1 Introduction to theories and methods

Introduction

Theory is an essential ingredient in practice that guides the way in which social workers view and approach individuals, groups, communities and society. Theory helps to predict, explain and assess situations and behaviours, and provide a rationale for how the social worker should react and intervene with clients who have particular histories, problems or goals. Methods are the specific techniques and approaches that social workers utilize in their work with clients to accomplish tasks and reach specific goals. Theories often inform social workers of the type of method that is most appropriate for use with a client. Social workers are tasked with approaching, assessing and providing interventions, or methods, with clients based on psychological, sociological and social work theories.

Every social worker practices from a theoretical framework whether they recognize it or not (Coulshed and Orme, 2006). Some social workers may not necessarily acknowledge or understand their theoretical framework, but rather practise from assumptions and beliefs that are guided by their personal or professional experiences and not necessarily from established and researched theories. In such situations, the social worker could be putting clients at risk of harm by practising from assumptions and the social worker’s values versus established theories and the values set by the social work profession. Social workers have an ethical and professional responsibility to have knowledge of established and researched theories that are grounded in social work values and to draw continually upon these theories in social work practice. This chapter provides an overview of a theory and a method by providing definitions and explanations of the role and use of theories and methods in social work practice. This chapter then turns to an overview of the psychosocial theory, which historically and currently provides a foundation for many social work theories and methods, and several processes to consider when initiating a social-worker–client relationship. The chapter concludes with an explanation of anti-oppressive practice and an overview of the layout of this book.
**What is the difference between a theory and a method?**

The concepts ‘theory’ and ‘method’ are both independent and interrelated. As independent concepts, a theory is a hypothesis, an idea or prediction about what can or might happen in certain situations given certain circumstances. A method is what the social worker actually does when working with a client. In simple terms, a theory is what you think about a specific situation and what you speculate might occur based on that situation, and a method is what you do given your thoughts or speculations about a situation. A theory helps to predict or describe a particular phenomenon and a method specifies what to do when faced with that particular phenomenon. Table 1.1 provides a list of synonyms for theory and method, which can assist in understanding the difference between the two concepts. The term ‘method’ is often used interchangeably with ‘approach’, ‘intervention’, or ‘practice’. These terms all denote action, which is synonymous with method, in regard to something the social worker does or implements.

As interrelated concepts, a theory often informs social workers as to the type of method they should use with clients in certain situations. A theory assists social workers in understanding various situations, difficulties, behaviours and experiences, and a method instructs the social worker in what to do in response to the identified phenomenon (see Figure 1.1). For example, the stages of change theory (often depicted as a five-stage model) specifies that individuals proceed through distinct stages when making a behavioural change and they often cycle through the stages several times before the change is maintained. Therefore, when working with clients to make a behavioural change, social workers should use the stages of change theory to assess the current stage of the client as this will determine the type of method, or technique, that is used with the client. If the client is in a contemplation stage, where she or he is ambivalent about making a change, the social worker would know to utilize techniques, such as the decisional-balance or scaling in an attempt to resolve the ambivalence in favour of change. In this situation, the social worker utilizes the stages of change (theory) to assess where the client currently sits in regard to behavioural change and then, based on this assessment, implements specific techniques and interventions (method) to reach

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the goal of behavioural change. Therefore, as interrelated concepts, theories inform practice.

In addition to the terms theory and method, social workers may also come across the terms perspective, model, approach, intervention and practice. As stated earlier, method is used interchangeably with approach, intervention or practice. A perspective is slightly different to a theory as it does not necessarily predict or describe a phenomenon, but more often describes a framework or a way of viewing and understanding particular situations. Saleebey (2009, p. 15) describes a perspective as, ‘at the least it is a standpoint, a way of viewing and understanding certain aspects of experience. It is a lens through which we choose to perceive and appreciate. It provides us with a slant on the world, built of words and principles’. A model is usually a theory or method depicted logically and/or graphically and is concerned with what and how something happens. As you will see when reading this book, more than one of these terms can be used to describe the topics of each chapter. For example, social constructivism is often viewed and described as a theory as it attempts to explain or describe a particular phenomenon, but it can also be referred to as a perspective when influencing the way in which social workers view or understand certain experiences. Social workers can also incorporate aspects of social constructivism into their interventions, such as taking a position of curiosity, which can then make social constructivism a method. Other topics are clearer in their identification, such as motivational interviewing, which is a method informed by the person-centred theory and the stage of change theory (often depicted as a visual model) or crisis intervention, which is a method informed by crisis theory. Table 1.2 overleaf provides a list of commonly used terms and their definitions.

The function of social work theory

Why should social workers utilize theory in practice? Theories assist social workers in understanding, explaining or making sense of situations or behaviours and provide
insight into what might have occurred in the past or might occur in the future. For example, a social worker working with a child who was placed in foster care as a baby and subsequently moved to numerous foster homes, might explain the child’s ‘disruptive’ behaviour in foster homes as a result of an inability to create a secure connection to a parent or caretaker as an infant, which is based on Bowlby’s (1979; 1988) attachment theory. Another example includes the use of social systems theory or the ecological perspective, which holds that individuals and their environments are separate systems that are interconnected and interdependent and a change or movement in one of these systems results in a change or movement in the others. Therefore, when social workers utilize the social systems theory or ecological perspective, they conduct an assessment of the individual and her or his environment in order to determine which system requires an intervention. As the examples illustrate, theories inform social work practice by providing a foundation or basis from which to understand clients and their situations and what might happen when certain methods or approaches are applied.

Social workers have a professional and ethical responsibility to observe, assess, interact and intervene with clients and their environments in a way that is based on theories and methods shown to be credible and in alignment with social work values. This is in contrast to social workers observing, assessing, interacting and intervening based on intuition, what feels right, their gut feelings or the social worker’s assumptions, which could put the client at risk of harm. This does not mean that ‘practice wisdom’ does not exist, but rather acknowledges that practice wisdom is actually based on previous experiences where theories and methods have been successfully or unsuccessfully utilized and, therefore, inform future thinking when faced with similar situations. Practice wisdom does not indicate a lack of applying theories or methods, but rather a quick, more accurate response to situations based on prior experiences and similar situations when theories and methods have been applied.

Theories and methods that are utilized in social work practice are to be reliable and effective, which is usually established through quantitative and qualitative research. Social workers should critically assess, evaluate and reflect on their own practice and implementation of theories and methods in social work situations in order to determine what works, what does not work, or what needs modified, adjusted or maintained for future situations. This process enables the social worker to utilize theories and implement methods that are found to be the most appropriate and effective for the
current client and situation. As Payne et al. (2009, p. 3) state, ‘reflecting critically entails reviewing different perspectives and options before deciding on “best practice” ’.

Critically reflective practice requires social workers to be both reflective and critical about social work practice. Social workers can begin to participate in this process by asking themselves the following questions after a social work encounter (Adams, 2009, p. 234):

- What happened?
- How did it compare with previous experience?
- How did I do?
- How well did I do?
- What could I have done better?
- What could I have done differently?

The first three questions above involve the social worker reflecting on the situation and what happened, and the last three questions involve the social worker critically reflecting on the experience, what was learnt and what will be adjusted or modified in future practice.

**Exercise box 1.1  Incorporating theories and methods in practice**

In pairs or small groups answer the following questions based on your personal or practice experience:

1. What is one method that you have utilized in practice?
2. What was the theory that informed this method?
3. Explain your rationale for utilizing this theory and method.
4. Was this the appropriate theory and method to utilize in this situation? Explain your answer.

**Theories and methods: options for practice**

How do social workers begin to establish what theories or methods to utilize in practice? Becoming knowledgeable and effective as social workers begins with a familiarity with and an understanding of the commonly used and well-established theories and methods used in social work practice. Once this knowledge is established, the social worker can then assess a situation and determine which theory, method or combination of theories or methods are most appropriate for the client, the situation and the social worker. Often, social workers favour particular theories or frameworks as they are in alignment with the ethos of the social worker or the agency/organization in which they work. For example, a drug and alcohol treatment centre may suggest the use of motivational interviewing in order to challenge the addictive behaviours of clients, while an eating
disorder clinic may suggest the use of cognitive behavioural therapy in order to change the eating routines of clients. Both of these approaches have been established as effective when attempting to change behaviours. The key is ensuring that what the social worker utilizes is appropriate for the client and situation, and that the theory or method is working. If the theory or method is not working, the social worker must not try harder, but must change the theory or method to fit the needs of the client.

Social workers have a range of options when incorporating theories and methods in practice. Social workers can utilize a single theory or method, or they may choose to take an eclectic approach. An eclectic approach involves the social worker selecting different theories and methods and combining all or various aspects of them in practice. For example, some social workers and agencies specialize in the implementation of one method, such as solution-focused practice, motivational interviewing or cognitive behavioural therapy, yet other social workers and agencies incorporate numerous theories and methods depending on the client, situation and end goals. For example, the social worker may begin with aspects of the person-centred approach while simultaneously working through the task-centred approach, and end with aspects of cognitive behavioural therapy in order to achieve one or more of the established goals. The choice of theories and methods must depend on what is most appropriate for the clients and their situations as well as the knowledge of the social workers. Again, if the theory or method is not working, the social worker must not try harder or assume the client is resistant, but rather must reassess the client and situation and adjust the theories and methods to best fit the client and the established goals of the work together.

Theory and methods in social work practice: an overview of the psychosocial theory

Theories and methods have an established place within social work practice. At the foundation of current social work theory and practice is psychosocial theory. Modern social work theorists have emphasized the importance of contextualizing the human person in relation to their social environment (Hutchison, 2008), and the social work profession has viewed the person as interrelated and interdependent with their environment. Not only are individuals’ development and social satiation in part a product of their environment, but individuals are able to influence and change their environment (Kondrat, 2002). Psychosocial theory provides the context in which other theories and methods should be understood by social workers, particularly as it provides the foundation for modern social work theories.

The psychosocial theory, which originated from psychoanalytic and psychodynamic casework, has had a significant impact on social work. The psychosocial theory served as the most articulated theory available in the beginning stages of social work and continues to impact social work today (Kenny and Kenny, 2000). Psychosocial theory originated in social work through the work of Frank Hankins (1931) from Smith College and Mary Richmond, author of Social Diagnosis (1917) and What Is Social Casework? (1922), both of whom stressed an understanding of man based on his psychological and sociological aspects. Florence Hollis (1958; 1972) has been
viewed as a pioneer of the psychosocial approach as she discussed the necessity to consider individuals and their environments simultaneously. Hollis drew upon psychoanalytic concepts from Freud to explain the individual aspects to casework and drew upon the assumptions of social systems theory to explain the environmental aspects (Howe, 2009). The emergence of psychosocial theory to social work practice stressed that, ‘people are to be understood as products of the interaction among their biogenetic endowment, the effects of significant relationships, the impact of life experiences, and their participation in societal, cultural, and current events’ (Turner, 1978, p. 2). Much of social work practice is based on the psychosocial concepts from the work of psychoanalytic and psychosocial theorists (Woods and Robinson, 1996). In particular is the acknowledgement that social workers should consider persons and their environments simultaneously.

Psychosocial theory can provide a foundation for social workers in practice. This theory stresses an acknowledgement and assessment of the individual and her or his psychological processes, the interpersonal or the relationships of the individual, and the environment in which the individual resides and obtains or seeks to obtain needed resources. The basic ideas of psychosocial theory can be seen in other social work theories and methods, such as social systems theory, the ecological perspective, feminist theory, empowerment-based work, anti-oppressive work, the strengths-based approach, task-centred social work, crisis intervention and cognitive behavioural therapy. Therefore, a basic understanding of this theory and its concepts are necessary before exploring specific theories and methods as covered within this book.

According to Coulshed and Orme (2006, p. 109), ‘understandings based on the psychosocial approach highlight that we should not be too precipitous in dismissing behaviour as just “difficult” or “non-compliant”. Trying to make intelligible how people behave and feel means there is a decreased likelihood of wasting time or dismissing someone as beyond help’. In taking a general psychosocial approach to social work practice, we highlight the necessity to establish and focus on the relationship between social worker and client, and acknowledge some of the basic concepts of psychodynamic and psychosocial work that could hinder the relationship and work between the client and social worker.

The social-worker–client relationship

The social-worker–client relationship is a crucial factor in the effectiveness of social work interventions and is an aspect of social work that cannot be ignored. The ability of the social worker to focus on the clients’ strengths and abilities (Saleebey, 2009) and to exhibit professional competence (Woods and Robinson, 1996) leads to a positive social worker–client relationship. In order to be a competent social worker, one must have a knowledge and understanding of a variety of social work theories and methods, and their application to various clients and social work situations.

The beginning of a positive social-worker–client relationship often includes three of the initial therapeutic conditions as specified by Carl Rogers (1957), which consist of: (1) a genuine social worker who demonstrates a warmth and concern for the client; (2) an empathic social worker who attempts to understand the clients’ experiences and
perceptions; and (3) a social worker who holds an unconditional positive regard, or non-judgemental attitude, towards the client. As discussed in Chapter 7, these three conditions enable the client to feel comfortable, acceptable and more capable of making necessary change.

The extent to which relationships develop within social work is fairly consistent across the prominently used theories and methods. Payne (2005) specifies four components of the social-worker–client relationship, which differentiate this professional relationship from others. These components include the following: (1) client-need driven, where the needs and goals are defined by the client and not by the social worker; (2) a controlled and disciplined social worker, versus a social worker who acts on emotions or personal values; (3) professional-value driven, where the social worker adheres to the values and ethics of the profession and not those dictated by society; and (4) a reflective practitioner, who acknowledges her or his past experiences and how these influence future behaviours.

To foster a positive relationship with clients, social workers should be familiar with psychoanalytic concepts of transference and countertransference initially defined by Freud. These concepts acknowledge the influence of the unconscious on personality, behaviour and functioning and therefore the ability to develop a positive relationship (Turner, 2009). The unconscious is viewed as influencing both the client and the social worker and, therefore, social workers should be cognizant to the effects of the unconscious on their or their clients’ ability to develop a positive relationship. Each of these terms is described in detail below.

Transference is defined as ‘a projection onto the social worker of the client’s inner models derived from feelings, images and experiences of previous significant people. The purpose of the projection is defensive and protective, usually to avoid the full implication or impact of these feelings and previous experiences’ (Preston-Shoot and Agass, 1990, p. 34). Transference occurs when past experiences of the client are revived, which initiates feelings, thoughts and behaviours that are then transferred to the social worker either exactly as they were experienced in the past or in a revised form. These transferred feelings, thoughts and behaviours can be both positive and negative (Kenny and Kenny, 2000). For example, if a client who historically has been taken care of and treated as if she could not accomplish anything on her own may look to the social worker as a helpful figure who will care for the client and do the necessary work for her. An alternative example could consist of a client who had repeatedly been hurt and manipulated by those who were supposed to help her and therefore is speculative of whether the social worker is attempting to manipulate or hurt her as well. The client may respond to the social worker in a guarded and suspicious way as if she is waiting for the social worker to hurt or manipulate her. As these examples illustrate, the client–social-worker relationship may be challenged and result in the social worker feeling pressured to act out the role as transferred by the client. In these situations, social workers may begin to feel as if they are attempting to help a client who is resistant, hostile, demanding or unappreciative (Preston-Shoot and Agass, 1990), or the client may begin to idealize or become overly attached to the social worker (Kenny and Kenny, 2000).

Countertransference is defined as ‘the worker’s capacity to pick up those different types of unconscious communication from the client and to understand their meaning.
The worker may be induced not only to experience a particular feeling-state but also to act out a particular role’ (Preston-Shoot and Agass, 1990, p. 42). In this situation, the client is influencing the unconscious of the social worker, which elicits feelings, thoughts and behaviours that the social worker then transfers to the client. For example, the social worker may take on a role of parent or caretaker for the client instead of that of a social worker who collaboratively works with the client. Another example could include a social worker taking a punitive or authoritarian role with a client who is not ready to make a behavioural change. The social worker’s unconscious is influenced by her or his personal experiences, histories and even past experiences from the work with other clients. Countertransference and its impacts can be explored and minimized through self-examination, reflection and skilled supervision (Preston-Shoot and Agass, 1990; Kenny and Kenny, 2000). Social workers need to be aware of their emotions, the impact of their past experiences and histories on their thoughts, feelings and behaviours and any current concerns that could impact the social-worker–client relationship (Woods and Robinson, 1996).

Attachment theory

The social-worker–client relationship can also be influenced by the relationships and quality of attachments of the client’s past. Bowlby’s (1979; 1988) theory of attachment can assist social workers in understanding and making sense of clients’ behaviour and abilities or inabilities to develop relationships both within the social work context and within the interpersonal and environmental systems. In developing the attachment theory, Bowlby stressed the importance of past relationships in determining how individuals will develop emotionally and socially, and form relationships with others in the future. Bowlby was particularly concerned with the interactions and attachments that individuals had with their parents or caretakers. He theorized that the ability or inability of a child to attach to the parent or caretaker, the level of consistency of the parent or caretaker to meet the emotional needs of a child and the ability or inability of the child to feel safe and secure with the parent or caretaker predicted how the child would develop emotionally and socially, and view or react to others in future relationships. If a child was made to feel safe and secure and was given appropriate attention and affection, then the child would develop future relationships and interact with others in a way that mirrored this positive relationship. These individuals would develop a more positive psychological and emotional base. Alternatively, a child who did not receive attention, affection or feel safe and secure was more likely to develop emotional and/or social problems and have a distorted or inaccurate view of others in future relationships and interactions. These individuals would develop a more negative psychological and emotional base. Therefore, the basic premise of Bowlby’s attachment theory is that past experiences with relationships and interactions affect psychological, emotional and social development and functioning, which further impacts new relationships and interactions.

Bowlby defined four types of attachment between child and parent or caretaker that can help to explain an individual’s behaviour in interacting with others. The four types of attachment (Howe, 2009, pp. 141–3) are described below:
1 Secure attachments. Parents or caretakers are consistently loving, responsive and sensitive to the child’s thoughts, feelings and needs. The child and parent interact with mutual interest and care for one another and the child feels safe and secure with the parent or caretaker. The parents or caretakers’ behaviours are predictable to the child. ‘I love you and will protect and provide for you, but there are some rules to follow and consequences for actions.’

2 Insecure, ambivalent attachments. Parents or caretakers are inconsistent in displaying love, affection or sensitivity to the child’s thoughts, feelings and needs, and the parents’ or caretakers’ behaviours are unpredictable to the child. The child may feel anxiety or distress due to the inconsistency in behaviours and a failure of the parent or caretaker to display affection and attention in a consistent manner. The child may view her- or himself as unworthy of obtaining a comfortable, loving relationship. ‘I love you when you behave the way I want you to, but not when you behave in ways which I don’t like.’

3 Insecure, avoidant attachments. The parent or caretaker responds to the child in a hostile, violent or rigid manner and displays indifference to the child’s thoughts, feelings and needs. The inconsistency in the parent or caretaker’s behaviour leaves the child to feel alone and unable to deal with feelings. ‘You are unworthy of love.’

4 Disorganized attachments. The parent or caretaker is not consistent in their behaviours as evidenced by displaying hostile, violent or rigid behaviours on some occasions and more compassionate, loving, affectionate behaviours at others. The child is receiving mixed messages from the parent or caretaker. ‘I will protect you and keep you safe, and I will frighten and hurt you.’ This confusion leads the child to feel anxious and unable to explain feelings.

The attachment theory is helpful to social workers in assessing the social-worker–client relationship and understanding how past experiences of the client can impact on the behaviours and ability or inability of the client to form a positive relationship. Attachment theory is compatible with the concepts of transference and countertransference, and these psychosocial theories are often used in conjunction to assess the social-worker–client relationship as well as other social relationships. Preston-Shoot and Agass (1990) stress the importance of psychosocial theories in social work practice, particularly as it assesses the interrelationship and interconnectedness of the person in the environment and explains the development and quality of relationships by considering the impact of both the social worker and client’s conscious and unconscious thoughts and feelings on behaviours.

Integrating anti-oppressive practice with theories and methods

Social workers are in the business of facilitating change, which not only includes change among individuals but change within the individual’s environment that is oppressing or prohibiting the individual from positive growth and development. Social
workers seek to challenge inequality and disadvantage, promote social justice and advocate for resources and opportunities for individuals, groups and communities (Burke and Harrison, 2009). In accomplishing these tasks, social workers should work in an anti-oppressive way with individuals, groups, communities and society.

Anti-oppressive practice focuses on the use and abuse of power on and by various systems within society. Individuals, community establishments and societal structures can oppress other individuals, groups and/or communities through overt or covert acts of racism, classism, sexism, ablism or ageism. Oppressive acts can be implemented in ways that limit or block access to resources or opportunities to particular groups of people and is often evidenced by advantages for the powerful in systems such as healthcare, education, policy, finance, media and culture (Clifford, 1995). Oppressive practices disadvantage some in favour of advantaging others and can lead to restraints on an individual, group or community’s ability to grow, develop and reach their full potential.

Dominelli defined anti-oppressive practice as:

[A] form of social work practice which addresses social divisions and structural inequalities in the work that is done with ‘clients’ (users) or workers. Anti-oppressive practice aims to provide more appropriate and sensitive services by responding to people’s needs regardless of their social status. Anti-oppressive practice embodies a person-centred philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together.

(1993, p. 24)

Thus, anti-oppressive practice is empowering in nature as it seeks to provide a working environment that is egalitarian where clients identify their needs and collaborate with social workers to identify clients’ strengths and resources to overcome barriers and obstacles within the environments. The end result will be that the clients are empowered and able to combat oppression, access resources and opportunities and meet needs.

Thompson (2006) developed an approach to analysing anti-discriminatory and anti-oppressive practice by building on the works of Dalrymple and Burke (1995). Thompson’s approach, referred to as the PCS model, sees anti-discriminatory and anti-oppressive practice as occurring on three levels: personal, cultural and societal. The model is often depicted as a set of three circles each embedded within the other, as illustrated in Figure 1.2. As the figure shows, the personal level (P) involves interpersonal relationships, personal feelings, attitudes and self-conceptions, and interactions between individuals, which would often include social work practice relationships (Payne, 2005). The personal is embedded within the cultural context (C) where the person’s culture establishes norms and rules that shape how the individual feels about themselves, others around them and interactions between people and the
environment. Both the personal and cultural levels are then embedded within the societal framework (S), which sets the structures, norms, rules and order within society. The PCS model is important to social workers in illustrating that anti-discriminatory and anti-oppressive practice may not only take place on the personal level, where social workers are most likely to intervene, but may also take place on the cultural and societal levels as these levels are each embedded within another. Social workers often working on an individual level are able to challenge discrimination and oppression, but may find it more difficult to change discriminatory and oppressive behaviours of larger groups of people, such as a group with a shared culture or society as a whole that continues to discriminate and oppress. Social workers can begin this process by first examining and reflecting on their personal views, culture and societal norms, rules and structures.

Anti-oppressive practice should permeate different aspects of social work practice, which should include the social-worker–client relationship, the employer–employee relationship, the ethos of the social service agency and the social context all with a driving force of challenging inequalities and disadvantage (Dominelli, 2002; Burke and Harrison, 2009). In accomplishing this goal, social workers should participate in self-reflection and become self-aware of how inequalities, disadvantage and injustices impact upon them and/or how they may be privileged by advantages and power. Social workers’ values, past experiences and current perceptions shape the way in which they
practise and, therefore, acknowledging and reflecting on what the social worker brings
to the working relationship can assist in delivering anti-oppressive practice. According
to Dominelli (2002, p. 15), social workers are required to consider three key levels
when implementing anti-oppressive practice: (1) intellectual – understanding the prin-
ciples and methods of working in an anti-oppressive way; (2) emotional – ability to deal
with oppression and discrimination in a confident way, and the ability to learn from
one’s mistakes; and (3) practical – ability to implement the principles of anti-oppressive
practice.

**Summary and overview of the book**

This chapter has defined the concepts of theory and method, and has discussed how
these two concepts are both independent and interrelated. A theory helps describe,
predict or explain human behaviours and social work situations, and a method pro-
vides the techniques or steps that the social worker can utilize in working with clients
to reach goals. The two concepts are interrelated in the sense that knowledge about
theories helps to inform social workers as to the most appropriate method to use based
on the situation. In some circumstances there are theories that also specify techniques
that can be used, which can then turn the theory into a method. For example, the
theory of empowerment holds that individuals who have access to resources and
opportunities are able to grow, thrive and develop, and the method of empowerment
provides techniques, such as use of language and political advocacy, that can be used in
work with the client that moves towards a goal of the individual being empowered.
Therefore, in determining the difference between a theory or method, one should
assess whether it is something that helps inform, predict, explain or hypothesize a
behaviour or situation (theory), or whether it is steps, techniques or actions that the
social worker utilizes to foster change (method).

This chapter provided a summary of psychosocial theory, particularly as it informs
the development of social-worker–client relationships. Although this book does not
devote a complete chapter to this theory, a foundational understanding of some of the
key concepts, such as transference, countertransference and attachment were deemed
necessary to begin the process of relationship development. Further resources on
psychosocial theory can be found at the end of this chapter.

The aim of this book is to provide the reader with a basic, yet solid, understanding
of the commonly used social work theories and methods. Subsequent chapters explore
a theory or method in depth by providing the definition, history and origins, basic
premises or characteristics with a discussion on any relevant tools or techniques of the
method, an illustration of how to utilize or implement the theory or method in practice
through a case example, a discussion of the strengths and limitations, the ethical and
cultural considerations, how the method fits with anti-oppressive practice, a discussion
on the research as to the effectiveness of the theory and/or method, and a final case
example to encourage the reader to further explore the application of the theory or
method. Each chapter concludes with a list of further reading on the theory or method
to assist readers in their studies of the particular topic.
Further reading


References


INTRODUCTION TO THEORIES AND METHODS