**SELECTED BIBLIOGRAPHY**


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**11.4 Life Cycle Matrix**

**PURPOSE:** To graphically depict the developmental stage of all persons in a household.

**DISCUSSION:** An assessment should consider the client’s stage in the life cycle and the developmental tasks common to that stage. This is especially important in work with families because the various members are at different points in the life cycle. The use of a matrix can help the social worker organize his or her thoughts about the family members and the physical, psychological, social, and spiritual needs associated with a particular stage of life.

Table 11.1 presents an overview of life cycle stages intended to remind the social worker how developmental tasks change over time. The concept of developmental crisis reflects the belief that psychosocial development proceeds by stages; each stage represents a time to decide between hanging on to the old or letting go and moving on to a new way of thinking and behaving.

Figure 11.7 depicts a household made up of a father, mother, three children, and a grandmother. The importance of considering the developmental stage of each member of a household becomes apparent when we recognize that certain tasks

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**FIGURE 11.7 Sample Life Cycle Matrix**

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Developmental Stage (age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–1</td>
</tr>
<tr>
<td>Margaret (Grandmother)</td>
<td></td>
</tr>
<tr>
<td>John</td>
<td></td>
</tr>
<tr>
<td>Martha</td>
<td></td>
</tr>
<tr>
<td>John (Jr.)</td>
<td></td>
</tr>
<tr>
<td>Jimmy</td>
<td></td>
</tr>
<tr>
<td>Mary</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 11.1 Overview of the Life Cycle

<table>
<thead>
<tr>
<th>Stage</th>
<th>Common Developmental Tasks</th>
<th>Developmental Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal (conception to birth)</td>
<td>■ In utero physical development</td>
<td>Basic trust versus mistrust of others</td>
</tr>
<tr>
<td>Infant (birth–2 years)</td>
<td>■ Bonding and attachment ■ Differentiation of emotions ■ Maturation of nervous and motor systems ■ Concept of object permanence ■ Beginning understanding of causality</td>
<td>Basic sense of worth and autonomy versus shame and self-doubt</td>
</tr>
<tr>
<td>Toddler (2–4 years)</td>
<td>■ Fantasy and play ■ Language ■ Self-control ■ Locomotion ■ Use of symbols in thought</td>
<td>Taking initiative versus only reacting to or imitating others</td>
</tr>
<tr>
<td>Early school age (5–7 years)</td>
<td>■ Group play ■ Early gender identification ■ Beginning moral standards ■ Learning of classification, combination, and other basic intellectual skills</td>
<td>Group identity versus sense of alienation</td>
</tr>
<tr>
<td>Middle school age (8–12 years)</td>
<td>■ Cooperation with others ■ Team play ■ Same sex peer identification ■ Introspection</td>
<td>Self-confidence and industry versus inferiority</td>
</tr>
<tr>
<td>Early adolescence (13–17 years)</td>
<td>■ Physical and sexual maturation ■ Membership in peer group ■ Boy-girl relationships ■ Abstract thought processes ■ Coping with strong emotions</td>
<td>Individual identity versus role diffusion and confusion</td>
</tr>
<tr>
<td>Late adolescence (18–22 years)</td>
<td>■ Dating and mate selection ■ Sex-role identity ■ Internalization of moral principles ■ Career choice ■ Separation from parent</td>
<td>Intimacy versus isolation</td>
</tr>
<tr>
<td>Early adulthood (23–34 years)</td>
<td>■ Marriage ■ Childbearing ■ Work ■ Developing life-style apart from parents</td>
<td>Expansion of life experience and concern for society versus stagnation and self-absorption</td>
</tr>
<tr>
<td>Middle adulthood (35–60 years)</td>
<td>■ Childrearing ■ Career development ■ Management of home and financial resources</td>
<td></td>
</tr>
<tr>
<td>Late adulthood (61+ years)</td>
<td>■ Coping with physical change and health problems ■ Acceptance of one’s own life choices ■ Redirection of energy after retirement ■ Developing a perspective on one’s death</td>
<td>Integrity versus despair</td>
</tr>
</tbody>
</table>
need to be accomplished and certain developmental crises must be resolved during each stage. Within a family system, the developmental struggles of one member may interfere with the developmental tasks and crises faced by another.

**SELECTED BIBLIOGRAPHY**


## 11.5 Identifying Client Strengths

**PURPOSE:** To identify individual and family strengths.

**DISCUSSION:** A social worker’s assessment of a client’s functioning and his or her situation should always strive to identify client strengths. A *client strength* can be defined as an important, positive, and prosocial action or activity that the client is doing, can do, or wants to do. The assessment should focus mostly on positive and functional patterns, not only on negative and dysfunctional ones. This is not to suggest a Pollyannaish approach that ignores or overlooks real problems, but it does ask the worker to search for strengths even in the most dysfunctional and chaotic of cases. The reason for this emphasis is simple: To be successful, an intervention must be built on and around client strengths. If the worker focuses only on problems and only on what is going wrong in the client’s life, the client will soon feel even more frustrated and discouraged and the worker will feel pessimistic about being able to be of help.

For many in the helping professions, focusing on client strengths requires a paradigm shift—a whole new way of thought and analysis. Several forces encourage and reinforce a focus on problems and limitations rather than on strengths. Consider the following:

- **Agency policy and funding.** Most human services agencies are created for the purpose of addressing or correcting some personal or family problem, pathology, deficiency, or dysfunction. Thus, agency staff may assume that their primary “duty” is to identify and focus on problems.
- **Diagnostic labels.** Commonly used terminology and reference books (e.g., *DSM*) focus attention on pathology and on all that is wrong and troublesome in a person’s life. Frequent use of this terminology creates a rather negative mindset that looks for and finds only problems and pathology.
- **Lack of skill.** Identifying personal and family problems can be described as a beginning level or elementary skill. Most people can do it with little or no training. On the other hand, identifying strengths is an advanced or high-level skill.
- **Personality and temperament.** Many people tend to be negative in their outlook. They see the glass as “half empty” rather than “half full.” They just naturally focus on what is missing and on what is wrong. Some sociobiologists believe that the human tendency to notice quickly what is wrong and out of place has a survival or protective value for animals and the human species. Conse-