Chapter 1 : Bioecological model - Wikipedia

Individuals and Family Systems in Their Environments describes and applies a systems perspective to the relationships of individuals and families within their environments. The development of human abilities and individual characteristics depends to a significant degree on the larger context of the family system and the environments supporting.

Thus, systems thinking, which is the process of understanding how things influence one another within a whole, is central to ecological models. Generally, a system is a community situated within an environment. Examples of systems are health systems, education systems, food systems, and economic systems. Drawing from natural ecosystems which are defined as the network of interactions among organisms and between organisms and their environment, social ecology is a framework or set of theoretical principles for understanding the dynamic interrelations among various personal and environmental factors. This perspective emphasizes the multiple dimensions example: From an ecological perspective, the individual is both a postulate a basic entity whose existence is taken for granted and a unit of measurement. As a postulate, an individual has several characteristics. Second, he is interdependent with other humans; that is, is always part of a population and cannot exist otherwise. Third, he is time bound, or has a finite life cycle. Fourth, he has an innate tendency to preserve and expand life. Fifth, he has capacity for behavioral variability. Two distinct phases of the theory can be identified. Bronfenbrenner [8] stated that "it is useful to distinguish two periods: The Bronfenbrenner ecological model examines human development by studying how human beings create the specific environments in which they live. In other words, human beings develop according to their environment; this can include society as a whole and the period in which they live, which will impact behavior and development. Ecological systems theory[edit] In his original theory, Bronfenbrenner postulated that in order to understand human development, the entire ecological system in which growth occurs needs to be taken into account. This system is composed of five socially organized subsystems that support and guide human development. Furthermore, within and between each system are bi-directional influences. These bi-directional influences imply that relationships have impact in two directions, both away from the individual and towards the individual. Because we potentially have access to these subsystems we are able to have more social knowledge, an increased set of possibilities for learning problem solving, and access to new dimensions of self-exploration. Microsystem[edit] The microsystem is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem encompasses the relationships and interactions a child has with his or her immediate surroundings such as family, school, neighborhood, or childcare environments. However, interactions at outer levels can still impact the inner structures. The microsystem may provide the nurturing centerpiece for the child or become a haunting set of memories. The caring relations between child and parents or other caregivers can help to influence a healthy personality. The child may not be directly involved at this level, but they do feel the positive or negative force involved with the interaction with their own system. The main exosystems that indirectly influence youth through their family include: Furthermore, absence from a system makes it no less powerful in a life. Macrosystems can be used to describe the cultural or social context of various societal groups such as social classes, ethnic groups, or religious affiliates. The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. It may empower her life so that she, in turn, is more effective and caring with her newborn. Family dynamics need to be framed in the historical context as they occur within each system. Bronfenbrenner [16] suggests that, in many cases, families respond to different stressors within the societal parameters existent in their lives. Processes, per Bronfenbrenner, explain the connection between some aspect of the context or some aspect of the individual and an outcome of interest. The full, revised theory deals with the interaction among processes, person, context and time, and is labeled the Process–Person–Context–Time model PPCT. Two interdependent propositions define the properties of the model. Furthermore, contrary to the original model, the Process–Person–Context–Time model is

more suitable for scientific investigation. In its early phase and throughout the lifecourse, human development takes place through processes of progressively more complex reciprocal interactions between an active, evolving biopsychological human organism and the persons, objects and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. These forms of interaction in the immediate environment are referred to as proximal processes. Proximal processes are fundamental to the theory. They constitute the engines of development because it is by engaging in activities and interactions that individuals come to make sense of their world, understand their place in it, and both play their part in changing the prevailing order while fitting into the existing one. Bronfenbrenner acknowledges here the relevance of biological and genetic aspects of the person. Demand characteristics are those that act as an immediate stimulus to another person, such as age, gender, skin color, and physical appearance. These types of characteristics may influence initial interactions because of the expectations formed immediately. Resource characteristics are those that relate partly to mental and emotional resources such as past experiences, skills, and intelligence, and also to social and material resources access to good food, housing, caring parents, and educational opportunities appropriate to the needs of the particular society. Finally, force characteristics are those that have to do with differences of temperament, motivation, and persistence. According to Bronfenbrenner, two children may have equal resource characteristics, but their developmental trajectories will be quite different if one is motivated to succeed and persists in tasks and the other is not motivated and does not persist. The change can be relatively passive a person changes the environment simply by being in it , to more active the ways in which the person changes the environment are linked to his or her resource characteristics, whether physical, mental, or emotional , to most active the extent to which the person changes the environment is linked, in part, to the desire and drive to do so, or force characteristics. The final element of the PPCT model is time. Time plays a crucial role in human development. Time and timing are equally important because all aspects of the PPCT model can be thought of in terms of relative constancy and change. Fostering of societal attitudes that value work done on behalf of children at all levels: In community health promotion: Basis of intervention programs to address issues such as bullying, obesity, overeating and physical activity. Interventions that use the social ecological model as a framework include mass media campaigns, social marketing, and skills development. In economics , an output is a function of natural resources , human resources, capital resources, and technology. The environment macrosystem dictates a considerable amount to the lifestyle of the individual and the economy of the country. For instance, if the region is mountainous or arid and there is little land for agriculture , the country typically will not prosper as much as another country that has greater resources. This situation is an environmental influence that may be very far reaching. This also includes possibly removing oneself from a potentially dangerous environment or avoiding a sick coworker. On the other hand, some environments are particularly conducive to health benefits. Surrounding oneself with physically fit people will potentially act as a motivator to become more active, diet, or work out at the gym. The government banning trans fat may have a positive top-down effect on the health of all individuals in that state or country. The social ecological model looks at multiple levels of influence on specific health behaviors. Although this perspective is both logical and well grounded, the reality is different in most settings, and there is room for improvement everywhere. A decision may be required of an individual, organization, community, or country. A decision a congressman makes affects anyone in his or her jurisdiction. If one makes the decision not to vote for the President of the United States, one has given oneself no voice in the election. On the international level, if the leadership of the U. There are multiple cross-level and interactive effects of such a decision. Most criticism center around the difficulties to empirically test the theory and model and the broadness of the theory that makes it challenging to intervene at an any given level[citation needed]. Some examples of critiques of the theory are: Challenging to evaluate all components empirically. Failure to acknowledge that children positively cross boundaries to develop complex identities. Tendency to view children as objects. Preoccupation with achieving "normal" childhood without a common understanding of "normal". Fails to see that the variables of social life are in

constant interplay and that small variables can change a system. Misses the tension between control and self-realization in child-adult relationships; children can shape culture.

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In order to conceptualize environmental contexts, Bronfenbrenner described four ecological systems: This context is closest to an individual and encompasses interpersonal relationships and direct interactions with immediate surroundings. The mesosystem includes interactions between various aspects of the microsystem. The exosystem does not directly affect individuals; rather, the exosystem encompasses aspects of structures within the microsystem. Bronfenbrenner suggested that individuals constantly interact with these systems. He also stated that both individuals and their environments constantly affect one another. In , Bronfenbrenner published his new theory and named it Bioecological Systems Theory. Vygotsky created the social learning theory of development in the s and s to understand how people learn in social contexts and how social environments influence the learning process This focus on individuality led him to diagram the life space, containing arrows leading to and from possible life goals, both positive and negative. Bronfenbrenner was also influenced by his colleague, Stephen J. He focused on predicting a pattern of associations among ecological, genetic, and cognitive variables as a function of proximal processes. Together, Bronfenbrenner and Ceci published the beginnings of the bioecological model and made it an accessible framework to use in understanding developmental processes. He argued the environment in which children operate is important because development may be shaped by their interactions with the specific environment. He urged his colleagues to study development in terms of ecological contexts, that is the normal environments of children schools, homes, daycares. Researchers heeded his advice and a great deal of research flourished in the early s that focused on context. However, where prior research was ignoring context, Bronfenbrenner felt current research focused too much on context and ignored development. In his justification for a new theory, Bronfenbrenner wrote he was not pleased with the direction of research in the mid s and that he felt there were other realms of development that were overlooked. Additionally, Bronfenbrenner chose to leave out key features of the ecological systems theory e. Critical components of bioecological systems theory did not emerge all at once. Instead, his ideas evolved and adapted to the research and ideas of the times. For example, the role of proximal processes, which is now recognized as a key feature of bioecological systems theory, did not emerge until the s. He also placed a greater emphasis on processes and the role of the biological person. PPCT includes four concepts. The interactions between the concepts form the basis for the theory. Process - Bronfenbrenner viewed proximal processes as the primary mechanism for development, featuring them in two central propositions of the bioecological model. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes. The form, power, content, and direction of the proximal processes effecting development vary systematically as a joint function of the characteristics of the developing person; of the environmentâ€"both immediate and more remoteâ€"in which the processes are taking place; the nature of the developmental outcomes under consideration; and the social continuities and changes occurring over time through the life course and the historical period during which the person has lived. Person â€" Bronfenbrenner acknowledged the role that personal characteristics of individuals play in social interactions. Bronfenbrenner notes that even when children have equivalent access to resources, their developmental courses may differ as a function of characteristics such as drive to succeed and persistence in the face of hardship. In doing this, Bronfenbrenner provides a rationale for how environments i. The microsystem describes environments such as home or school in which children spend significant time interacting. Mesosystems are interrelations between microsystems. The exosystem describes events that have important indirect influence on development e. The chronosystem describes historical circumstances that affect contexts at all other levels. Time â€" Time has a

prominent place in this developmental model. It is constituted at three levels: Micro-time refers to what is happening during specific episodes of proximal processes. This functions both within and across generations and affects proximal processes across the lifespan. It further explains that both the person and the environment affect one another bidirectionally. Although even Bronfenbrenner himself critiqued the falsifiability of the model, [3] the bioecological model has real world applications for developmental research, practice, and policies as demonstrated below. Research implications[edit] In addition to adding to the theoretical understanding of human development, the bioecological model lends itself to changes in the conceptualization of the research endeavor. Such designs would thus occur in schools, homes, day-care centers, and other environments in which proximal processes are most likely to occur. The bioecological model also proposes that the most scientifically rich studies would include more than one distinct but theoretically related proximal process in the same design. A research conducted by Harvard medical school, highlighted the power of human imagination and the structural changes it causes to the human brain at the micro-cellular level thus bringing about changes in character personality or behaviour. The scientist argues that if imagination could bring about such permanent changes in the brain, the effects of digital technology on a human brain can produce behavioural changes such as shorter attention span, reduction in communication skills and abstract thinking. Greenfield, , 13 According to technology writer Nicholas Carr, technology has always determined the development of the brain and the way we think throughout History. As he illustrates with examples of reading and the rise in the use of internet. He observes that development of reading habits motivated our brains to be concentrate on the text and imagine, whereas the over exposure of internet reinforce our capability to scan and filter information productively and easily. Taylor, , 14 Attention is the key requisite which paves the way to all aspects of learning viz. Attention has been considered to be a highly malleable quality which can be influenced by the environment. Research shows that the invention of digital entertainment changed the attention span by presenting children with visual stimuli and very little need of imagination. In such an environment distraction becomes the norm and memory, focusing gets affected. This is in sharp contradiction to the children of the past who spent a great amount of their time reading, which requires deep and consistent attention, imagination, memory and which gave way to minimal distractions. Taylor, , 14 However studies have shown that a visual media improves visual-spatial capabilities Green, Bavelier , 15 and capacity to identify relevant information in text filled with hyperlinks and ads. Thus technology maybe making children viewing information differently compared to the children of yesteryear. In short children are more skilled at remembering where to find information rather than remembering information itself. Thus the brain may be allowed to be involved in higher order activities such as contemplation, critical thinking and problem solving. De Loatch, , 16 Ecological techno subsystem[edit] Ecological systems theory Bronfenbrenner, emerged before the advent of Internet revolution and the developmental influence of then available technology e. Johnson and Puplampu proposed the ecological techno-subsystem, a dimension of the microsystem. The word ecological techno-subsystem comprises both child interaction with living e. An experimental study of children from first to sixth grade was conducted to assess their cognitive development, based on their use of internet at home and socioeconomic characteristics of the family. Educated fathers tended to have children who scored high on three of the four cognitive measures expressive language, visual perception, and auditory memory as they may provide enhanced language models and stimulating learning environments to their children. Employed mothers tended to have children who had high scores on the measure of metacognitive planning as they could train their children to develop internet usage skills and effective management of information. The indices of use of internet at home accounted for more variance in their development than the indices of socioeconomic status. The ecological techno-subsystem improves our understanding of the influences of environment on child development by stressing the effect of digital technologies on cognitive growth during childhood. Exposure to computer during the preschool years increased school readiness later Li and Atkins Jackson and colleagues provided low income children with home-based Internet access and continuously recorded time online. Their findings indicated that children who used the Internet more had higher scores on

standardized tests of reading achievement and higher grade point compared to those children who used the Internet less p. From a developmental perspective, Internet use stimulates cognitive processes involved in interpreting text and images Johnson, Metacognitive processes such as planning, search strategies, and evaluation of information are exercised when navigating websites Tarpley, Comprehensive theoretical description of the developmental effect of Internet use is required.

Chapter 3 : A review of chronic pain impact on patients, their social environment and the health care system

This system includes social or cultural ideologies and beliefs that affect an individual's environment. For example, laws may be incorporated into the macrosystem. Bronfenbrenner suggested that individuals constantly interact with these systems.

Theories Used in Social Work Practice Theories Used in Social Work Practice For people who want to dedicate their life to helping others in a practical way, social work can be a fulfilling career. Direct social services usually address the problems of individuals, helping them enhance their capacity to meet social obligations. Social development work is aimed at correcting long-term problems in communities. In short, social work is about empowering people. A theory is a logical system of concepts that helps to explain why something happens in a particular way and to predict outcomes. By grounding their practice in theory, social workers can better understand his or her own task, orient goal setting, and anticipate outcomes. Describe and explain behavior, particularly when it comes to how problems develop. A particular way of viewing and thinking about the practice of social work. Provide guidance and expectations for improving outcomes for children, youth, and families. Orienting Theories Orienting theories describe and explain behavior, particularly when it comes to how problems develop. Various theories draw from other disciplines, including biology, psychology, and economics, and are related to all aspects of social work, including human development, personality, family systems, and political power. Orienting theories also attempt to explain large-scale societal problems such as poverty, mental illness, crime, and racial discrimination. Psychodynamic theory is informed by ego psychology and focuses on how inner energies interact with external forces to impact emotional development. That is, this theory assumes that emotions play a key role in human behavior and is thus concerned with how these internal needs, drives, and emotions motivate human behavior. It assumes that both conscious and unconscious mental activity motivate human behavior, and that internalized experiencesâ€"such as childhood experiencesâ€"shape personality development and functioning. This theory is what social workers usually employ when dealing with a client who has suffered past trauma or abuse. Social learning theory, also called behaviorism or behavior theory, is based on the psychology of learning. By focusing on how individuals develop cognitive functioning, social workers can understand how those cognitive structures enable adaptation and organization. So in dealing with problem behavior, social workers who employ this theory focus on changing the reinforcement that perpetuates that behavior. Power is unequally divided in every society, and all societies perpetuate various forms of oppression and injustice through structural inequalityâ€"from the wealth gap to racial discrimination. In short, groups and individuals advance their own interest over the interests of others. Dominant groups maintain social order through manipulation and control. But social change can be achieved through conflictâ€"that is, interrupting periods of stability. In this theory, life is characterized by conflict either open or through exploitation instead of consensus. By addressing these asymmetric power relationships, social workers therefore aim to even the scales and reduce grievances between persons or groups. Practice Perspectives Practice perspectives are a particular way of viewing and thinking about the practice of social work. By offering a conceptual lens of social functioning, these frameworks focus on particular, recognizable features of a situation in order to offer guidance on what might be important considerations. Two in particular are noteworthy in their common use to assess relationships between people and their environment: Just as ecology seeks to explain the reciprocal relationship between organisms, the ecosystems perspective assumes that human needs and problems are generated by the transactions between people and their environments. The individual exists within families, Families exist within communities and neighborhoods, Individuals, families, and neighborhoods exist in a political, economic, and cultural environment, and it follows that The environment impacts the actions, beliefs, and choices of the individual. Unlike systems theory, which takes a broad perspective on equilibrium within a system, this model emphasizes active participation with the environment. The second primary perspective, the

strengths perspective assumes that every individual, family, group, organization, and community has identifiable strengths. By focusing on these strengths, clients can grow and overcome difficulties. Given the internal nature of strength, clients are usually the best experts about what types of helping strategies will be effective or ineffective; as such, the social worker in this situation is more of a facilitator. The third primary perspective, the feminist perspective takes into account the role of gender and the historical lack of power experienced by women in society. Social workers who employ a feminist perspective emphasize the need for equality and empowerment of women in our society. Practice models While theories help explain why a problem is occurring, dozens of social work practice models are used to address the problems themselves. Based on these theories and others , these models are step-by-step guides for client sessions, much like a recipe or a blueprint for how to effect change. A few common practice models include: The social worker helps the client understand the problem, brainstorm possible solutions, pick a solution, try it out, and evaluate effectiveness. The social worker helps the client break down the problem into achievable tasks, using rehearsals, deadlines, and contracts to maintain drive and motivation. The social worker and client first identify the solutionâ€"the desired futureâ€"then work together to establish the steps that will lead to the solution. The social worker and client work to reduce the impact of an immediate crisis, learn to more effectively respond to the impact of a stressful event by employing both internal and external resources , and restore the individual to a pre-crisis level of functioning. What are the educational requirements for a social worker? Is the program accredited? Will the program prepare you for licensure and other exams? Does the program offer online or hybrid courses for working and non-traditional students?

Chapter 4 : Family Systems Theory - GenoPro

Auto Suggestions are available once you type at least 3 letters. Use up arrow (for mozilla firefox browser alt+up arrow) and down arrow (for mozilla firefox browser alt+down arrow) to review and enter to select.

Albert The home environment is critical for maintaining health and well-being among the medically ill and people living with disabilities. Access to appropriate supportive care technologies and home health care services depends in part on where homes are located, what sorts of spaces are available for care in the home, and whether basic services such as utilities are reliable. These aspects of home environments are difficult to measure, even when features of homes are narrowly defined and only a single attribute, such as safety, is considered Gitlin, Measurement challenges become more complex when considering that each of these environmental features also has a cultural or social component. Homes are located in neighborhoods, where home health care providers may not feel welcome or safe because of crime in a low-income neighborhood and discrimination or suspicion in a higher income one. Homes differ in their spaces available for care but also in the willingness of families to make these spaces available, adapt them as needed, and work with home health staff to provide care. Also, utilities, telephone service, and access to services differ by community, with some communities well serviced and others shortchanged. Thus, the home environment is nested in social and cultural layers that may lead to different home care outcomes, even with similar patients and common home environments Barris et al. The cultural component is immediately visible in family adaptation to home care. Families differ in the degree to which they reorganize themselves and their living spaces to accommodate care for the disabled or medically unstable Albert, , with different tolerance for disorder and different strategies for reducing such disorder Rubinstein, Page Share Cite Suggested Citation: The National Academies Press. For some families, hospice and death in the home is unthinkable or perhaps not possible if home hospice services are unavailable. For other families, hospice and death in the home is the preferred outcome. The same may apply to other medical technologies, such as home infusion technologies, or to different types of care, such as managing the demented or incontinent patient at home. In this sense, cultural, social, and community environments must also be considered as human or ergonomic factors relevant to the adoption and successful use of home care technologies. Consider one model of technology adoption that has been applied to the use of consumer health information technology, the patient technology acceptance model Or et al. In this approach, key determinants of acceptance of Internet monitoring of health status among patients with cardiac disease included perceived usefulness of the technology performance expectancy , perceived ease of use effort expectancy , and the perceived sense that others would use such a technology in similar circumstances subjective norm. Each of these determinants has a cultural, social, or community component. Perceived ease of use depends on social support from families, whether families will help maintain technologies, and how receptive they are to instruction from home health care providers. Finally, subjective norms involve social influence and clearly depend on the kinds of social contact families have, where they live, and how insular they are in culture or language. The significance of this dimension of home care should not be underrated. One middle-aged African American caregiver followed in our research had adapted her home to accommodate advanced dementia care of her mother. The hospital bed was centrally placed in the living room. She had attached a crib mobile to the bed and replaced its objects with photographs of family members and other keepsakes important to her mother. A commode was placed near the bed, and she herself slept in an adjacent room to monitor her mother at night. The bookcases and closet served as storage spaces for medical supplies and adult diapers. Guests who visited had to pass by the elder as they entered the house and were expected to engage her in conversation. This kind of variation suggests a need to consider the full spectrum of social-ecological factors in home care. The social-ecological approach considers the interplay among individual factors, social relationships, and community environments McElroy et al. Visually, it can be imagined as a series of concentric circles, with the individual in the smallest circle at the center. Progressively

expanding circles radiate outward that first include social relationships and then community environments. Beyond the community sphere is a larger circle encompassing public policies and laws that regulate provision of home care. The value of this approach is its ability to show how actions in one domain depend on, or may influence, actions in another domain; thus, changes in the individual domain may depend on changes in family or social relationships. More particularly, how families think about the meaning of a home or household may affect decisions to bring certain medical technologies or services into the home. To examine the effect of cultural, social, and community environments on home care, I begin with a brief treatment of the social-ecological model as it applies to these home care environments. I focus particularly on culture as it may be relevant to home care, the least studied of these elements. The model stresses cross-level influences, in which community or organizational environments can shape individual behavior top-down effects , but also examines how individuals form groups or take actions that may affect higher level organizational or community spheres bottom-up effects. The Centers for Disease Control and Prevention has incorporated social-ecological models into a number of its health promotion and disease prevention efforts. The simple onion or Russian doll rendering of social-ecological relations as concentric circles is not in itself very informative. However, flowchart models based on such relationships can be useful for specifying hypothesized cross-level influences. One such flow diagram for decisions to adapt homes for advanced medical technology is shown in Figure The figure shows the four levels mentioned earlier: At each level, the relevant agent faces a challenge. Adaptation of homes for advanced medical technologies. At the level of the family and social relations, the challenge is potential disruption of family relations and reconciling the demands of home care with the needs of other family members. At the level of the community, the challenge is the availability of home health care providers for a neighborhood. The policy level includes constraints on home care involving program eligibility and insurance. Each of these challenges is addressed by resources or ineffectively managed because of particular obstacles specific to that level of social ecology. At the level of family social relations, family consensus, a supportive division of labor, and appropriate information gathering respond to the challenge of potential disruption of family relations. Similarly, community factors, such as neighborhood resources to support medical technology in homes, may lessen the impact of low availability of home health care agency services. Thus, family consensus, a supportive division of labor, and appropriate information gathering at the level of social relations may support individual cultural expectations about home care. These in turn will support cultural expectations for adapting homes to provide care. Few studies have examined the full range of determinants of home care specified in the social-ecological framework. Most studies cover only a few of the levels or paths linking levels. I turn now to features of each level in the social-ecological model relevant to home care. Consider the idea of partnership between families and nurses sought by home health care agencies. Similar effects of culture may be evident in the willingness of families to accept telehealth technology, express their degree of burden or need for help, or seek hospice care at the end of life. Culture leads people to categorize and assign meanings, expect certain behaviors, and act in particular ways. A simple example can be seen in ideas about gender and height. Americans for the most part prefer that husbands be taller than wives. People notice when this expectation is violated. Some may even make this a consideration in the choice of a spouse. This gendered approach to height may reflect other asymmetries between men and women, such as disparities in wages. While the strength of this cultural expectation may be waning and may vary across groups defined by socioeconomic status , it gives a feel for the subtle but powerful influence of culture. How do people identify these cultural expectations, and how might they be relevant for decisions about home care? Essentially, this approach extends investigation of folk taxonomies e. Early on, in such an investigation I conducted for caregiver tasks, I determined that caregivers distinguished among emotional, cognitive, and physical disability support Albert, More recently, the same technique has been used to elicit expectations regarding more abstract cultural domains, such as what makes success in life, leisure activity, social support, and family relationships Dressler et al. For the latter, Dressler and colleagues asked a sample of Brazilians to list the goods or possessions people need to lead a good life, or the activities people typically

engage in during their free time, or who they typically turn to for different kinds of support and subjected these lists to formal analysis designed to examine the degree of consensus across respondents. Notably, people whose lists or ratings were not consonant with the dominant cultural pattern were more likely to have poorer mental and physical health and even higher blood pressure. In the cultural domain of home care, it would be valuable to conduct a similar investigation. Some potential elicitation frames might include the following: What changes in your home would be appropriate when a family member is seriously ill and may die? What changes in your household would you need to make in order to provide quality care for a family member receiving home health care services? What aspects of a home make it hard or easy for a home health care worker to do his or her job? Family members with experience of home care would be likely to generate a long list of answers to the first elicitation, which might include hospice services, infusion technologies, a hospital bed, a commode, smart home telemonitoring, more reliable telephone or utility service, modifications to the home to increase access, a place to store medical supplies, a separate place for visitors or other family members, and perhaps others. Some caregivers would produce shorter lists, some longer, but it is likely that a single cultural consensus would emerge. This elicitation would allow a first look at the cultural domain of home care. A reasonable hypothesis would involve less efficient decision making and perhaps poorer outcomes for patients by caregivers who do not express the consensus view. This approach to culture does not involve differences among ethnicities or people who speak different languages but rather the operation of culture in Page Share Cite Suggested Citation: Family caregivers and health care professionals in a single culture may differ in expectations for care or home accommodation, but these differences may be less salient than cross-cultural differences associated with ethnicity, race, country, or language. A growing body of research suggests that expectations regarding care differ across cultures Sommer et al. For example, cultures differ in the degree to which pain, limitation in activity, or cognitive impairment is considered an appropriate cause for medical intervention. In the United States, minorities are less likely to use skilled nursing facilities and perhaps more likely to tolerate dementia and old-age disability at home Hinton and Levkoff, ; Whitehouse et al. The elicitation of home care culture described above can be used to identify subcultures and also differences across cultures. We turn now to some cross-cultural differences identified for expectations of home care. Commitment to Family Care Ethnic and cultural groups differ in their commitment to family care. African Americans are more likely than whites to endorse the primacy of family care Dilworth-Anderson et al. Similarly, Latinos delay institutionalization relative to whites; a higher cultural value assigned to family care leads to more positive views of family caregiving, which in turn leads to a negative evaluation of skilled nursing facilities as an option for dementia or end-of-life care Mausbach et al. Differences in commitment to family care are based on cultural norms of filial piety or obligation. The concept of xiao, or filial piety, is a well-developed element in Chinese culture. However, it is strongly gendered, so that the burden of such care falls on adult daughters or daughters-in-law, not sons Zhan, Norms of filial obligation are heavily influenced by education, with greater acceptability and use of skilled nursing home care evident among more highly educated people. As minorities advance through the educational and occupational ladders, these differences in recourse to skilled care may lessen. Little information is available for differences among cultural groups in receptivity to home adaptation. Given differences in recourse to institutional placement, as described earlier, cultures with a strong bias toward home care may be more receptive to adaptation of homes to accommodate medical technologies. However, these households may face other social or community constraints that make it difficult to deliver such technologies. I return to these points below.

First, social workers can help people solve their problems and cope with their situations. Second, social workers can work with systems, such as social agencies, organizations, communities, and government bureaucracies, so that people can have better access to the resources and services they need.

Even for individual issues, families, organizations, societies, and other systems are inherently involved and must be considered when attempting to understand and assist the individual. According to this theory, all systems are interrelated parts constituting an ordered whole and each subsystem influences other parts of the whole. There have been dozens of unofficial iterations of Systems Theory over the past few hundred years, applied to society, science, and many other areas. In the 20th century, multiple scientists, philosophers, and academics began to outline and define the structure of Systems Theory in their various disciplines; there are now systems theories for biology, cybernetics, and for social work. While the applications obviously vary depending on the discipline, all systems theories follow the concept of interrelated parts influencing one another as part of an ordered whole. Several prominent thinkers advanced Systems Theory in social work. Robert Merton is considered one of the founding fathers of modern sociology and significantly advanced Systems Theory through his progressive theories on functional analysis. She mentored and worked extensively with Alex Gitterman , who continues to develop Systems Theory through the Life Model. Case Study in Systems Theory The Pruett case study provides a concrete, real-world example of how Systems Theory is applied to understand how interrelated factors contribute to unhealthy actions. In this case, the client was engaging in risky behaviors drug abuse and unprotected sex and not attending school. She had not had contact with her father for five years, and some of her only memories of him involved him abusing drugs and arguing with her mother at home. In the Family Systems Theory, individuals must not be evaluated in isolation, but in the context of the family, as the family operates as a unit. Clearly, the client was missing one of the corners of the triangle and thus one of the pillars of healthy emotional development. Another concept is the family projection process, wherein the client suffers from the emotional dysfunction of the family unit. In this case, the client witnessed her father abusing drugs to self-medicate, so she imitated that behavior, thinking it might help her. The full complexities of this case go beyond the scope of this post, but it serves as an example of how a social worker must understand interrelated systems e. Issues Addressed by Systems Theory Systems Theory is used to develop a holistic view of individuals within an environment and is best applied to situations where several systems inextricably connect and influence one another. It can be employed in cases where contextual understandings of behavior will lead to the most appropriate practice interventions. The recommended interventions thus involved strengthening the missing part of her family unit, referring her to counseling services, and connecting her with academic support. There are many practice interventions available to social workers and their applications vary greatly depending on the context, but following are a few common interventions used as part of Systems Theory. Strengthen one part of the system to improve the whole. In the Pruett case, the social worker recommended finding a healthy father figure for the client, to strengthen the missing component of the family system. This often means referring clients to specialists, or connecting them with resources or organizations that can help their situation. In the Pruett case, this meant referral to a counselor and connection to an after school tutor. It allows social workers and clients to capture and organize the complexity of a system. A genogram is a graphic representation of a family tree, constructed with symbols that describe relationships and connections between an extended family. Social workers typically construct them along with clients in order to better understand relationships and identify patterns in the medical history. One of the most important functions of a social worker is helping clients navigate the various systems that affect their lives, which requires a deep understanding of how subsystems are interrelated and influence one another. This post provides an introduction to Systems Theory and some real life examples of how it is applied. It is just one of the many theoretical approaches that social workers will apply throughout

their careers.

Chapter 6 : Theoretical Approaches: Social Work Systems Theory | Social Work License Map

What is loosely called "Systems Theory" today has its intellectual roots in both sociology and biology. All focus on the interrelatedness of people and their.

In addition, a growing body of research has documented associations between social and cultural factors and health Berkman and Kawachi, ; Marmot and Wilkinson, For some types of social variables, such as socioeconomic status SES or poverty, robust evidence of their links to health has existed since the beginning of official record keeping. For other kinds of variablesâ€"such as social networks and social support or job stressâ€"evidence of their links to health has accumulated over the past 30 years. The purpose of this chapter is to provide an overview of the social variables that have been researched as inputs to health the so-called social determinants of health , as well as to describe approaches to their measurement and the empirical evidence linking each variable to health outcomes. It should be emphasized at the outset that the social determinants of health can be conceptualized as influencing health at multiple levels throughout the life course. Thus, for example, poverty can be conceptualized as an exposure influencing the health of individuals at different levels of organizationâ€"within families or within the neighborhoods in which individuals reside. Moreover, these different levels of influence may co-occur and interact with one another to produce health. For example, the detrimental health impact of growing up in a poor family may be potentiated if that family also happens to reside in a disadvantaged community where other families are poor rather than in a middle-class community. Furthermore, poverty may differentially and independently affect the health of an individual at different stages of the life course e. In short, the influence of social and cultural variables on health involves dimensions of both time critical stages in the life course and the effects of cumulative exposure as well as place multiple levels of exposure. The contexts in which social and cultural variables operate to influence health outcomes are called, generically, the social and cultural environment. Comprehensive surveys of current areas of research in the social determinants of health can be found in existing textbooks Marmot and Wilkinson, ; Berkman and Kawachi, These variables are highlighted because of their robust associations with health status and their well-documented and reliable methods of measuring these variables, and because there are good reasons to believe that these variables interact with both behavioral as well as inherited characteristics to influence health. Socioeconomic differences in health are large, persistent, and widespread across different societies and for a diverse range of health outcomes. In the social sciences, SES has been measured by three different indicators, taken either separately or in combination: Although these measures are moderately correlated, each captures distinctive aspects of social position, and each potentially is related to health and health behaviors through distinct mechanisms. Educational Attainment Education is usually assessed by the use of two standard questions that ask about the number of years of schooling completed and the educational credentials gained. The quality of education also may be relevant to health, but it is more difficult to assess accurately. An extensive literature has linked education to health outcomes, including mortality, morbidity, health behaviors, and functional limitations. The relationship between lower educational attainment and worse health outcomes occurs throughout the life course. For example, infants born to Caucasian mothers with fewer than 12 years of schooling are 2. An association between education and health in observational data does not necessarily imply causation. Alternatively, the association between education and health may partly reflect confounding by a third variable, such as ability, which is a prior common cause of both educational attainment and health status. The totality of the evidence suggests, nonetheless, that education is a causal variable in improving health. Natural policy experimentsâ€"such as the passage of compulsory schooling legislation at different times in different localities within the United Statesâ€"suggest that higher levels of education are associated with better health lower mortality Lleras-Muney, It is therefore likely that the association between schooling and health reflects both a causal effect of education on health, as well as an interaction between the level of schooling and inherited

characteristics. Several causal pathways have been hypothesized through which higher levels of schooling can improve health outcomes. They include the acquisition of knowledge and skills that promote health e. Although it is not established which of these pathways matter more for health, they each are likely to contribute to the overall pattern of higher years of schooling being associated with better health status. Moreover, the evidence points to the importance of improving access to preschool education as a means of enhancing the health prospects of disadvantaged children Acheson, Income The measurement of income is more complex than assessing educational attainment. Survey-based questions inquiring about income must minimally specify the following components: In addition to the higher rate of measurement error for income as compared to educational attainment , this variable also is associated with higher refusal rates in surveys that are administered to the general population. As with education, an extensive literature has documented the association between income and health. For example, even after controlling for educational attainment and occupational status, post-tax family income was associated with a 3. That is, the excess risks of poor health are not confined simply to individuals below the official poverty threshold of income. That is, the relationship between the two variables is acknowledged to be dynamic and reciprocal. Ill health is a potent cause of job loss and reduction in income. Indeed, income as an indicator of SES is more susceptible to reverse causation than education, which tends to be completed in early adult life prior to the onset of major causes of morbidity and functional limitations. For example, children do not normally contribute to household incomes, yet their health is strongly associated with levels of household income in both the Panel Study of Income Dynamics and the National Health Interview Surveys Case et al. An alternative possibility is that the relationship between income and health is explained by a third variableâ€"such as inherited abilityâ€"that is associated with both socioeconomic mobility and the adoption of health maintenance behaviors. Yet, in the National Health Interview Survey, the impact of family income on child health has been found to be similar among children who were adopted by nonbiological parents compared to children who were reared by their biological parents Case et al. The causal pathways linking income to health are likely to be different from those linking education to health. Most obviously, income enables individuals to purchase various goods and services e. Additionally, secure incomes may provide individuals with a psychological sense of control and mastery over their environment. See Chapter 4 for a detailed discussion of psychological factors and health. That said, it has also been observed that higher incomes are associated with healthier behaviors such as wearing seatbelts and refraining from smoking in homes that do not, in themselves, cost money Case and Paxson, Debate also exists in the literature concerning whether it is absolute income or relative income that matters for health Kawachi and Kennedy, Many definitions of poverty, for example, are based upon the concept of the failure to meet a minimal standard of living defined in absolute terms e. The concept of relative income has been operationalized in empirical research by measures of relative deprivation at the individual level as well as by aggregate measures of income inequality at the community level. Measures of relative deprivation involve assessments of the income distance between individuals and their comparison or reference groupâ€"that is defined by others who are alike with respect to age group, occupational class, or community of residence. The causal mechanisms underlying the relationship between absolute income and health are linked to the ability to access material goods and services necessary for the maintenance of health. Relative income is hypothesized to be linked to health through psychosocial stresses generated by invidious social comparisons as well as by the inability to participate fully in society because of the failure to attain normative standards of consumption. Growing evidence has suggested an association between relative deprivation measured among individuals and poor health outcomes Aberg Yngwe et al. A related literature has attempted to link the societal distribution of income as an aggregate index of relative deprivation to individual health outcomes, although the findings in this area remain contested Subramanian and Kawachi, ; Lynch et al. Variables other than household income also may be useful for health researchâ€"such as assets including inherited wealth, savings, or ownership of homes or motor vehicles Berkman and Macintyre, While income represents the flow of resources over a defined period, wealth captures the stock of assets minus liabilities at a given point in time, and thus indicates

economic reserves. Measuring wealth is particularly salient for studies that involve subjects towards the end of the life course, a time when many individuals have retired and depend on their savings. In the Panel Study of Income Dynamics, for example, only a weak association was seen between post-tax family income and mortality among post-retirement-age subjects, while measures of wealth continued to indicate a strong association with mortality risk Duncan et al. Finally, measures of income, poverty, and deprivation have been extended to incorporate the dimension of place. Growing research, utilizing multilevel study designs, has conceptualized economic status as an attribute of neighborhoods Kawachi and Berkman, These studies have revealed that residing in a disadvantaged or high-poverty neighborhood imposes an additional risk to health beyond the effects of individual SES. A recent Department of Housing and Urban Development randomized experiment in neighborhood mobility, the so-called Moving To Opportunity study, found results consistent with observational data: Moving from a poor to a wealthier neighborhood was associated with significant improvements in adult mental health and rates of obesity Kling et al. Disadvantaged neighborhoods are often characterized by adverse physical, social, and service environments, including exposure to more air pollution via proximity to heavy traffic, a lack of local amenities such as grocery stores, health clinics, and safe venues for physical activity, and exposure to signs of social disorder Kawachi and Berkman, Occupational Status The third standard component of SES that typically is measured by social scientists is occupational status, which summarizes the levels of prestige, authority, power, and other resources that are associated with differ ent positions in the labor market. Occupational status has the advantage over income of being a more permanent marker of access to economic resources. Three main traditions can be discerned in the way in which different disciplines have approached the measurement of aspects of occupations relevant to health. In the traditional occupational health field, researchers have focused on the physical aspects of the job, such as exposure to chemical toxins or physical hazards of injury Slote, In the fields of occupational health psychology and social epidemiology, researchers have focused on characterizing the psychosocial work environment, including measures of job security, psychological job demands and stress, and decision latitude control over the work process Karasek and Theorell, Finally, the sociological tradition has tended to focus on occupational status, which includes both objective indicators e. Several alternative approaches currently exist for the measurement of occupational status. For a detailed description, see Berkman and Macintyre as well as Lynch and Kaplan For example, the Edwards classification U. Census Bureau, is a scheme based upon the conceptual distinction between manual and nonmanual occupations. An alternative and commonly used measure of occupational status is the Duncan Socioeconomic Index SEI , which combines subjective ratings of occupational prestige with objective measures of education and incomes associated with each occupation. SEI scores, which range from 0 to , were originally constructed by Duncan using data from the National Opinion Research Center study, which provided public opinions about the relative prestige rankings of representative occupations. These prestige rankings were then combined with U. Census information on the levels of education and incomes associated with each Census-defined occupation. The resulting SEI scores have been updated several times Burgard et al. In the Wisconsin Longitudinal Survey of men and women who graduated from Wisconsin high schools in 53 or 54 years old in , Duncan SEI scores were inversely associated with self-reported health, depression, psychological well-being, and smoking status Marmot et al. As is the case with both education and income, an association between occupational status and health may partly reflect reverse causation. That is, ill health e. Although the adverse health impact of job loss e. As noted above, existing measures of occupational status such as the Duncan SEI combine measures of prestige with indicators of education and income that are thought to affect health independently. In addition, there are uncertainties regarding the optimal time point for measuring occupational status, especially since individuals change occupations over their life course. The potential pathways linking occupational status to health outcomes are again distinct from those linking either education or income to health. First, higher status and nonmanual occupations are less likely to be associated with hazardous exposures to chemicals, toxins, and risks of physical injury. Higher status jobs also are more likely to be associated with a healthier psychosocial work environment Karasek and Theorell, , including

higher levels of control decision latitude as well as a greater range of skill utilization lack of monotony. A greater sense of control in turn implies improved ability to cope with daily stress, including a reduced likelihood of deleterious coping behaviors such as smoking or alcohol abuse. Undoubtedly, a major intervening pathway between occupational status and health is through the indirect effects of higher incomes and access to a wider range of resources such as powerful social connections. In summary, there is good evidence linking each of the major indicators of SES to health outcomes. Together, education, income, and occupation mutually influence and interact with one another over the life course to shape the health outcomes of individuals at multiple levels of social organization the family, neighborhoods, and beyond. Social Networks, Social Support, and Health An independent social determinant of health is the extent, strength, and quality of our social connections with others. Recognition of the importance of social connections for health dates back as far as the work of Emile Durkheim. More recently John Bowlby maintained that secure attachments are not only necessary for food, warmth, and other material resources, but also because they provide love, security, and other nonmaterial resources that are necessary for normal human development Berkman and Glass, Certain periods during the life course may be critical for the development of bonds and attachment Fonagy, According to attachment theory, secure attachments during infancy satisfy a universal human need to form close affective bonds Bowlby, Two social variables are of particular interest in characterizing social relationships:

Chapter 7 : Social ecological model - Wikipedia

A person's social environment, including the social relationships they make within it, can have a profound impact on their quality of parenting, which in turn affects a child's health development and future achievements.

Murray Bowen that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. The family system According to Bowen, a family is a system in which each member had a role to play and rules to respect. Members of the system are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements. Maintaining the same pattern of behaviors within a system may lead to balance in the family system, but also to dysfunction. For example, if a husband is depressive and cannot pull himself together, the wife may need to take up more responsibilities to pick up the slack. The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium. This new equilibrium may lead to dysfunction as the wife may not be able to maintain this overachieving role over a long period of time. There are eight interlocking concepts in Dr. The smallest stable relationship system. Triangles usually have one side in conflict and two sides in harmony, contributing to the development of clinical problems. The variance in individuals in their susceptibility to depend on others for acceptance and approval. Nuclear family emotional system: The four relationship patterns that define where problems may develop in a family. The transmission of emotional problems from a parent to a child. The transmission of small differences in the levels of differentiation between parents and their children. The act of reducing or cutting off emotional contact with family as a way managing unresolved emotional issues. The impact of sibling position on development and behavior. The emotional system governs behavior on a societal level, promoting both progressive and regressive periods in a society. Many of these concepts are discussed in the context of genograms in the book Genograms: Family systems therapy One of the best ways to begin therapy and to gain understanding of how the emotional system operates in your family system is to put together your family genogram. Studying your own patterns of behavior, and how they relate to those of your multigenerational family, reveals new and more effective options for solving problems and for changing your response to the automatic role you are expected to play. Creating a family genogram GenoPro is a unique software perfectly suited for creating quick computer-generated genograms. The genogram thus created becomes a graphical picture of the family, helping the user to identify patterns of behavior and dysfunctions that need to be addressed.

Chapter 8 : Module10J-Alcohol and the Family

Indeed, it has been reported that half of the patients in pain indicated that their condition had prevented them from attending social or family events,47 and similarly, almost half of the individuals with pain symptoms had less contact with their family.1 Studies on patients with osteoarthritis or fibromyalgia have shown that pain as well as.

Human Ecology Theory Theories of human interaction should provide a way of making sense of events that have happened in the past, and then allow us to make predictions about what may happen in the future. Human ecology theory is a way of looking at the interactions of humans with their environments and considering this relationship as a system. In this theoretical framework, biological, social, and physical aspects of the organism are considered within the context of their environments. Human ecological theory is probably one of the earliest theories of the family and yet, it also contains many new and evolving elements that have emerged as we have begun to realize how the natural and human created environments affect our behavior, and how individuals and families in turn, influence these environments. In human ecology, the person and the environment are viewed as being interconnected in an active process of mutual influence and change. Margaret Bubolz and M. Suzanne Sontag attribute the concept of an ecological approach to the work of Aristotle and Plato, and then to the evolutionary theory of Darwin. They trace the word ecology to Ernest Haeckel, a German zoologist who, in , proposed that the individual was a product of cooperation between the environment and organismal heredity and suggested that a science be developed to study organisms in their environment. Early home economists were major proponents of this theory as their field developed in the early twentieth century applying various disciplines to the study of the family. The theory has since been used by sociologists, anthropologists, political scientists, and economists. This work continues, with the human ecological framework being a major perspective in research and theory development in the twenty-first century. The Family as a System The application of systems theory is a basic tenet of human ecological theory. The family is seen as a system, with boundaries between it and other systems, such as the community and the economic system. Systems have inputs that drive various processes and actions, such as the finite amounts of money or time that families possess. They also have throughputs, which are the transformation processes that occur within the system, such as the exchange of money for the provision of an essential service, such as food, by eating in a restaurant. In addition, systems have outputs, which affect other systems, such the production of waste materials, which are byproducts of activity in the family, being returned to the larger environment. There are feedback loops from the end of the system back to the beginning, to provide both positive and negative comment back into the process and allow the system to adapt to change. In an ecosystem, the parts and the whole are interdependent. Most theorists outline an ecosystem, most particularly a human ecosystem or a family ecosystem, as being composed of three organizing concepts: The humans can be any group of individuals dependent on the environment for their subsistence. The environment includes the natural environment, which is made up of the atmosphere, climate, plants, and microorganisms that support life. Another environment is that built by humans, which includes roads, machines, shelter, and material goods. As Sontag and Bubolz discuss, embedded in the natural and human-built environments is the social-cultural environment, which includes other human beings; cultural constructs such as language, law, and values; and social and economic institutions such as our market economy and regulatory systems. The ecosystem interacts at the boundaries of these systems as they interface, but also can occur within any part of an ecosystem that causes a change in or acts upon any other part of the system. Change in any part of the system affects the system as a whole and its other subparts, creating the need for adaptation of the entire system, rather than minor attention to only one aspect of it. There are also systems nested within systems, which delineate factors farther and farther from individual control, and that demonstrate the effects of an action occurring in one system affecting several others. The microsystem is our most immediate context, and for most children, is represented by their family and their home. Young children usually interact with only one

person until they develop and their world expands. The mesosystem is where a child experiences reality, such as at a school or childcare setting. Our broadest cultural identities make up the macrosystem. This system includes our ideologies, our shared assumptions of what is right, and the general organization of the world. Children are affected by war, by religious activities, by racism and sexist values, and by the very culture in which they grow up. A child who is able to understand and deal with the ever-widening systems in his or her reality is the product of a healthy microsystem. Bubolz and Sontag outline five broad questions that are best answered using this theory, which is helpful in deciding areas where the theory can make a useful contribution to our knowledge. To understand the processes by which families function and adaptâ€"how do they ensure survival, improve their quality of life, and sustain their natural resources? To determine in what ways families allocate and manage resources to meet needs and goals of individuals and families as a group. How do these decisions affect the quality of life and the quality of the environment? How are family decisions influenced by other systems? How do various kinds and levels of environments and changes to them affect human development? How does the family system adapt when one or more of its members make transitions into other environmental settings, such as day care, schools, and nursing homes? What can be done to create, manage, or enhance environments to improve both the quality of life for humans, and to conserve the environment and resources necessary for life? How can families and family professionals contribute to the process of change? Research Framework The studies and concept development based upon human ecological theory range from very abstract to concrete. Bronfenbrenner , one of the first researchers to rely extensively on human ecology theory in studies of children and families, defined an ecological perspective by focusing on development as a function of interaction between the developing organism and the enduring environments or contexts in which it lives out its life. He applies the theory in a practical way to explain quality factors in day care for children, the value of flexible employment schedules for parents, and improving the status of women. This work stands in contrast to many psychological studies that explain individual behavior solely by considering individual traits and abilities. James Garbarino uses human ecological theory to explain abuse in families, especially toward children. He considers the nature-or-nurture dilemmaâ€"whether the powerful influence of the environment can override the conditions of our biology. The interactions between these factors are difficult to research, because often one is held constant in order to assess variations in the other. For example, studying genetically identical twins reared separately to show the effect of nature or nurture on intelligence, or seeing how different newborns react to the stimulus of a smiling human face, are one-dimensional perspectives. The model has been used by researchers to investigate problems in various cultural contexts. Bengt-Erik Andersson shows how different social environments of children in Sweden influence their development, especially environments represented by their peer group , their neighborhood, and whether they had been latch-key children. Henderson consider childrearing practices in Israel in three different community settingsâ€"the communal kibbutz, the cooperative moshav, and the city. The study surveys preadolescents, asking them to respond on behalf of their mother, father, peer, and teacher. It finds that the traditional family structure exerts a major effect on the predicted socialization patterns, although it also notes the effect of the larger society, with significant differences among the three communities. Sontag and Bubolz use the ecosystem model to conceptualize the interaction between farm enterprises and family life. The family, the farm, and other components are mutually interdependent and cannot be considered separately. For example, they consider production, as well as decision-making and management activities, from the perspective of both agricultural and home production. Margaret Bubolz and Alice Whiren use an ecological systems model for analysis of the family with a handicapped member. They show that these families are vulnerable to stress because of the demands placed on them for physical care, attending to emotional needs, and locating and obtaining access to support services. They conclude that the total needs of the family must be considered when policy decisions and programs are devised rather than focusing only on the handicapped family member. Conclusion A basic premise of a human ecological theory is that of the interdependence of all peoples of the world with the resources of the earth. Although the concept of a family ecosystem is not a precise one, and

some of the terms have not been clearly and consistently defined, a human ecological theoretical perspective provides a way to consider complex, multilevel relationships and integrate many kinds of data into an analysis. As new ways of analyzing and combining data from both qualitative and quantitative dimensions of interconnected variables develop, this theoretical perspective will become more precise and continue to enhance understanding of the realities of family life.

system of environments ranging from the immediate microsystem (e.g., a child and a parent, or one couple) to the exosystem, which encompasses the culture, natural environment, and global influences on individuals and relationships.

In order for a social worker to understand individuals with alcohol use disorders, the physical, emotional, psychological, historical, and social contexts of those individuals must also be examined. On the other hand, the alcohol problems of one family member may lead to or co-occur with a distortion of family process, thereby increasing the risk of family breakdown, dysfunction, violence, or other problems leading to social work intervention. The purpose of this module is to provide an overview of research concerning the family context of alcohol use disorders. Learning Objectives By the end of this module, learners should be able to: Recognize a family systems perspective of alcohol use disorders; B. Be familiar with family factors that increase or reduce risk of developing an alcohol use disorder; C. Be familiar with family problems that may result from or co-occur with an alcohol use disorder; D. Understand recent research concerning the relationship between family factors and recovery. Background The number of American adults who abuse alcohol or are alcohol dependent is about Not only is this a primary health concern in itself, but it is additionally of concern because alcohol involvement has significant implications for child well-being and development. Approximately one out of every four U. At that time, family studies began to address the "functions" that alcohol serves in family dynamics, and began to apply a family systems perspective to the understanding of alcohol problems Berenson, Critical to a contemporary understanding of alcohol and the family is appreciation for the many diverse forms that families take, and the many different cultural definitions of "family" that apply in the U. Early research adopted nuclear family types of definitions involving individuals living together and related to one another through "blood" or legal bonds e. There are several concepts that are key to a systems perspective on families Begun, provides a review: The family as a system is more than the sum of its parts. Family systems are composed of interdependent members whose interactions, dynamics, rules, boundaries, and patterns each contribute to family behavior. Individual family members affect the system as a whole, and the system affects individual members-there is a considerable degree of "circularity of influence" involved Minuchin, Changes in any part of the system affect the entire system. When there are developmental or other changes in an individual family member, changes in the interaction patterns between individuals, new family members are added, or family members leave, the changes reverberate throughout the system. Subsystems are embedded throughout the larger family system. Some of the most common subsystems are the couple subsystem, parent-child subsystem, and sibling subsystem; family systems might also include grandparent-grandchild, step-parent and child, half-siblings, ex-partners and other extended family subsystems. Family subsystems do not operate independently of the whole system. Their character and nature are shaped by the overall culture of the family system. Family behavior may be enacted through subsystems rather than the system as a whole. Interactions at the level of the subsystem may impact other family members and subsystems, as well-both directly and indirectly. Families exist within a larger social environment context. Families are nested in, are shaped by, and interact with other social systems that affect and are affected by family system processes. Thus, the family system is subject to events that occur within the neighborhood, community, health care, school, workplace, service delivery, societal, economic, historical, and cultural systems. Family systems are influenced by their histories, as well as by an awareness of their futures. Families may have four or more generations that are currently relevant at one time, and family members are affected by inherited qualities across generations, as well. Social workers often utilize genograms to map the intergenerational and family history influences on family systems Hartman, Another characteristic of family systems approaches is an awareness of the fact that change in family systems is stressful and causes tension in the family. This applies to any change, positive or negative e. Family systems are sometimes described by therapists as being very difficult to redirect and resistant to change-once systems have achieved a

level of stability or homeostasis, they apply concerted efforts to maintain their hard-earned balance. Challenges in family role adjustment as the previously alcoholic individual attempts to regain significant roles abandoned through drinking e. Family Genetic Influences Research indicates that genetic factors may contribute to the development of alcoholism, and family pedigree is the context for this particular source. Family pedigree studies that compare individuals with and without diagnosable alcohol dependency typically show an increase in the lifetime prevalence among biological relatives. Adoption studies have compared children born of an alcoholic parent usually the father and reared by nonalcoholic adoptive parents with adopted children born of nonalcoholic parents. It is important to note that, while genetic factors are implicated in the development of alcohol use disorders, the findings also indicate that the genetic factors are not deterministic Kendler, ; Slutske, et al. In other words, genetic factors interact with other biological and environmental context factors to produce the observed outcomes. Some factors relate to vulnerability and risk, others are protective or resilience factors. In recent years, tremendous progress has been made in uncovering the specific biological mechanisms involved in these observed results. Clearly there is no specific gene or chromosomal "address" that determines who will and who will not develop alcohol use disorders. However, there is increasing evidence concerning the neurotransmitter activity and brain sensitivity that predispose and protect for these disorders. For example, some children of alcoholic parents demonstrate different physiological responses to the effects of alcohol when compared to other individuals. These physiological mechanisms appear to have a high degree of heritability, at least according to these studies of adult offspring of alcoholic parents. Family Context Influences If genetics actually predestined an individual to develop alcohol use disorders, then each alcoholic individual would have first order relatives with the problem, and almost all adopted individuals born of an alcoholic parent would develop the problem-regardless of family rearing environment. Since this is not the case, the genetic factors must interact with other biological and environmental context factors to determine the outcome-both in terms of risk and protective factors. For example, alcoholic parents may be more likely to give birth to children with difficult temperaments, which in turn may become a risk factor for substance problems later in life. It is important to note that the very same parenting factors that appear to be linked to adolescent alcohol abuse e. Family contexts may provide exposure to key antecedents and consequences for alcohol abuse. Family members may also serve to intentionally or inadvertently reinforce or punish the drinking, providing consequences that increase or decrease the likelihood of future drinking episodes. There also exists research evidence that parenting and other family functioning factors may influence the development of alcohol problems during adolescence or early adulthood. For example, in families with an alcoholic parent, children and adolescents may find that they have easy access to alcohol. Even very young children aged years begin to formulate expectancies concerning the effects of alcohol, at an age when their primary socialization agents are family members Zucker, et al. Communication in family systems that involve members with substance problems may be characterized as highly critical, involving considerable amounts of nagging, judgments, blame, complaints, and guilt Reilly, On one hand, there exists some literature describing the characteristics of co-dependency. Parent-Child Relations Parenting functions performed by individuals who are alcohol-impaired may be characterized as inconsistent, unpredictable, and lacking in clear rules and limits Reilly, Children of alcoholic parents frequently experience chaotic parenting and poor quality home environments during significant developmental periods Blanton et al. In some cases, disturbances in parent-child relationships are not only exhibited in the dyad involving an alcoholic parent, but also in the dyad involving the other parent. For example, Eiden and Leonard observed disturbances in the mother-infant attachments among dyads where the father was a heavy drinker. There is clear documentation of the cognitive impairments associated with chronic, heavy alcohol consumption, and it is important to consider the ways in which these types of impairments might affect the quality and nature of childcare and child rearing Sher, It is important to note that some of the parenting behaviors being described may be a response to behavioral problems among children, not only a cause of developmental problems. Children of Alcoholics "Of an estimated 28 million Americans who are children of alcoholics, nearly 11

million are under the age of 18" Adger, , p. The risk estimates of children of alcoholics COAs developing an alcohol use disorder vary from 4: The variability in estimates is attributable to differences in study sampling, definitions and criteria, and assessment strategies. The distinction has important implications for epidemiological and assessment purposes. In addition to being at higher risk for developing alcohol problems of their own, children of alcoholics have higher rates of other challenges than do children of non-alcohol impaired parents-even as adults Holder, Some of these difficulties may be attributed to chaotic home environments where basic needs are erratically met sleep, food, hygiene, supervision. The environments experienced by adolescent sons and daughters of alcoholic parents tend to be characterized by greater stress than those of other adolescents Chassin et al. It is clear that tremendous heterogeneity exists among the population of children whose parent s have alcohol use disorders, although there is currently an incomplete understanding of this heterogeneity. It is not always clear how the developmental outcomes are affected by alcohol per se or by having experienced a stressful childhood environment e. It is not clear how these results translate to United States systems. A child living with an alcoholic parent may also be living with a non-alcoholic parent who may provide many of compensatory parenting functions. A supportive non-alcoholic parent or other caregiving adult i. Young adults from alcoholic families were less likely to report having drinking problems of their own if their families also managed to preserve rituals, structure, and daily routines Hawkins, Providing interventions, both preventive and treatment oriented, for children of alcoholics may be difficult and fraught with barriers Morehouse, Some examples of barriers include: Fetal Alcohol Exposure One significant source of risk associated with being the child of an alcoholic mother is the possibility of fetal exposure to alcohol or other substances. Fetal exposure to alcohol is associated with heightened probabilities for developmental delays, temperament difficulties, mental retardation, physical deformities, and neurological or other central nervous system vulnerabilities. There is tremendous variability in the expression of these consequences of fetal exposure. The variability is poorly understood and only partially explicable in terms of amounts of alcohol consumed and timing in fetal development when exposure occurs. Sibling Relationships Alcohol research first used sibling studies to address the issue of heritability for alcohol problems. In addition to family pedigree and adoption studies, concordance in alcoholism patterns among monozygotic identical and dizygotic fraternal twin pairs were compared. The results indicate greater concordance similarity in the patterns for monozygotic twins than among dizygotic twins and other non-twin sibling pairs, indicating the presence of a genetic influence on the development of alcoholism Kendler, et al. Brothers and sisters are important environmental influences on many aspects of individual development. Structured support for siblings of adolescent substance abusers may help reduce the risk that they, too, will develop substance problems, as well as reducing other family and social challenges that cause them distress Boyle, et al. Social workers need to take into consideration the full gamut of vulnerability, risk, resilience, and protective factors expressed in a population in order to understand the heterogeneity in outcomes observed Begun, As such, the alcohol abuse serves an "adaptive" function for the family system as a whole. For example, the family is allowed to divert its attention away from and to avoid even more threatening issues e. These types of approaches are designed to address and restructure family interaction patterns that are associated with the alcohol abuse. As a result, the alcohol abuse is no longer "needed" by the family system for its survival. It is argued that these "adaptive" behaviors may become functionally maladaptive, and that the family system may fight to regain its equilibrium by encouraging a return to drinking or by refusing acceptance of the changed individual who attempts to re-engage or redefine his or her old roles. Behavioral Family Models are founded on the principles of social learning theory. The underlying assumption is that alcohol use disorders are acquired and maintained through interactions with the social environment. This includes observational learning e. Their behaviors can act as stimulus cues that trigger drinking responses; Family members act as models for specific alcohol-related behaviors, as well as for more general coping strategies e. Models of behavioral family treatment including Behavioral Marital Therapy, BMT encourage family members to address the ways in which they can facilitate recovery by providing positively reinforcing responses for

behaviors that are incompatible with drinking, removing responses that might be encouraging drinking behavior, and attending to features in the environmental context that encourage drinking.