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Attention Deficit Disorder and Case Management: Infusing Macro Social Work Practice

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Intervention with children with attention deficit disorders is complex and requires change at multiple system levels using a social work perspective. Case management, macro social work practice, time allocation issues, the structure of a professional self, constraints in expanding a narrow definition of the social worker, and specific macro level intervention areas for social workers are examined in this context.

Despite an emerging literature describing diagnosis and treatment of Attention Deficit Disorder (ADD) difficulties with children (Barkley, 1990; Meents, 1989; Levine, 1987), information has been promulgated primarily by psychologists and psychiatrists. Hence, intervention is often conceptualized at individual and family levels using cognitive-behavioral approaches. Although this research is important for social workers, social work practice with ADD children and their families becomes easily framed at a micro level in this manner.

If social work is to actualize the call for macro level social work practice (Meenaghan, Washington, and Ryan, 1982; Netting, Kettner, & Mc Murtry, 1993), conceptualization of problems occurring as a result of ADDs (as well as other problems) requires inclusion of larger system levels—groups, organizations, community, and society. When problems are approached by social workers in this fashion; schools, court systems, companies, agencies, policies, and government entities also become targets for change.

In this article, case management as an approach in service delivery is viewed as insufficient for addressing clients needs. While the argument presented here is grounded in an

examination of children with attention disorders, an inherent concern with regard to case management as a perspective in social work practice may well transcend this substantive area.

Attention Deficit Disorders

Inattention, impulsivity, and hyperactivity are the three major contributing factors for diagnosis of children and adolescents with ADD (Meents, 1989). The DSM III-R designates two diagnostic categories: Attention Deficit-Hyperactivity Disorder (ADD-H) and ADD (an undifferentiated category without hyperactivity).

Research examining this disability, however, is neither uniform nor consistent. Indeed, the validity of ADD as a diagnostic category is frequently questioned (Sawyer, 1989; Bohline, 1985). As Johnson (1991) reports, characteristics of ADD are often similar to those found in other disorders (e.g. borderline clients) making differential diagnosis difficult. Indeed, for disinterested schools or organizations, this ambiguity can provide opportunities to avoid responsible (often legislated) delivery of service via misdiagnosis.

Yet, for children inflicted with this disability, everyday difficulties are very real. Children with ADDs often under achieve in educational programs, exhibit an array of disruptive behaviors (at school and home), and require the establishment of external monitoring and control mechanisms. Without help, children with ADDs often face a future characterized by: success deprivation, depression, self medication, and/or societal sanctions. Meanwhile, parents of children with ADDs often feel overwhelmed, misunderstood, and alone in their quest to meet the complex needs of their children.

Levine (1987, p.24) suggests "It is only with effective interdisciplinary collaboration that the child's broad needs can be determined and addressed". By approaching physiological, cognitive, behavioral, emotional, educational, and social difficulties together through multimodal therapy; ADD can best be managed. Hence, case management would appear an appropriate intervention strategy for persons with ADDs.

Case Management

A current "buzz term" in social work practice, particularly with regard to mentally disabled clients is "case management" (Rose, 1992). This orientation has been resurrected to refer to an approach whereby case managers assume the role of "seeing that the service delivery system is responsive to all the needs of the client" (Rubin, 1992, p.8). Key functions performed in case management include: assessment, planning, linking, monitoring, and, if necessary, direct provision of service. The goal of case management is to ensure that services for the client are both appropriate and coordinated. The case manager is often a "trouble shooter", an advocate, as well as on-going source of support for the client.

For persons with ADDs, the case manager can be an extremely valuable person. The case manager serves as a broker of services to coordinate and assist children with ADD (and their family) in seeking: psychological testing, individual therapy, family intervention, and psychiatric evaluation (and the possible use of mediation). Additionally, case managers often contact teachers, school administrators, and guidance counselors on a case by case basis in an attempt to lobby for appropriate and effective educational programming. Indeed, the client may see the case manager as the common thread (or bond) that holds the treatment plan together, a true advocate at every turn.

While a difficult job, the merits of case management are many both for clients and the social welfare institution. For clients, the case manager serves as a primary contact person that reduces the perceived myriad of services to one helper in the flesh. For service delivery systems, the case manager can function as a "master mind" to reduce overlapping and redundancy through appropriate coordination and integration of services.

Macro Social Work Practice

Netting, Kettner, and Mc Murtry (1993) indicate that macro level social work practice involves activities to produce change in organizations, communities, and societies. Traditionally,

social workers focusing on macro level tasks would be assigned to the roles of: planner, community organizer, educator and/or administrator. A more contemporary outlook of social work practice (Pierce, 1988), however, views the social worker as a change agent—capable of intervention at both micro and macro system levels. Using the more contemporary view, social workers not only intervene with individuals, families, and small groups regarding problems, but also act to enable organizations, communities, and society to be more sensitive and responsive to the needs of population groups being served. Indeed, without a focus on altering larger systems, clients must simply learn to cope to existing social systems, procedures, policies, and laws (or seek one time exceptions).

Thus, a major thrust of macro level change in social work practice is to identify groups of people experiencing structural oppression and organize clients for action to improve the social environment. For children with ADDs, this includes establishing (or involvement with) ADD councils to promote awareness and education concerning ADDs among professionals, in the community, and for society. Policies and procedures are established so that school administrators, psychologists, staff members, and teachers are monitored and subject to sanctions if they deny or avoid the diagnosis of ADD (often accomplished through “in house” assessments and inadequate individualized evaluation plans). Schools systems are challenged by clients and social workers at state and local levels to create specific programs, policies, and to allocate resources for addressing the academic and vocational needs of children with ADD.

Time Allocation vs. Conceptual Issue

If macro level intervention is viewed as just one part of the conviction or job duties of the social worker (Zastrow, 1989), then one plausible argument is that social workers functioning from a generalist perspective simply do not have an adequate amount of time to engage in macro level activities. Particularly during times of economic constraint in social service agencies, case loads mount forcing social workers to focus

on the immediate, everyday concerns of clients rather than macro level change.

Hence, the pragmatic dilemma of gearing practice towards the survival issues of clients vs. reducing and overcoming social obstacles (Federico, 1990, p.67) can be a painful reality for the social work generalist in today's world. Given this premise, it is understandable (although not acceptable) when social workers choose to focus primarily on helping children with ADDs adjust and cope to the environment case by case, person by person, family by family, teacher by teacher, and academic class by academic class. In this instance, macro level intervention is a consideration but not deemed feasible.

However, with respect to case management as a social work perspective, macro level change is not simply a time allocation consideration but also a conceptual shortcoming. As Moore (1992, p.420) suggests, case management involves the assessment of "the dependent individual and the system skills to design service delivery packages that adequately meet families' support needs." The explicit concern of case management is "packaging" and integration of service delivery systems for care—not necessarily targeting organizations, communities, or society for change.

While Moore (1992) acknowledges that case managers often practice in settings characterized by inadequate organizational, community, and/or societal resources (programming and services); intervention is generally framed at the micro level. Here, macro level change is given minimal consideration or prescription. Instead, constraints produced by larger social systems in case management are viewed more as part of an unfortunate reality facing social workers in day to day practice.

Indeed, if additional time and resources were made available, case managers would most likely experience only larger case loads for coordinating and "packaging" services. The amount of macro level activities (organizing, mobilizing, and advocating for the structural rights of ADD children and families in organizations and through social legislation) would probably not appreciably increase.

Social Work Differs From Case Management

Social work practice is not synonymous with case management. While case management may constitute one appropriate intervention for a social worker, contemporary social work practice involves intervention at multiple social levels using a multitude of theoretical orientations. Relegation of one's professional self to a single role (case manager, family therapist, or group worker) is too limited in scope to adequately address clients' needs from a social work perspective.

While a child with an ADD may need the social worker to assume the role of case manager, it is reasonable to assert (given the nature of this disability) that this child will also need the social worker to be an advocate, community organizer, mobilizer, educator, and/or social activist. Here, using a role theory orientation (Biddle, 1979), the professional self of the social worker is more fluid in nature. The social worker conceptualizes their professional self as capable of assuming any one of an array of roles, at any given point in time, based upon what is required by the client.

For example, if a social worker needs to advocate for more formal recognition of ADD as a diagnostic category at the federal level, the social worker may shift from being a case manager to an activist or organizer. Using this orientation, the social worker can guard against becoming fixated (or delegated) to a single role which excludes the assumption of other important roles.

The Structure of a Professional Self in Social Work

Hoelter (1985) suggests that the "self" constitutes an unique accumulation of social roles (e.g. doctor, wife, mother, daughter, athlete, and sister) derived and defined through social interaction. In Hoelter's (1983) scheme, a person's identity is the accumulation of social roles one assumes and the relative salience (or empirical weighting) given to each role.

Extending this logic to the concept of a "professional self" in social work practice, a mechanism to help secure consideration of macro level activities in social work practice would be to specify in social work job descriptions the social roles expected

(e.g. case manager, educator, advocate, community organizer, group worker, and/or service team member) and a sense of the relative importance of each role.

Using this system, general parameters for time allocation expectations per role could be discussed for social workers working with children with ADDs. While it is true that social workers have different strengths concerning knowledge base and skills in the areas of micro and macro practice, participation in building service teams (or clusters) of individuals committed to working as a unit to address macro level issues for children with ADDs could be designated as one important role. Such a service team could be intra (or inter) agency based and address a broad range of issues for children with ADDs.

For example, while an individual social worker may have limited power to influence school systems to implement continuing education requirements for administrators and teachers concerning various learning disabilities and ADDs, an inter-agency service team or cluster group might implement a collaborative strategy to create such a policy. Patti and Resnick (1975) suggest that via collaborative strategies a service team focusing on ADDs could: provide information about ADDs to various organizations, present alternative programs (like mandatory continuing education for teachers and administrators on ADDs) to policy makers for consideration, create opportunities for fruitful communication about ADDs (for example, systematic dialogue for parents of children with ADDs with teachers and leaders in education), and point out negative aspects of policies (like classroom assignments and scheduling policies) that affect children with ADDs.

The advantage of this structural model involves the systematic consideration of a full array of roles in social work practice. While certain roles may be deemed as unnecessary (or given less consideration) under certain circumstances and in some organizations, both macro and micro social work practice roles would be given ample deliberation. If asked "Where's the macro social work practice?", one could provide a more thoughtful explanation as to decisions concerning the existence and salience of roles expected in a job description.

Expanding a Narrow Definition of the Social Worker

For social workers who seek identity as a case manager, family therapist, group worker, or planner; the structural approach presented here may be a concern. But, for social workers interested in having a clearer picture of role expectations for performing their duties with clients, this model represents advancement. Certainly, if social work practice is to fulfill the promise of both individual and structural change, the proposed model advocating for the broadening of the definition social work practice is worthy of consideration.

It is reasonable, however, to assert that agencies might be resistive to expanding the definition of a social worker to include roles like community organizer and service team member. Many social work agencies, especially public agencies, have an implicit (if not explicit) tendency towards maintaining the status quo with regard to the change agent role. Hence, agencies might not welcome efforts to change their behavior or to challenge the political process that maintains the existing social structure by modifying the definition of a social worker. Additionally, for agencies to place greater emphasis on macro level roles in job descriptions would be costly and necessitate the hiring of additional social workers, as time specified for crucial case management activities by social workers would become more constrained.

In order to expand the role of social worker beyond case management, collective pressure from professional organizations (e.g. the National Association of Social Workers) and citizen groups (like ADD councils) would be crucial to convince agencies of the merits of recognizing macro level roles in social work positions. Additionally, it would be important for clients with ADDs (consumers) to support this broader definition of a social worker. Indeed, for parents of children with ADDs, knowing that workers from an agency(s) meet as a group to promote policies and programs benefiting children with ADDs would seem to be a large source of relief that could be easily embraced. "Imagine, there are a group of professionals (not just my social worker) out there who are rallying for children like mine."

If agencies, however, fail to recognize participation in service (problem specific cluster) teams and community organizing as legitimate roles for the social worker, individual social workers and voluntary associations are left with a unrealistic burden for promoting structural change. Who does advocates for social legislation and resources for special programming for children with ADDs? What is really needed to effectively challenge school systems to require the matching of student learning style with teaching styles for children with ADDs? Currently, social workers involved in macro level activities addressing such issues probably do so by using their own time.

Conclusion

Social workers working with children with ADDs and acting in their professional roles as individuals may feel little sanction or power to affect macro issues. Therapeutic sessions, diagnostic and educational testing, individual evaluation plans, conferences with teachers, arranging tutors, disciplinary meetings with principals, appointments with physicians with regard to medication, and intervention with family conflict (all primarily case management functions) are dominant considerations for the social worker assigned to a child with an ADD. Yet, completion of these tasks may simply socialize clients to better cope with teachers and administrators (who see "laziness" rather than a disability) or to hide their condition from future employers (in fear of discrimination).

General macro level areas, important for social work intervention with ADDs, include: greater formal recognition by mental health, legal, and educational systems concerning ADDs (note, this is a relatively new diagnostic category), promoting legislation that specifically mandates appropriate educational programming and instruction for children with ADDs, instituting education campaigns that inform the public about ADDs and de-stigmatize the ADD diagnosis, development of national and state ADD organizations that would fund future research in this substantive domain while providing on-going support for people with ADDs, creating special training programs and institutes for professionals who intervene with individuals and

families experiencing ADDs, and development of elementary school diagnostic screening programs to enable early detection of this disorder among children.

Garvin and Tropman (1992) suggest that social workers should promote social justice, facilitate improvements in social environments, and expand social opportunities for structural change to occur for oppressed groups of people. Towards this end, social work practice can not be reduced to the narrow definition of case management. Especially for people with ADDs, a group lacking formal recognition and characterized by organizational disarray, the infusion of macro social work practice is needed to establish respect, promote services, and create opportunities.

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