

Free Educator and Clinician Toolkit

Person-in-Environment

Through an Advanced Lens

Four levels. One whole person. Chrono is a full level, not an afterthought.

WHAT IS INSIDE

1. Cheat Sheet

A one-page quick reference for seeing the full picture.

2. Classroom Worksheet

A lightweight four-section worksheet for students to fill in.

3. Clinical Assessment

A full biopsychosocial template with PIE as the spine.

4. Maya Walkthrough

An annotated example showing the framework on a real case.

5. Instructor Guide

Drop-in discussion prompts, assignments, and a rubric.

Person-in-Environment at a Glance

Four levels. One whole person. A quick reference for seeing the full picture.

MICRO

The Person

The individual and their closest relationships.

LOOK FOR

- Identity and intersectionality
- Trauma history, attachment, coping
- Physical and mental health
- Household relationships

ASK YOURSELF

- What is the client carrying in today?
- What strengths show up, even unnamed?

IN THE NOTE

- Name identity, health, and relational context specifically.

MEZZO

The Systems

Groups and institutions the client moves through.

LOOK FOR

- School, work, faith, peers
- Housing and neighborhood safety
- Access to transport, care, childcare
- Formal and informal supports

ASK YOURSELF

- Which personal problems are system problems?
- What support am I underusing?

IN THE NOTE

- Name the institution by name, not vaguely as 'environment.'

MACRO

The Structures

Policy, economy, law, culture, history.

LOOK FOR

- Policy, funding, benefits access
- Discrimination and structural racism
- Economic and labor conditions
- Cultural and historical narratives

ASK YOURSELF

- What if the rules were different?
- Am I pathologizing a just response?

IN THE NOTE

- Write macro forces in the Assessment, not just supervision.

CHRONO

The Time

Life stage, historical moment, and the now.

LOOK FOR

- Life stage and developmental tasks
- Historical moment the client lives in
- Recent transitions and anniversaries
- Generational and community history

ASK YOURSELF

- What would I miss if I treated this client as timeless?
- Is this the level I keep skipping?

IN THE NOTE

- Name the moment. Treat chrono as equal, not optional.

Person-in-Environment Worksheet

Classroom Edition

Four levels. One whole person. Use this worksheet to practice seeing the full picture.

Case pseudonym:

Date:

Student:

Instructions: Work through each of the four levels below. You do not need equal amounts of information at every level, but you should not leave any level blank. Chrono is a full level, not an afterthought. Use the prompts to guide your thinking, then write what you actually see or would ask.

MICRO The Person

The individual and their closest relationships

Who is this person (identity, intersectionality, strengths)?

What are they carrying today (trauma, health, coping)?

Who is in their household or inner circle?

MEZZO The Systems

Groups and institutions the client moves through

What schools, workplaces, faith or cultural communities shape daily life?

Which providers, agencies, or case teams are involved?

Where is there support, and where is there friction?

MACRO The Structures

Policies, economics, laws, culture, history

What policies or benefits apply (housing, Medicaid, immigration, custody)?

What economic or labor conditions are in play?

What cultural or historical context matters for this client?

CHRONO The Time

Life stage, historical moment, and the arc of the case

What life stage and developmental moment is this person in?

What historical or world events are shaping this case right now?

What has already shifted since intake, and what is coming next?

SYNTHESIS Put It Together

Where do the levels intersect, and what matters most right now?

What is the single most important intersection across Micro, Mezzo, Macro, and Chrono?

What strengths and resources can this person draw on across levels?

What is one next step that addresses more than one level at once?

Person-in-Environment Assessment

Clinical Edition

A biopsychosocial assessment with Person-in-Environment as the spine. Chrono is a full level, not an afterthought.

Client ID / initials:	Date of assessment:	Clinician:	
DOB / age:	Pronouns:	Session #:	Referral source:

PRESENTING CONCERN

In the client's own words and the referral context

Chief complaint (client's words):

Reason for referral and clinical context:

MICRO The Person

Identity, health, history, inner circle

Identity and intersectionality (race, ethnicity, gender, sexuality, faith, ability, language):

Biological and physical health (conditions, medications, sleep, nutrition, pain):

Mental health and diagnostic considerations (current symptoms, history, prior treatment):

Trauma history and attachment (ACEs, losses, protective relationships):

Substance use and coping strategies (adaptive and maladaptive):

Household and closest relationships (who lives with client, key relational figures):

MEZZO The Systems
Groups and institutions the client moves through

School, work, daily structure and routines:

Social supports and natural helpers (friends, mentors, neighbors, online communities):

Providers and care team (PCP, psychiatry, case management, other clinicians):

Community, faith, and cultural affiliations:

System-level friction, gaps, or conflicts (waitlists, denied services, mistrust):

MACRO The Structures
Policy, economics, laws, culture, history

Housing and neighborhood context (stability, safety, tenure):

Income, employment, benefits, and insurance (Medicaid, SNAP, SSI, child support):

Legal and immigration status (court involvement, custody, documentation):

Experiences of discrimination, oppression, or structural violence:

Cultural and historical context shaping this client and community:

CHRONO The Time
Life stage, historical moment, arc of the case

Developmental and life stage (milestones, role transitions, caregiving load):

Historical and current events shaping this client right now:

Trajectory of this case (what has shifted since intake, what is emerging):

Anticipated transitions (school ending, benefits renewal, release dates, anniversaries):

RISK AND SAFETY

Cross-cutting across all four levels

Suicide, self-harm, harm to others, abuse, neglect, IPV (current and historical):

Safety plan status, collaterals notified, warm handoffs made:

STRENGTHS AND PROTECTIVE FACTORS

What is working, and for whom

Individual, relational, community, and structural strengths:

PIE FORMULATION

Synthesize the four levels into a clinical picture

Where do Micro, Mezzo, Macro, and Chrono intersect for this client right now?

Working clinical impression and diagnostic considerations (with differentials):

GOALS AND INTERVENTION PLAN

By level, with clear ownership and timeframes

Micro-level goals and interventions (individual work, clinical targets):

Mezzo-level goals and interventions (collaterals, care team, groups, school/work):

Macro-level goals and interventions (benefits, legal, housing, advocacy referrals):

Chrono considerations and timing (sequencing, upcoming transitions to anticipate):

Clinician signature:

Date:

Credential:

Supervisor signature (if applicable):

Date:

Credential:

Meet Maya: A PIE Walkthrough

An annotated example using the Person-in-Environment framework

Read the narrative on the left. The annotations on the right show how each detail maps to a PIE level. Notice how many details belong to more than one level at once.

HOW TO READ THIS WALKTHROUGH

Four levels, color-coded, in a real clinical narrative

Maya is a composite teaching case. She is not a real client, but every detail is drawn from real patterns you will see in practice. The story unfolds the way a first intake usually does, with new pieces surfacing as trust builds. At each step, you will see how a Person-in-Environment clinician hears a detail on more than one level at once.

MICRO is the person and their closest relationships. MEZZO is the groups and institutions they move through. MACRO is the policies, economics, laws, culture, and history around them. CHRONO is the life stage, historical moment, and arc of the case. Chrono is a full level, not an afterthought.

THE REFERRAL

How Maya arrives

Maya is 29. Her primary care doctor referred her after a routine physical where she scored high on a standard anxiety screen. The referral note says generalized anxiety, rule out depression, requesting short-term therapy. She called the clinic herself and scheduled the first available intake.

She works two jobs: full-time as an administrative coordinator at a regional logistics company, and part-time on weekends at a family-owned catering business run by her aunt. Her intake form lists a high-deductible health plan and notes that she has not seen a therapist before.

MEZZO

PCP is part of Maya's care team. That referral pipeline is her entry point into mental health care.

MACRO

A screening tool decides who gets a referral. The instrument and the cutoff are policy choices.

MICRO

First-time help seeker. That itself is a data point about what she has been carrying alone.

MACRO

High-deductible insurance and two jobs are structural facts that will shape what treatment is possible.

WHAT MAYA BRINGS TO THE FIRST SESSION

Letting the story unfold across four levels

Maya sits down, apologizes for being five minutes late, and says she almost cancelled twice. She tells you she does not

MICRO

really believe in therapy but her doctor was insistent. She describes a constant low hum of worry, trouble sleeping, and a tight chest she used to be able to ignore. She says she is a first-generation college graduate, the first in her family to finish a four-year degree.

Her parents immigrated before she was born. Her father runs a small repair shop, her mother cleans houses. She has two younger siblings in high school and college. She is the one who translates appointments, files paperwork, handles the insurance calls, and sends money home when her parents are short. She says this with a shrug, like it is obvious.

When you ask about support, she mentions her faith community first. She volunteers with the youth group every Sunday. She says it grounds her, and then quieter: sometimes it is one more place she cannot say no. A respected elder told her last month that strong women do not need therapy, they need prayer.

You ask what made her finally come in. She says her mother was diagnosed with early-stage diabetes six weeks ago, and her father's back has been getting worse. She is starting to think about what happens when one of them cannot work, and she cannot stop running through the numbers in her head. She has not told her siblings any of this.

She mentions, almost as an afterthought, that her company does not offer a mental health benefit and her high-deductible plan means each session is out of pocket until she hits the deductible. She asks, carefully, how many sessions you think this will take. You notice her calculating.

At the end of the session she asks if you have worked with second-generation immigrant women before. When you say

Identity as a first-gen grad is core to how she sees herself and what she tolerates.

MEZZO

Her family's beliefs about therapy are already in the room with her.

MICRO

She is a devoted caregiver to her siblings and a cultural broker for her parents. That is labor, not personality.

MEZZO

Her household functions as a multi-generational care unit. She is the connective tissue.

MACRO

Immigration status, language access, and benefits navigation are structural forces shaping this family.

MEZZO

The faith community is both anchor and pressure. Hold both of those truths at once.

MACRO

Cultural scripts about strength and mental health are not personal beliefs alone. They are transmitted, enforced, and structural.

CHRONO

Life stage: the hinge point between emerging adulthood and becoming the family caregiver. This is a chrono event in real time.

MACRO

A parent's chronic illness is also an encounter with the healthcare system, disability policy, and economic precarity.

MACRO

This is not a motivation question. It is a cost-of-care question shaped by her insurance design.

MEZZO

Her workplace benefits structure is a mezzo system that is actively shaping what treatment she can accept.

MICRO

yes, her shoulders drop half an inch. She schedules a second session, then pauses at the door and says: I do not know if I can keep coming, but I would like to try.

Naming herself out loud is part of the work. Her identity is not a demographic box, it is a clinical variable.

MACRO

The shortage of culturally responsive providers is a structural fact she is already navigating.

PIE FORMULATION

Where the levels intersect

Maya meets criteria for Generalized Anxiety Disorder and has subclinical depressive symptoms. The anxiety is real. It is also the expected response of a person holding an adult caregiving load, a cultural script that forbids naming it, a workplace with no benefits, an insurance design that taxes help seeking, and the early signals of a parental health decline.

A micro-only formulation would treat her anxiety as a skills deficit: she needs better cognitive tools and sleep hygiene. A PIE formulation names the skills work and everything else. Her symptoms are a signal that multiple levels are squeezing her at once. The intersection matters more than any single level.

The chrono level is the one most often missed here. Maya is standing at a developmental hinge and a family caregiving hinge at the same time, inside a post-pandemic labor market that changed what her job and her parents' jobs look like. Missing chrono means missing why this is surfacing now.

TREATMENT PLAN BY LEVEL

What moves, by whom, and when

MICRO.

Weekly individual therapy. Psychoeducation on anxiety as a caregiving signal, not a character flaw. CBT skills for rumination and sleep. Values clarification around the caregiver role she is moving into. Room to grieve what she has been carrying alone.

MEZZO.

With her permission, coordinate with her PCP on symptom tracking and sleep. Explore whether her faith community has any lay support or women's circle she could opt into without the elder's framing. Consider whether her siblings can be looped in on the parental health picture.

MACRO.

Connect her with a benefits navigator to understand what her mother's diagnosis unlocks (care coordination, disability planning, community health worker resources). Provide a written statement her employer's HR can use to request EAP expansion or reasonable accommodation for medical appointments.

CHRONO.

Name the life-stage hinge out loud with Maya. Build a six-month map of anticipated transitions (her parent's next appointment, her sibling's college decision, open enrollment season). Plan for the anniversary dates that are likely to be harder. Revisit the plan as the arc of the case shifts.

READER REFLECTION PROMPTS

Use these for class, supervision, or your own practice

1. Where in Maya's story did you catch yourself reaching for a micro-level explanation first? What would you have to change in your own listening to hear chrono in the room?
2. Which details belong to more than one PIE level at once? What does that overlap tell you about intervention sequencing?
3. What would be lost if the case note only said: Client presents with generalized anxiety, referred for short-term CBT?
4. Which mezzo or macro resource in your current community would actually move Maya's situation? Name it specifically.

Instructor Discussion Guide

Teaching Person-in-Environment through advanced practice

A drop-in companion for BSW and MSW faculty. Designed around the Person-in-Environment video and Maya walkthrough.

AT A GLANCE

What this guide includes and how to use it

This guide is built around a single case (Maya) and a single framing principle: Chrono is a full PIE level, not an afterthought. It fits into a 60 to 90 minute class session and maps to the CSWE 2022 EPAS Competencies 2, 3, 7, and 8. You can use the full guide in one class, or pull individual sections for supervision, fieldwork seminar, or independent study.

Suggested time blocks

- Pre-class preparation: 20 to 30 minutes (video and readings)
- Warm-up discussion: 10 minutes
- Small group work with Maya: 25 to 30 minutes
- Large group debrief: 15 to 20 minutes
- Post-class reflection or assessment: 20 to 30 minutes

LEARNING OBJECTIVES

What students should be able to do after class

By the end of this session, students will be able to:

- Distinguish Micro, Mezzo, Macro, and Chrono as four equal levels of a PIE assessment, and explain why chrono is the most commonly missed level.
- Apply a Person-in-Environment lens to a real client presentation and identify details that belong to more than one level at once.
- Critique a micro-only formulation of a client's presenting concern and reframe it using all four PIE levels.
- Draft a treatment plan that names interventions at micro, mezzo, macro, and chrono levels, with clear ownership and timing.
- Connect PIE practice to CSWE EPAS Competencies 2, 3, 7, and 8, and to the NASW Code of Ethics (Standards 1.05, 6.01, and 6.04).

PRE-CLASS PREPARATION

Assign these before students arrive

Required

- Watch the Person-in-Environment video (The Social Work Progressive).

- Read the Maya walkthrough handout. Students should come in able to name at least one detail from each PIE level.
- Skim one recent peer-reviewed article on ecological systems theory or structural social work from the last ten years (see suggested readings).

Pre-class reading questions

Students answer in writing (one paragraph each) and bring to class:

1. What is the difference between Micro, Mezzo, Macro, and Chrono in your own words? Give one example of a detail that could belong to more than one level.
2. In the video, Stephanie argues that chrono is usually treated as an afterthought. Where in your own practice or field placement have you seen chrono get missed?
3. What is one way your current field setting either supports or undermines a full PIE assessment?

WARM-UP DISCUSSION

10 minutes, full class

Open with a quick whiteboard exercise. Write the four levels across the top of the board. Ask students to call out examples from their own field placement or case load that belong to each level. Your goal is not coverage, it is to show the class how quickly the micro column fills up and how slowly the chrono column does.

Opening prompts

- When you hear the phrase Person-in-Environment, what do you picture? Has that image changed since Foundation year?
- Which PIE level do you feel least prepared to assess for? Why do you think that is?
- In your last three case notes, how often did you name something at the chrono level?

SMALL GROUP EXERCISE: MAYA

25 to 30 minutes, groups of 3 or 4

Divide the class into small groups. Each group gets a copy of the Maya walkthrough (or uses their annotated version from pre-class). Assign each group ONE of the following tasks. After 20 minutes, groups report out for 1 minute each.

Task A: The Flattened Note

Rewrite Maya's case as a single short paragraph a non-PIE clinician might write. Then compare it to the PIE formulation in the walkthrough. What specifically gets lost? What is clinically dangerous about the flattened version?

Task B: The Missing Chrono

Identify every chrono-level detail in Maya's story. For each one, write a clinical implication that a chrono-blind clinician would miss. Then propose one intervention that addresses chrono explicitly.

Task C: The Intersection Map

Find three details in Maya's story that belong to at least two PIE levels at once. For each, explain why the intersection matters more than either level on its own. What does that tell you about sequencing interventions?

Task D: The Systems You Actually Have

Look at the mezzo and macro sections of the treatment plan. Using your own local community as the reference, name specific agencies, benefits, or advocates you would actually call for Maya. What is realistic and what is aspirational? Why does that gap matter?

LARGE GROUP DEBRIEF

15 to 20 minutes

Bring groups back together. Use the prompts below to keep the debrief focused and move it from case analysis to practice identity.

Debrief prompts

4. Where did the groups disagree about which level a detail belonged to? What does that disagreement tell you about how much judgment PIE requires?
5. What is the most common reason clinicians collapse PIE into micro, even when they know better?
6. How does a full PIE formulation change what you are accountable for as a clinician? What does it require of your agency and supervisor?
7. If you had to convince a skeptical supervisor that chrono deserves equal weight, what would you say?

POST-CLASS ASSIGNMENT

Choose one, due before the next class

Option 1: PIE your current case

Take one client from your field placement (de-identified) and complete a full PIE assessment using the Clinical Assessment template. Write a 300 word reflection on which level was hardest to fill in and why.

Option 2: Chrono audit

Pull your last five case notes (de-identified). Count how many contain a chrono-level observation. Write a 300 word reflection on the pattern you see and what you would change going forward.

Option 3: Policy-to-practice memo

Pick one macro-level factor in your current practice setting (a benefits cliff, a policy change, a funding cut, a cultural shift). Write a one-page memo to a hypothetical new clinician explaining how that macro factor shows up in day-to-day client work, and what a PIE-competent response looks like.

ASSESSMENT RUBRIC

Simple three-level rubric for the post-class assignment

Level	PIE coverage	Analytic depth
Developing	Names micro and mezzo only, or treats	Describes what the client is doing. Limited

	chrono as background. Macro framed as context, not as a clinical variable.	formulation. Weak connection between assessment and plan.
Proficient	Names all four PIE levels with specific details. Chrono treated as a real level. Some intersections identified.	Moves from description to formulation. Interventions map to at least three levels.
Advanced	All four levels fully developed with intersections. Chrono drives at least one clinical decision. Ethical and policy implications named.	Clear clinical reasoning. Interventions are sequenced. Reflection names the student's own blind spots.

SUGGESTED READINGS

Recent sources to pair with the video

All citations are in APA 7 and published within the last ten years. Choose one or more to assign alongside the video.

- Hutchison, E. D. (2019). Dimensions of human behavior: Person and environment (6th ed.). Sage.
- Rogers, A. T. (2019). Human behavior in the social environment: Perspectives on development and the life course (5th ed.). Routledge.
- Council on Social Work Education. (2022). Educational policy and accreditation standards for baccalaureate and master's social work programs. CSWE.
- National Association of Social Workers. (2021). Code of ethics of the National Association of Social Workers. NASW Press.
- Teater, B. (2017). Social work practice from an ecological perspective. In C. L. Shehan (Ed.), The Wiley Blackwell Encyclopedia of Family Studies. Wiley.

CSWE AND NASW ALIGNMENT

Map this session to your syllabus

CSWE EPAS 2022 Competencies

- Competency 2: Advance human rights and social, racial, economic, and environmental justice.
- Competency 3: Engage anti-racism, diversity, equity, and inclusion in practice.
- Competency 7: Assess individuals, families, groups, organizations, and communities.
- Competency 8: Intervene with individuals, families, groups, organizations, and communities.

NASW Code of Ethics (2021)

- Standard 1.05: Cultural competence (humility as an active clinical stance, not a trait).
- Standard 6.01: Social welfare (the practitioner's responsibility to the broader society).
- Standard 6.04: Social and political action (connecting the client's chart to the policies that shape it).