Instructions We have explored the key concepts of ego psychology. Using knowledge, you have gained from the lecture and readings, please respond to the discussion questions below. Which ego functions are essential for long-term, insight-oriented ego psychology and why? What is important to assess about a client's ego-defensive functioning and why? What would help you to decide if your work with a client would be aimed more at ego-supporting vs. ego-modifying? Similarly, under what circumstance would you think ego-modifying interventions might be indicated? Social work has a long history with ego psychology. Ego psychology was very influential in early social work, and Mary Richmond (1867-1928) wrote Social Diagnosis in 1917. However, backlash emerged in the 1960s and 1970s due to the civil rights movement and the war on poverty. The founding of Clinical Social Work Journal in 1972 and Federation of Societies for Clinical Social Work in 1971 re-emphasized social work's psychodynamic roots. Well-known MSW psychodynamic scholars include the following: · Howard Parad, who wrote Crisis Intervention, Ego-Oriented Casework · Eda Goldstein, who wrote Ego Psychology & Social Work Practice; Short-Term Treatment in Social Work: An Integrative Perspective; and Self-Psychology and Object Relations Theory in Social Work Practice · Jerald Brandell, who wrote Psychodynamic Social Work · Joan Berzoff, who wrote Inside Out and Outside In: Psychodynamic Clinical Theory and Psychopathology in Contemporary Multicultural Contexts Psychodynamic Theory in Current Social Work Practice Ego psychology is used as the underpinning for supportive counseling. Ego-supportive treatment takes a "strengths-based approach," and focuses on adaptation, restoring equilibrium, and building social supports. This is especially useful in work with clients who are severely mentally ill, homeless, in crisis, recently traumatized, and/or in nursing homes. Known as the authority on the application of ego psychology theory to clinical social work practice, Dr. Goldstein’s influence was extensive and her contributions to the profession will be recognized for years to come. (She passed away in 2011.) Once we know the ego functions and ego defenses, how does it inform our assessment, treatment planning, and interventions? Ego Functions and Defenses Ego Functions Ego Functions are the essential means by which an individual moderates internal conflicts and adapts to the external world. The most comprehensive and systemic effort to describe and study ego functions is found in the list produced by Bellak in 1973. The clinical question regarding Bellack's list of ego functions is how to strengthen adaptive manifestation of these functions in each of our clients. Do we assess a mild, moderate, or severe impairment in any of the client's ego functions? Ego Defenses Anna Freud elaborated on the mechanisms that the ego uses to maintain homeostasis and mediate the impingements from inside (the id, the unconscious ego, the superego) and outside (unacceptable reality). Defense mechanisms operate in our unconscious, while coping mechanisms are conscious. Defenses protect individuals from intolerable or unacceptable impulses or emotional experiences. Effective defenses enable optimal functioning without undue anxiety, while maladaptive defenses distort reality and impair overall ego functioning. In assessment from this approach, the clinician is focused on several critical questions: · To what extent is the client's stated problem situational or characterological? Or both? If so both, to what extent? · To what what extent is the client's stated problem a function of impairments in her ego and defensive functioning? · To what extent is the client's stated problem a result of an ineffective match between clients and their respective external environment? · What inner capacities and environmental resources does the client have that can be strengthened and mobilized to improve functioning? Assessment Key areas of assessment from this approach include intersection between current life stresses, impairments in ego, and defensive functioning and environmental factors. Ego assessment helps the clinician determine whether interventions should be directed at the following: · Maintaining, enhancing, modifying inner capacities · Mobilizing, improving, or changing environmental conditions · Improving the FIT between inner capacities and external circumstances Ego-oriented psychotherapy works across a continuum of focus, with one end being ego-supportive and the other end of the continuum at ego-modifying. Ego-supportive interventions aim to restore, maintain, and enhance a client's adaptive functioning. Ego-modifying interventions aim to shift basic personality patterns of thoughts, feelings, and behaviors through insight and emotional resolution of long-standing pre-conscious and unconscious conflict. Therapeutic Interventions The two primary ways of intervening, from ego psychology, are ego-supportive interventions and ego-modifying interventions. Ego-supportive is aimed at maintaining and enhancing ego functions and ego-modifying is aimed at helping clients to make significant shifts in their overall internal and external functioning. Review the following chart to compare the characteristics of each approach