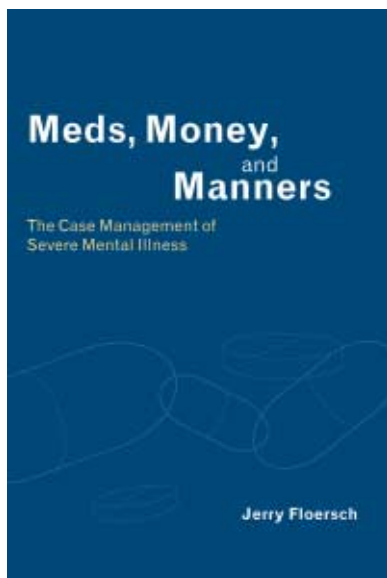


“IN THE SOCIAL WORK LITERATURE, AS IN MANY OTHER PROFESSIONS, THERE’S THE IDEA THAT SOMETHING EXISTS CALLED PRACTICAL WISDOM, OR INTUITION. I WAS INTERESTED IN THAT PIECE OF WHAT THE PROFESSIONAL DOES AND FINDING OUT IF THERE WAS A WAY WE COULD ACTUALLY STUDY IT.”



The Case for Intuition

Like many professionals, social workers who treat people with mental illness sometimes find that the theories they learn in the classroom don’t help them in the situations they encounter on the job. To bridge the gap, they often develop “situated knowledge”—knowledge drawn from the practical experience of dealing with clients. Such knowledge supplements the disciplinary, or textbook, knowledge acquired in the classroom.

Jerry Floersch, an assistant professor of social work at CWRU’s Mandel School of Applied Social Sciences, explores the differences between situated and disciplinary knowledge and their implications for the social work profession in his book, *Meds, Money, and Manners: The Case Management of Severe Mental Illness* (Columbia University Press, 2002).

“In the social work literature, as in many other professions, there’s the idea that something exists called practical wisdom, or intuition,” says Prof. Floersch. “I was interested in that piece of what the professional does and finding out if there was a way we could actually study it.”

A further motivation for the book was that most of the studies and histories of the social work profession published in the last ten to fifteen years rely on written case records.

Prof. Floersch conducted his research by spending a year at a mental health center in the Midwest that serves people with severe mental illnesses, such as schizophrenia and bipolar disorder. The title of his book stems from the three main areas in which the social work case managers helped their clients—managing their medications, their money, and their interactions with other people.

The case managers were required under state policy to treat clients using a method known as strengths case management, which focuses on a client’s strengths and desires, rather than on his or her problems. But Prof. Floersch noticed that case managers frequently used the categories of “high need” and “low need,” for example, in talking about clients, terminology that doesn’t exist in the strengths case management theory.

“In that instance, I make the argument that the situated language of high and low need helps the case manager to recover an older clinical language that used to help clinicians,” Prof. Floersch says. “There was a need for language that would help the social worker think about why one client can do tasks for himself and another can’t. Since strengths case management

“I WANTED TO DEMONSTRATE THAT YOU CAN’T WRITE THE HISTORY OF SOCIAL WORK PRACTICE JUST FROM CASE NOTES. YOU HAVE TO AT LEAST QUALIFY, TO THE EXTENT POSSIBLE, THAT MUCH OF SOCIAL WORK IS EVERYDAY, LIVED EXPERIENCE, AND HISTORIANS OFTEN DON’T HAVE ACCESS TO THAT.”

does not supply that language, managers made up the language of high need or low need, and that helped them categorize client needs.”

Prof. Floersch believes his book carries significant implications for the practice of social work. “I think it’s important to make the practitioner aware of situated knowledge,” he says. “It’s there; you have to have it. And don’t leave the university thinking that theory is going to do all the work for you.”

Nor is interest in *Meds, Money, and Manners* limited to the field of social work. The book has been “blurbed” by the likes of Elizabeth Lunbeck, a historian at Princeton University, and Philippe Bourgois, an anthropologist at the University of California, San Francisco. Prof. Floersch is pleased, but not surprised, that interest in the book cuts across academic disciplines.

He notes that while most histories of the social work profession are taken from practitioners’ written case notes, his findings show that much of the practice takes place in oral communications. “I have been a practitioner, and I know that much of our work is done in oral narratives, not written, and I



ON THE CASE: JERRY FLOERSCH RESEARCHED HIS NEW BOOK BY SPENDING A YEAR AT A MENTAL HEALTH CENTER.

felt that it was in the oral narratives between the client and practitioner, and between practitioners, that the practical wisdom, or intuition, resided,” he says. “I wanted to demonstrate that you can’t write the history of social work practice just from case notes. You have to at least qualify, to the extent possible, that much of social work is everyday, lived experience, and historians often don’t have access to that.”

Prof. Floersch notes that studying situated knowledge often provides clues to shortcomings in social policy. At the mental health center he studied, case managers were required to use a theory of treatment that did not provide language for the everyday situations they encountered. “What you have to make up on the job,” he says, “is often

what the social policy restricts you from doing in the first place.”

JEFFREY BENDIX

PHOTOGRAPH OF PROF. FLOERSCH BY MICHAEL SANDS, CWRU. BOOK JACKET REPRINTED COURTESY OF COLUMBIA UNIVERSITY PRESS.

Criminal Course

The juvenile justice system designed to return wayward youth to a crime-free life is making smarter criminals of a select group, according to psychologists at CWRU.

Eric Youngstrom, CWRU assistant professor of psychology, and CWRU graduate student Kristen Green are working with the Cuyahoga County Department of Justice Affairs to understand why some juvenile offenders tow the line after release while others return to crime. They are studying the offenders while in residential care and up to six months after release. They have already seen some repeat offenders in the study.

They are among a growing number of psychologists in the United States and Canada who are looking at the emotions and personalities of juvenile offenders. What they have found is that, like their adult counterparts, a number of youth offenders appear to have an extreme personality disorder called psychopathy. “In adult populations, psychopathy is the premier factor in recidivism,” says Prof. Youngstrom.

If the disorder sounds unfamiliar, it is not surprising, according to Prof. Youngstrom and Ms. Green. While the personality disorder has been talked about in the psychological field for as many as 150 years and labeled as a form of “moral insanity,” you won’t find it in the *Diagnostic and Statistics Manual (DSM)*, a checklist of disorders and their characteristics. The DSM is used as the guide in the medical community for treating and diagnosing patients with psychological disorders, and by insurance companies, for reimbursing costs.

Prof. Youngstrom describes the closest personality disorder listed in the DSM as antisocial personality disorder. But important differences exist between the two, he says. Antisocial personality disorder focuses on behaviors, not on the personality traits involved in psychopathy. This matters, says Prof. Youngstrom, because personality is only one factor that might contribute to a person breaking the law, and not everyone

who performs the same illegal act will have the same personality traits. “There is no such thing as a murderer’s profile, but there are personality attributes, such as aggressiveness and impulsivity, that might make a homicide more likely,” explains Prof. Youngstrom.

Over the past three years, Prof. Youngstrom has studied as many as 400 youths in the county’s system. Many of these youths are typical first-time offenders or have been detained for multiple minor offenses with some lesser felonies.

The CWRU research is among a number of studies being conducted across the country to look at the psychology of the juvenile offender. While Prof. Youngstrom is looking at the emotions and personality of the offender, Ms. Green is evaluating three short screening tests that Justice Affairs may be able to use to identify those youths who

would score mid-range to high on a youth version of a screening called Robert Hare’s Psychopathy Checklist.

According to Ms. Green, this gold standard for diagnosis is expensive and takes up to three hours to complete. She added that the shortened version would alert officials to which offenders should receive the longer version of the screening test.

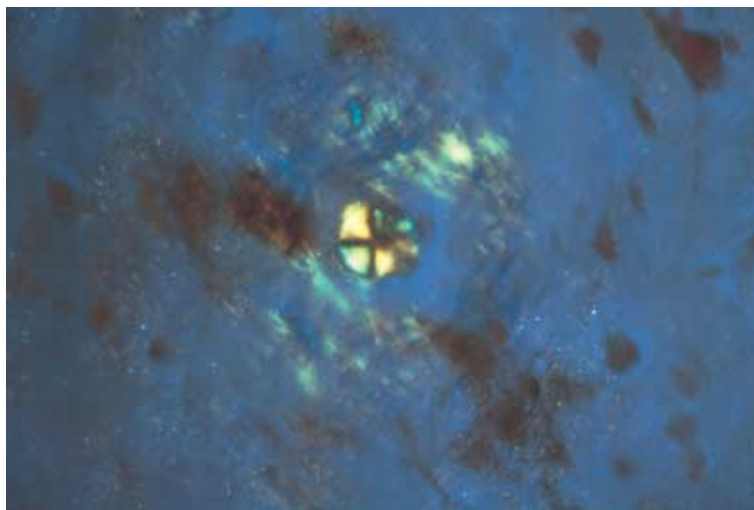
It is important to find out which offenders are psychopathic, the researchers say, noting that youth suspected to have the disorder show little remorse for their crimes, are unemotional, superficial, manipulative, and have trouble forming relationships, which are often “parasitic.”

Prof. Youngstrom emphasizes that these individuals do not react in the same way to societal pressures for approval of teachers and authority figures. They are also found to have trouble reading the facial expressions

New Avenue for Alzheimer’s

A clinical trial based on “homegrown” research from a CWRU laboratory may mean a new direction in treatment for Alzheimer’s disease.

The University Memory and Aging Center (UMAC), which is part of CWRU and University Hospitals of Cleveland, is seeking participants for a medication trial based on Alzheimer Research



THE ENEMY : THE ROUND YELLOW AREA IN THE IMAGE IS A PLAQUE—OR AN ABNORMAL DEPOSIT OF A PROTEIN—CALLED AMYLOID, WHICH IS CONSIDERED THE ENEMY IN THE FIGHT AGAINST ALZHEIMER’S DISEASE.

of people and tend to respond in hostile ways.

Ms. Green adds that, within the psychopathy group, there may be a primary group of people who are predisposed by genetics to this disorder. A secondary psychopathic group may be composed of individuals who have become psychopathic through extremely traumatic and abusive conditions and have used dissociation as a way to cope with the abusive situation. Both note that different treatment might be needed, depending on their criminal behavior. The “one size fits all” treatment of juvenile offenders is not working well, says Prof. Youngstrom. First-time offenders are housed in residential facilities together regardless of their psychological backgrounds and share group therapy sessions, and psychologists are finding that group therapy may actually be detrimental, he adds.

When the psychopathic youths are housed and share group therapy with youths without this disorder, group therapy can become an occasion to “one up” each other, the researchers say. They add that psychopathic youth may also manipulate group members and may negatively influence young people who are not psychopathic.

“In the current ‘one size fits all’ treatment plan, psychopathic youth may actually learn how to use the system, making them smarter criminals,” says Ms. Green. “They learn from one another how to beat the system and



TRUTH SEEKERS: CWRU RESEARCHERS KRISTEN GREEN AND ERIC YOUNGSTROM (SEATED) ARE SHOWN WITH MARTY MURPHY, FROM THE CUYAHOGA COUNTY DEPARTMENT OF JUSTICE AFFAIRS.

how to convince the legal system that they are reformed when they really are not.”

SUSAN GRIFFITH

PHOTOGRAPH BY MICHAEL SANDS

Laboratory research conducted by Gary Landreth, CWRU professor of neurosciences, and his colleagues. Results of the study were published in the *Journal of Neurosciences*.

The trial will test whether people with Alzheimer’s disease can tolerate a medicine called pioglitazone (PGZ) and whether it might be useful for slowing progression of the disease. PGZ is already approved by the Food and Drug Administration for treatment of diabetes.

“We may have a brand-new therapeutic agent for this disease,” Prof. Landreth says.

The four drugs already approved by the FDA for the treatment of Alzheimer’s disease work by adding a chemical that is lacking in the brains of people with Alzheimer’s disease. “This study involves a different mechanism,” he says.

UMAC usually tests experimental medications discovered by the pharmaceutical industry or one of the affiliated thirty Alzheimer Disease Centers in the United States.

“We have our first case where ‘homegrown’ research discovered in our own labs will be tested in one of our clinical trials,” reports David Geldmacher, who served as UMAC’s clinical director until leaving recently to take a position at the University of Virginia. Dr. Geldmacher, the principal investigator of the medication trial, says that results of the PGZ lab study suggest that drugs tested so far may not be targeting the right part of an inflammatory response that occurs in the brains of people with Alzheimer’s disease.

Under the microscope, Alzheimer’s disease is characterized by abnormal deposits of a protein, called amyloid. These deposits, or plaques, provoke the brain’s immune cells, called microglia, to try to remove the clumped amyloid. As they do, the microglia secrete inflammatory chemicals that are toxic to the brain cells. In the test tube, pioglitazone appears to reduce the secretion of toxins from microglia when they are exposed to Alzheimer amyloid.

Thirty people with mild or moderate Alzheimer’s disease will be enrolled for the eighteen-month study. Participants must be older than fifty, not have diabetes currently requiring medical treatment, and be in generally good health. They also must have a family member who is willing to be a study partner and attend all research visits.

Participants will be able to continue with standard Alzheimer medicines, continue taking vitamin E daily, and will have a fifty-fifty chance of taking PGZ or a placebo (sugar pill). They will also receive free study medications and physical and neurological examinations. Participation is voluntary, confidential, and free of charge.

KATHLEEN SHAW

For information on this study, or to join UMAC’s Research Registry, which links patients with additional studies, please call Kathleen Shaw at 216/844-6326.

IMAGE COURTESY OF PETER WHITEHOUSE