tradition become institutionalized and achieve "institutional sanctity." The absence of color, sound, and adequate light in bleak unchanging environments is stressful, and coping with it is difficult.

The character of the physical setting, including climate, and its cultural styles and meanings, influences the design of dwellings (*fixed space*). The structure and design of high-rise, low-income public housing violate cultural and psychological aspects of the self-image. Such housing is a warehouse symbol of lost identity, rather than a personal symbol of the unique self. High-rise, low-income housing provides tenants with no defensible territory within, and no safe territory on the ground. Vandalism and lack of care by tenants may represent their angry responses to stressful assaults on their identity and dignity, and lead to further social, psychological, and physiological stress. Other physical settings such as mental hospitals, prisons, schools, and residential facilities for the aged or the very young reflect similar social and cultural processes, which dehumanize and devalue society's "outsiders."

The *natural world*, too, influences human functioning more than most of us realize (Wilson, 2001). People experience relatedness not only with others, but also with the natural world. People directly, indirectly, symbolically, or vicariously experience the natural environment (Kahn & Kellert, 2002). Studies of accidents, suicides, crimes, psychiatric hospital admissions, and even rates of social interaction have revealed suggestive associations with features of the natural environment such as hours of sunlight, climate, and phases of the moon (Barlett, 2005; Besthorn, 2002; Clayton & Opatow, 2003; Dufrechou, 2004; Gale, 2003; Mayer & Frantz, 2004; Miller, 2005; Proshansky, Ittelson, & Revlin, 1976). Barometric pressure, wind, excessive temperatures and humidity, and seasonal variations in climate influence the moods and behavior of people, and contribute to stress. The influence of the natural world may be intensified in rural areas, where climate, lack of public

transportation, and greater distances from neighbors, friends, and relatives are more important than in urban areas.

Landscape features such as islands, mountains, seashores, coasts, deserts, lakefronts, and marshlands have different effects on lifestyles and identities. Human beings must learn not only to respect the natural world, our life-sustaining environment, but also to remain in touch with its restorative, healing, and spiritual forces. These forces explain the powerful therapeutic influence of wilderness programs, organized camping, and nature excursions. They also explain the stressful adaptation required of people moving from open spaces to urban living. Puerto Rican migrants to a northern mainland city, for example, must contend with differences they meet when leaving a self-contained tropical island and entering a seemingly limitless continent and a city located in a temperate zone with marked seasonal changes in climate. If the migrant comes from a rural area of Puerto Rico, the impact of urban life is all the more stressful. In the United States, Native Americans or Chicanos who move to the urban centers of the North may encounter similar stressors. In Canada, migrants from India and Southeast Asia, and Canadian Indians who move to cities, are subjected to similar stressors.

The natural environment has a temporal texture in its alterations of day and night, seasons, and annual rhythms as the earth journeys around the sun. Such rhythmic variations have been entrained in all forms of life through adaptive processes over evolutionary time. Biological rhythms in human beings such as rapid eye movement (REM) sleep, hunger cycles, pulse, and respiratory rhythms reflect these terrestrial cycles. For example, the spring shift to Daylight Savings Time and the consequent loss of sleep produce an increase in accidental death (Coren, 1996). Temporal rhythms imposed by schools, hospitals, social agencies, and even work arrangements may conflict with fundamental biological rhythms and cause physiological and psychological stress.

Toxic pollution and contamination threaten the health and life of people and their natural environments. While pollution is relatively visible, contamination represents an invisible layer of the environment. Children's exposure to lead has been found to reduce IQ, create reading deficits, lower class ranking, and lead to more high school dropouts (Needleman, Schell, Bellinger, Leviton, & Allred, 1990; Wigle, 2003). Similar adverse effects have been found for children who were exposed to polychlorinated biphenyls, or PCBs (Jacobson & Jacobson, 2000). When families discover that their communities have been exposed to hazardous wastes, they suffer significant distress. Their symptoms included "fear and panic, sleep disturbance, feelings of loss of control and helplessness, fatalism, and elevated family conflict" (Evans, 2006, p. 423). Toxic pollution and contamination deteriorate the relationship between people and their ecological surround (Edelstein, 2002).

Plants and animals may be defined by cultural values and human needs as useful, supportive, unimportant, endearing, or symbolic. Gardening

activities have been used with community minority elders and people suffering from stroke, brain and spinal cord injury, dementia, aphasia, developmental disabilities, and mental illness to stimulate and engage people with life in the moment (Catlin, 1998; Goff, 2004; Haas, Simson, & Stevenson, 1998; Larner, 2005; Sarno & Chambers, 1997; Shapiro & Kaplan, 1998; Strauss & Gabaldo, 1998; Wichrowski, Chambers, & Ciccantelli, 1998). The therapeutic values inherent in gardening activities are becoming recognized by hospitals, hospices, clinics, and residential care institutions (Kavanagh, 1998).

As valued companions, pets are part of an individual's or family's social network (Greenebaum, 2004; Prato-Previde, Fallani, & Valsecchi, 2006). Dogs provide numerous functions and meet diverse needs. Some people use dogs to mediate family conflicts and strengthen their identity as a family dog (Tannen, 2004). Other people desire the security and protection of a watchdog. For still others, a dog (or a cat or a bird) serves as a companion. For socially isolated and shy people, dogs serve as icebreakers, acting as a social lubricant (Brickel, 1986). People even pick a pet that, at some level, resembles them (Roy & Christenfeld, 2004). Guide dogs serve the legally blind, and the hearing impaired are aided by other animals (Naderi, Miklósi, & Dóka, 2001; Redfer & Goodman, 1989; Sanders, 2000; Valentine, Kiddoo, & Lafleur, 1993). Dogs also serve an important function in disaster preparedness and response (Hall, Ng, & Ursano, 2004). At times, newly adopted dogs do not fit in well, and the decision and process of returning them can be quite stressful (Shore, 2005). Other pets, such as cats, counter loneliness for people suffering with AIDS (Castelli, Hart, & Zasloff, 2001).

Social Work Function, Modalities, Methods, and Skills

The Social Worker and the Environment

With limited power and limited awareness of their rights, some service users become resigned to the unresponsiveness of organizations. For poor people, particularly poor people of color, the environment is particularly harsh. Because of their economic position, they are unable to command needed goods and services or to exercise their rights. They are closed out of opportunities for good education, preventive health care, jobs and promotion, safe housing, and neighborhood amenities. Their mobility is extremely limited. Morbidity rates are higher, infant mortality rates are high, and life expectancy is low in comparison with those of higher income families (Gitterman, 2001b). The social worker's attention and actions must be directed to helping clients make use of available resources and on influencing organizations to provide responsive services.

Agencies are a source of some power; our profession is a source of some status. Both can be used to improve people's environments and provide them with leverage for meeting their needs. While we may believe our

influence is slight, our actual impact might make the difference between disintegration and survival for individuals, families, and groups who obtain needed food, shelter, medical care, and other entitlements through our advocacy on their behalf. Similarly, social workers' attention and action must be directed to the exchanges between an individual, group, or family and their social network. Mobilizing or strengthening "real-life" ties, finding new linkages and reestablishing old ones, enlisting the aid of natural helpers, and helping clients disengage from maladaptive affiliations help improve transactions between clients and social networks.

Practitioners must also be prepared to act upon those aspects of the physical environment that, alone or in concert with social and cultural processes, create life stressors for an individual, family, or group. For example, social work staff in a nursing home can successfully personalize resident space. Residents can be encouraged to exhibit meaningful possessions (pictures, books, and knickknacks) and to care for plants. In one home for the aged, the communal dining room now has small circular tables for interaction, television and card lounges are available on each floor, and a bar has been added. Such changes in the physical environment enrich the social environment with sites for social interaction.

Professional Methods and Skills

When clients' knowledge, experience, and physical state permit, their taking action on the environment is an important means to achieving psychological empowerment and actual power. If social worker and client agree that client action is not feasible, thought must be given to whether the worker and client should act together or if the worker should act alone, continually apprising the client of any progress.

Coordinating, mediating, advocating, innovating, and influencing methods are used to help with and influence environmental processes. We again remind the reader that work with environmental issues is usually concurrent with work on difficult life transitions and dysfunctional family and group patterns, so these professional methods are used in tandem with those of enabling, exploring, mobilizing, guiding, and facilitating, as well as other methods described in later chapters. All ebb and flow throughout the service contact, as circumstances and client needs and interests require.

Assessment, exploration, and agreement on focus and action usually continue in the ongoing phase. They often disclose sources of stressors between client and organization, between client and network, or between client and physical environment. The worker might use guiding, for example, if a client has insufficient knowledge of the availability of resources and services, or if a client requires help in using them; or facilitating if psychologically or culturally based resistance to using service or seeking the resources is present, or if fear of the unknown or unrealistic concern for independence interferes with using available organizational or network resources. For example, an elderly client refused to apply for much needed food stamps. The worker

encouraged him to “tell his story.” His narrated experiences, behaviors, thoughts, and feelings explained his reluctance to seek the entitlement. To help this elderly man hold on to his dignity, manage his feelings, and solve his life issues, the worker used the skills discussed in chapters 5–7 and in this chapter. A routine referral would have failed.

In most instances, however, the problem is not the client’s inability to use the social environment, but distorted communication between client and the organization or the social network. In *coordinating* services, the worker links the client to available resources. In *mediating*, the social worker helps client and social system connect in more realistic and reciprocal ways through intercession, persuasion, and negotiation (Berman-Rossi, 2005; Schwartz, 1976). Increasingly, the problem lies within the organization. If collaborating and mediating do not accomplish the desired end, the social worker seeks to influence the organization to be more responsive by *advocacy* and its skills of pressure, coercion, or appeals to third-party intervention (Freddolino, Moxley, & Hyduk, 2004; Lens, 2004, 2005; Mickelson, 1995). The social worker might also use the media; mobilize a group, neighborhood, or community; or involve legislative, fiscal, or regulatory agencies in the organization’s environment.

There may be unresponsive or punitive individuals within the social network whom the worker must engage on the client’s behalf. Authority figures outside the network are sometimes unresponsive or punitive toward a client. A landlord, policeman, creditor, physician, or others may need to be approached in an attempt to increase their understanding of the client’s needs and responses, or to secure concessions, delays, access to rights, or entitlements. When the client lacks a network, or wants to disengage from a network, the social worker might arrange an introduction to other networks of neighbors, fellow tenants, or institutionalized sources such as parent–teacher associations or church-sponsored groups (Bell & Bell, 1999; Morrison, 1991). Or worker and client may decide on referral to a self-help group such as Parents Without Partners or Alcoholics Anonymous as a network substitute or to improve coping (Ben-Ari, 2002; Wituk, Shepherd, Slavich, Warren, & Meissen, 2000; Wituk, Tiemeyer, Commer, Warren, & Meissen, 2003). Computer-generated and telephone self-help groups are yet another potential resource (Finn, 1995, 1996; Galinsky, Schopler, & Abel, 1997; McCarty & Clancy, 2002; Smith, Toseland, Rizzo, & Zinoman, 2004). If the client lacks networks or network substitutes, the worker, alone or with clients and colleagues, and usually with agency support, might develop an informal network or a more structured self-help group. A social worker might help the client and others with similar interests or needs form a network for elderly neighbors or physically challenged people, a babysitting exchange among young mothers, or a support network in a homeless shelter (Lee, 2005; Orr, 2005).

Enabling, exploring and clarifying, mobilizing, guiding, and facilitating are appropriate when a client lacks information, is fearful, or is unable to

Table 8.1
Relation Between Sources of Environmental Stressors
and Responsive Professional Methods

People's Environmental Stressors	Professional Methods
1. People are unwilling or unable to use available social or physical resources.	Enabling Exploring Mobilizing Guiding Facilitating
2. Client needs and social or physical environment resources lack sufficient fit; communications and transactions are distorted.	Coordinating/connecting Mediating
3. Social environment is unwilling to provide available resources.	Advocating
4. Formal and/or informal social environment resources are unavailable.	Organizing Innovating

use or respond to the natural and built worlds (Resnick & Jaffee, 1982). Mediating and advocating are appropriate when service systems or powerful individuals in the social environment must be influenced before the physical environment can be improved. *Innovating* is appropriate when mobilization of group or community efforts is necessary for modifying the physical environment. Table 8.1 summarizes environmental stressors and responsive professional methods.

In *coordinating* and *connecting* clients with available organizational resources, the first task is reaching an agreement on a division of labor in dealing with environmental difficulties:

- *Obtaining informed consent and involvement.* While doing “with” a client is preferable, doing “for” is better than ignoring the problem out of misguided insistence on client participation in all situations. Differences in power relations often call for social workers to intervene on behalf of clients, with client consent and involvement. To proceed without informed consent and involvement is unethical and conveys a lack of faith in the client’s abilities.
- *Defining a division of labor.* Hopeless and vulnerable clients often expect social workers to do for them; some practitioners, however, are concerned about encouraging dependence and are reluctant to intercede directly. A clear division of labor encourages client involvement and meliorates discrepant expectations: “I will make the call for you, but we need to prepare for the landlord’s possible reactions and for how you want to respond.” Even when doing “for” a client, the social worker engages the client in the process. Otherwise, feelings of powerlessness and helplessness are reinforced.
- *Mobilizing client’s energy and personal resources.* People need to experience some control over their lives. If that need is frustrated, motivation and

self-direction suffer (Gold, 1990; Miller & Rollnick, 2002). People can slip into victim roles, apathy, and learned helplessness (Hooker, 1976; Seligman, 1980). The worker must challenge this response. To mobilize an elderly client's energies and personal resources, the worker makes a direct appeal: "To stop your neighbor's verbal abuse, we have to find small things you can do to change his behavior . . . the problem will not go away, unless we take small steps." This approach to coping helps to make the stressor more manageable.

- *Lending the social worker's professional status to the client.* Although practitioners may feel relatively powerless in relation to their own and other organizations, for clients to have a professional "on their side" provides support and hope. Sitting with a client in a waiting room, telephoning on a client's behalf, and making appointments for a client make a difference. Our presence conveys to the other person that the client is not alone. The presence of an observer or witness reduces the possibility of peremptory treatment. How we define our roles and how we engage formal and informal structures and networks can either reduce or intensify a client's vulnerability and powerlessness. Client-oriented motives must be pursued in an organizational context of other imperatives and people, if we are not to become isolated and ineffective.
- *Demonstrating professional competence.* Organizational effectiveness usually depends on achieving informal influence through demonstrated professional competence. Competence must be visible.
- *Developing and using informal contacts within the employing organization.* The worker who is an insider, attentive to colleagues' interests and concerns, acquires an interpersonal network. Having lunch or coffee, sharing greetings and support with colleagues, and exchanging personal and professional favors activate a "norm of reciprocity" and provide the basis for a favor from a colleague on behalf of a client in a "special" circumstance.
- *Building and using interorganizational resource networks.* For effective contacts with other organizations, social workers need to develop and maintain an interorganizational resource file in which they log helpful (or unhelpful) personnel. Similarly, if the practitioner has been helpful to a staff member from another organization, the "norm of reciprocity" can be activated. By developing a resource file, staff is able to pool their contacts and elevate the level of fit between client need and organizational resources. Continuous updating and searching are needed. Resource files developed by the agency or published centrally within the community are useful adjuncts, but formal files are no substitute for the professional exchange of favors or for building a professional reputation as a competent practitioner.
- *Developing and using formal system contacts.* Active, skillful involvement on committees, teams, consultations, conferences, staff meetings, task forces, and community meetings provides opportunities for contacts. A staff person from another organization is more likely to respond to a social worker who has exhibited clarity, discipline, and good humor in interdisciplinary contacts.

- *Demonstrating awareness of the perspective of other staff.* Before meeting with a staff member, the social worker prepares for the encounter by anticipatory empathy with probable reactions to still another request for service. By identifying with feelings of pressure and of being harassed ("I know how terribly busy you are") and yet appealing to self-interest ("I think Mrs. Smith will become less demanding and complaining if . . ."), the social worker presents requests in a nonthreatening manner. The aim is to achieve positive rather than defensive or resentful responses.
- *Knowing and using organizational policies, procedures, and precedents.* In dealing with others in organizations, knowledge of relevant policies, rules and regulations, research findings, practices, technical procedures, and professional language is critical. In a medical setting, social workers must be familiar with medical terminology. In psychiatric and mental health settings, practitioners must be knowledgeable about categories in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). In a public assistance setting, social workers must know the policy manual. Being able to cite a specific policy or procedure useful to a client is most effective in securing entitlements.
- *Demonstrating perseverance.* Being a "charming" pain in the neck is an art worth developing and is a useful collaborative intervention: "It's Louise again, I'm sure you have been waiting all day for my call." Red tape and unresponsive functionaries can certainly evoke anger, despair, and behavioral extremes. We must move past these responses and demonstrate dogged endurance: "Let's call one more time," "Let's write one more letter," and "Let's try just showing up."

To be helpful to clients with environmental stressors, the social worker must have *collaborating* and *mediating* skills. These skills are summarized in Table 8.2.

Collaborating and mediating are not likely to result in negative repercussions. If they fail, more *directive*, *assertive*, and *persuasive* interventions might become necessary:

- *Creating organizational tension.* Elaborate defenses develop in organizations, through which a client's life issues are minimized, avoided, or denied. Before the organization will bend an agency policy, make an exception, or stretch service boundaries, the social worker might have to generate general discomfort with the status quo and its consequences for the client. "I know our policy discourages financial assistance, but I spoke to John's aunt in Virginia. She's willing to have him stay with her, but needs our help with buying him a bus ticket. If we don't do that, he will be homeless and vulnerable to all kinds of violence."
- *Climbing the organizational hierarchy.* If a worker receives a negative response from another agency, a polite request for the name and phone number of the supervisor is advisable. In one's own organization, suggesting that a colleague or supervisor check with the respective supervisor should precede skipping a level.

Table 8.2
Coordinating/Connecting and Collaborative/Mediating Skills

• <i>Coordinating/connecting skills:</i>	Reach for informed consent.
	Establish a division of labor.
	Mobilize client's energy and personal resources.
	Lend the worker's professional status to the client.
• <i>Collaborative/mediating skills:</i>	Demonstrate professional competence.
	Develop and use informal system contacts within the employing organization.
	Build and use interorganizational resource networks.
	Develop and use formal system contacts.
	Demonstrate awareness of the perspective of other organizational staff.
	Know about and use organizational policies, procedures, and precedents.
	Demonstrate perseverance.
• <i>Asserting client entitlement or need.</i> Disciplined assertiveness is a major means of improving the fit between client need and environmental resource. Assertive behavior requires abilities to (1) objectively describe the concern, (2) express associated feelings, (3) specify the desired change or outcome, and (4) explicate consequences; for example, "I know how it is—Mrs. Jones starts to yell and it's hard to resist yelling back at her [1], but when you yell at her, she feels totally helpless, begins to cry, and becomes unmanageable [2]. Maybe if you explain to her that if she only rings her buzzer once, you'll try to come within five minutes and won't yell at her [3]. In that way, she will be a more cooperative patient [4]."	
• <i>Arguing on behalf of the client.</i> Making a case includes clearly defining the issue, specifying its boundaries, and proposing possible solutions. Next, the social worker tries to anticipate potential opposition to the proposal and the expected and unexpected consequences of adopting it. Throughout the process, one respects others' opinions, but presses one's own position out of expressed concern for the client, the organization's good name, and its mission.	

If mediating, asserting, and arguing fail, worker and client might consider *adversarial* actions. Professional ethics actually require such action if essential entitlements are denied or client rights are curtailed (NASW, 1999).

Before taking such action, the social worker evaluates potential consequences. In taking an adversarial position, the worker assumes a polite, respectful stance, not one of outraged righteousness. Expressing outraged righteousness might make the outraged feel better, but it could cost the desired end. Also, client and worker could be vulnerable to retaliation so that probity and caution are always needed.

- *Implying further action.* An even-tempered assertion—"We are running out of patience. My client and agency are prepared if necessary to seek a fair hearing, or to move to a class action, or both"—can, by shifting the balance of power, release a client's entitlement. Sometimes the action has to be initiated before willingness to negotiate or to concede is brought about.
- *Refusing compliance.* Social workers might sometimes be expected to take actions that conflict with established professional standards and ethics. Polite firmness can be highly effective: "I am sorry, but the client has to be informed about her legal rights and options—professional ethics requires it. I am also concerned about the negative impact upon our department's reputation if this practice became known." Unwillingness to carry out a wrongful departmental policy is a part of organizational loyalty.
- *Organizing protests.* Clients gain strength and security from joining with others in similar circumstances. Group action usually diminishes client isolation and risk of reprisal, and it increases chances of success. Group action gets institutional attention. In some severe instances, the social worker helps groups to express grievances through sit-ins, vigils, marches, rent strikes, picketing, the use of mass media, and engaging the interest of political figures. These actions increase client visibility and bargaining power.

Table 8.3 summarizes adversarial and persuasive skills.

Skills with organizational issues are also applicable to network issues. Some require simple modification. "Knowing and using organizational policies, procedures, and precedents" becomes "Knowing and using network structures and processes"; "Climbing the organizational hierarchy" becomes "Traversing network boundaries" (Adams & Blieszner, 1993; Biegel, Tracy, & Corvo, 1994; Lee, 2005).

Table 8.3
Persuasive and Adversarial Skills

- Create organizational tension.
- Climb the organizational hierarchy.
- Assert client entitlement.
- Argue on behalf of the client.
- Imply further action.
- Refuse compliance.
- Organize protests.

The physical environment offers the social worker an additional dimension in helping people. Improving the degree of fit between people and their physical environments requires distinct professional skills.

- *Responding to the client's spatial needs.* People with schizophrenia have been found to have a large personal distance and often react with flight if too closely approached, even by eye contact. In responding to their spatial needs, the social worker might sit beside them rather than across from them, minimizing eye contact and thereby providing greater distance. An aging client, because of declining sensory perception, or a physically challenged client might hunger for physical nearness, and the worker could respond by moving closer, touching, and so on. By responding differently to clients' differing spatial needs, help is more effective.
- *Arranging professional space.* Spatial arrangement of a worker's office provides significant clues to clients and affects their comfort and interaction. Appropriate posters and plants convey welcome and receptiveness. Personal mementos such as pictures of one's children or pet convey a willingness to be personal and involved. In working with a female adolescent group, the author assumed that chairs arranged in a circle would create an intimate atmosphere and facilitate interaction. The adolescents, however, experienced self-consciousness about their hands and their miniskirts. The small circle demanded too much physical and emotional intimacy with an unknown professional.
- *Arranging agency space.* In a family agency waiting room, a social work student noticed the lack of toys or reading matter for children and organized an effort to add inexpensive ones. In a public welfare setting, another student asked staff to contribute magazines, children's toys and books, and plants to make the waiting room more attractive and welcoming. Sensitivity to arrangements of physical space reflects staff interest and caring.
- *Coordinating spatial access and use.* In families where many members share a limited amount of space, stress can result from the interpersonal coordination required to manage restricted space. Sharing a bathroom, room, closet, dresser, or television places a strain on civility. Helping a family develop a schedule for morning use of a bathroom, for evening use of a television, or for planning meals may significantly mitigate interpersonal tensions and facilitate mutual support and assistance. Sometimes a worker-initiated discussion about privacy and clearer spatial agreements is sufficient. In other cases, the worker may suggest a simple environmental prop such as a lock on a bedroom, a room divider, or a screen. Living space is an important area for professional attention and intervention.
- *Encouraging and teaching clients to use the built and natural environment.* The physical environment can be overwhelming and threatening. Deinstitutionalized mental patients and developmentally challenged clients frequently lack the basic skills needed for moving through and using the built environment. Some residents of inner cities are fearful of leaving their neighbor-

Table 8.4
Skills of Influencing the Physical Environment

- Respect the client's spatial needs.
- Arrange professional space.
- Arrange agency (department) space.
- Coordinate spatial access and usage.
- Encourage and teach clients to use the natural and built environment.
- Use animals to provide companionship, assistance, and nonthreatening relationships.

hood. The worker can provide trips to the zoo, parks, seashore, and countryside; camping experiences; and hikes. These refresh the spirit and renew energies, as do visits to libraries, museums, and concerts. They bring relief from urban and rural isolation as well as the stress of overcrowded living. For these reasons, wilderness therapy has been found to be helpful for troubled adolescents (Cooley, 1998; McGowan, 1997).

- *Using animals to provide companionship and unthreatening relationships.* Pets meet people's unmet needs for companionship. Animals are also used for specific therapeutic purposes (e.g., rebuilding trust in abused children; Mallon, 1994). Pets provide people certain control over their environment. A pet provides its human companion an opportunity to be nurturing and responsible.

Table 8.4 summarizes the skills of influencing the physical environment.

Practice Illustrations

Organizational Environment. In work on dysfunctional exchanges between client and service system, social workers rely on the *mediating* method and its *collaborative skills* of interceding, bargaining, and persuading. The effectiveness of these skills depends, in part, on familiarity with the client's situation, careful assessment of the organizational components in the problem, and knowledge of organizational properties and operations.

In the following illustration, a nursing home group is meeting with the social worker, and the members are discussing their concerns about the food:

Mrs. Schwartz said she thought we should spend time talking about all the things that go wrong during meals. Mr. Ball agreed, saying that the food is lousy and the service is lousy. If he didn't have to eat to survive, he wouldn't even bother going to meals. Several other members nodded. I asked the residents to say specifically what was bad about the food and service.

Mrs. Schwartz said the napkins either arrive wet on the trays or they're given out at the very end of the meal, which defeats the purpose. I said I could understand how annoying this is. Mr. Silverman added

that silverware is often missing from the trays. By the time the missing pieces are brought, the food is cold. He sighed, "For all they care, we can eat with our hands." Mrs. Schwartz commented that it would be logical for the kitchen to send up extra silver, so the aides could replace the missing pieces right away. Mr. Phelps added they often get different food from what they ordered. Mrs. Schwartz confirmed this, saying she doesn't know why they put things on the menu if they have no intention of giving them to the residents: "They pretend to give you a choice, but in the end, they give you whatever they damn please." I acknowledged their frustration and asked when these substitutions occur. Mrs. Schwartz said it usually happens with things like dessert—you order ice cream and get Jell-O. . . .

I said, "So, you have three specific complaints: napkins that are either wet or not given out until the meal is almost over; missing silverware; and the substitution of items that you've selected from the menu. I wonder if you have ideas about what we might do about these problems?" Mrs. Liebner asked, "Who could we speak to?" Mrs. Schwartz responded, "We could meet with Miss Jackson [the kitchen supervisor]." I asked the others what they thought. Mr. Goldstein said, "Talking to the supervisor won't help." Mr. Lazar agreed, "No one will listen to us anyway, so why bother?" I sensed their hopelessness, but suggested that it was worth a try and I would like to help them improve the situation. This led to a discussion of the advantages and disadvantages of my doing it or of a member's inviting the supervisor to a meeting. We decided that a positive response was more likely if I extended the invitation. We reviewed what I would say to her.

I then asked them how we should present their concerns to the supervisor when she comes. Mr. Silverman suggested we make a list and read off the items. This was agreed on, and I asked who would begin the meeting and read the list. Mr. Goldstein said that as the group leader, I should. I responded that I could, but I felt it was important for the supervisor to hear directly from them about their experiences. Mrs. Schwartz volunteered to start the meeting off. We role-played what she would say. Mr. Silverman volunteered to offer specific examples of his own experiences. Others volunteered to share theirs. We then considered possible responses and how to handle them.

Before she approaches the supervisor with the group's request for a meeting, the social worker prepared herself for the encounter. She put herself into Miss Jackson's shoes, and imagined the likely impact of still another pressure on a busy, harassed staff member, and her possible responses. She considered how best to present the request without stimulating resentment against the residents and with a view of engaging Miss Jackson in collaborative problem solving.

I said, "The group members have been discussing their dietary problems, and they feel it will be very helpful to have your input, so they have asked me to invite you to our next meeting." She said she didn't know if she could make it. I responded that I knew she was very busy. She explained she is responsible for several floors, and it's hard to find time for everything. I acknowledged it was, but added that the group members really feel she can be helpful to them, especially since their concerns are quite specific. She asked me what their complaints are, and I mentioned several. She smiled and shook her head. I said, "I imagine you're really tired of hearing complaints, especially when you're working so hard." She responded, "You're not kidding." There was a pause, and she asked me what time the meeting would be. I told her, and she said she would come. I expressed my appreciation.

In mediating, the worker conveyed her understanding of the supervisor's perspective and commiserated with her difficulties. At the same time, she persisted in stating the clients' need for Miss Jackson's assistance and clarified their concerns. In such efforts, the worker must be willing to risk tension and even conflict while persevering. In this instance, perseverance succeeded, and Miss Jackson agreed to come.

Miss Jackson entered the meeting. As we agreed, I began by stating the general purpose of the meeting, and suggested Mrs. Schwartz describe the first concern. Mrs. Schwartz began by asking who was responsible for setting the tables. Miss Jackson said she usually oversees the preparation of the dining room. Mrs. Schwartz explained the problem with the napkins. Miss Jackson explained that staff is sometimes rushed and water spills on the napkins. She assured the group she will try to correct the problem. Group members said they would appreciate it. There was a pause, and I asked if anyone else wanted to say something about this particular problem. This was a prearranged cue for Mr. Silverman to ask about the pieces of silverware missing from the trays. Miss Jackson replied that she knew this was a problem and that she would have two extra sets of silverware sent up. I asked the members if they felt this was a good solution. They all agreed. Mr. Phelps said he would like to know why he gets Jell-O every day when he hates it and orders other desserts. Ms. Jackson asked him if he had dental problems. He said no. She explained that when a dessert on the menu has to be changed at the last minute, they substitute applesauce or Jell-O. Mr. Phelps said he prefers applesauce. Ms. Jackson made a note of his request. I asked why substitutions have to be made. She explained that when menus are made up, the department assumes a certain item will be on hand. When it isn't, or they run out of a popular dish, substitutions are made. Mrs. Schwartz