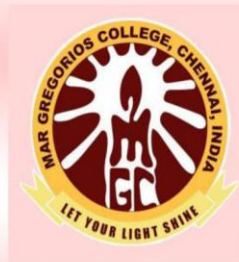


# **MAR GREGORIOS COLLEGE OF ARTS & SCIENCE**

Block No.8, College Road, Mogappair West, Chennai – 37

Affiliated to the University of Madras  
Approved by the Government of Tamil Nadu  
An ISO 9001:2015 Certified Institution



## **PG DEPARTMENT OF SOCIAL WORK**

**SUBJECT NAME: WORK WITH INDIVIDUALS (CASE WORK)**

**SUBJECT CODE: HBW1B**

**SEMESTER: I**

**PREPARED BY: PROF. D.KAVITHA RANI**

## **CORE PAPER II – Work with Individuals (Case Work) Total Teaching Hours: 60**

### **Objectives**

- To understand Social Case Work as a method of Social Work and develop skills in Social Work practice
- To comprehend theory and models and apply them in direct practice with individuals
- To become aware of the scope of using the methods in various settings

### **Unit 1**

**Introduction to Working with Individuals (Social Casework);** Historical Development of Social Case Work as a Method of Social Work, Concept and Definition, Philosophy, Values, Principles, Skills, Components, Case Work Relationship: Empathy, Skills in Building Relationship, Transference and Counter Transference, Difference between Casework, Counselling and Psychotherapy

### **Unit 2**

**The Helping Process** Phase I- Psychosocial Study, Psychosocial Assessment  
Phase II- Intervention Plan and Goal Setting, Intervention  
Phase III- Termination, Evaluation and Follow up.

### **Unit 3**

#### **Models and Approaches**

Psychoanalytic Approach, Psychosocial, Functional, Client Centered, Cognitive Behavioural Approach, Life Model, Task Centered, Strength Based, Evidence Based Approach, Ecological approach, Integrated Approach.

### **Unit 4**

#### **Tools and Techniques in working with Individuals**

Observation, Interviews, Home Visits, Collateral Contacts, Resource Mobilization, Referrals, Environment modification, Communication.

### **Unit 5**

#### **Case Work in different Settings and Recording**

Case work in hospitals, schools, communities, institutional setting and industry; Types of recording-verbatim, narrative, condensed, analytical, topical, summary recording

## WORK WITH INDIVIDUALS (SOCIAL CASE WORK)

### Unit 1

#### **Unit 1**

**Introduction to Working with Individuals (Social Casework);** Historical development of Social Case Work as a Method of Social Work, Concept and Definition, Philosophy, Values, Principles, Skills, Components, Case Work Relationship: Empathy, Skills in Building Relationship, Transference and Counter Transference, Difference between Casework, Counselling and Psychotherapy

#### **Definitions**

##### **Mary Richmond (1915):**

“Social Case work may be defined as the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society’s betterment.”

##### **Swift (1939):**

“Social Case work is the art of assisting the individual in developing and making use of his personal capacity to deal with problems which he faces in his social environment.”

##### **Hollis (1954):**

“Social Case work is the method employed by social workers to help individuals find solution to problems of social adjustment which they are unable to handle in a satisfactory way by their own efforts.”

##### **Perlman (1957):**

“Social Case work is a process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functioning.”

#### **MEANING AND NATURE OF SOCIAL CASE WORK:**

It is a method of social work, seeks to help individuals in a systematic way based on knowledge of human behavior and various tested approaches. Consumers of these services are individuals and their families. Case Worker’s knowledge, expertise and available material resources are used to inject strength in the person. Person to person relationship, face to face, interpersonal transaction. Deals with the adjustment of the individual towards more satisfying human relations, Case Worker helps the total individual, i.e., with every aspect of his life (psychological and environmental - social & physical factors). Case Worker provides assistance to every individual in accordance to his problem and need. Problems differ from individuals to individuals. Process used by certain human welfare agencies to help individuals cope more effectively with their problems in social functioning.

### **SCW involves the following ingredients:**

Social Agencies: offering specialized services.

- Application: client applies for agency's assistance.
- Continuing service: agency's service remains continuous until solution.

End of the process: when client no longer requires agency's assistance; when client develops effectiveness in coping with his problem and resolves the problem.

**\* "A PERSON with a PROBLEM comes to a PLACE where social worker helps him through a well-defined PROCESS." – Perlman.**

**PERSON:** man, woman, child, and aged, anyone with social emotional living.

**PROBLEM:** arise from some need /obstacle /accumulation of frustrations or maladjustments which threaten the adequacy of the person's living situation or the effectiveness of his efforts to deal with it.

**PLACE:** social service agency, social welfare department.

**PROCESS:** progressive transaction between caseworker and client.

### **PURPOSE OF SOCIAL CASE WORK:**

Basic purpose is to enable the client to enjoy with some degree of permanence. More satisfying, effective and acceptable experiences in the social situation in which he finds himself. Essential task is the facilitation of the social relationship. (Witmer) Chief aim is to help them mobilize their capacities for the solution of their problems. Help them so that they will be better able to meet future difficulties with a more effectively organized personal strength. (Moffett & Hollis) Bring about a better adjustment between individual clients and his situation or environment.

(Bowers) Better adjustment in the social relationships of the individual and the development of individual personality.

In general, the purpose of social case work is to help an individual client to solve his psycho-social problems in such a way so that he finds himself capable of dealing with these problems at present and also may solve in future if such problems arise.

### **OBJECTIVES OF SOCIAL CASE WORK:**

- To understand and solve the internal problems of the individual.
- To strengthen his ego power.

- Remediation of problems in social functioning.
- Prevention of problems in social functioning.
- Development of resources to enhance social functioning.

### **SOCIAL CASE WORK VALUES:**

- Social casework values have roots in the democratic social system. They are:
- Every man has inherent worth and dignity.
- Every individual has the right to self-determination.
- Every individual is the primary concern of society, has potential for and the right to growth.
- Every individual, in turn, has to contribute to the society's development by assuming his social responsibility.
- The individual and society in which one lives are interdependent.

Basic human needs have to be met by services which are not dependent upon in accord either to moral behavior or to race, nationality, caste, etc.

### **BASIC ASSUMPTIONS OF SOCIAL CASE WORK:**

- Man is a bio-psycho-social being who is in constant interaction with his environment.
- All problems in social functioning are psycho-social in nature and most are interpersonal as well.
- Within certain limits, man can be understood and helped.
- Man can grow and change limited only by his inherent capacities and potentials.
- Every person is unique as well as similar to others.

### **PRINCIPLES OF SOCIAL CASE WORK: (BIESTIK)**

- Principle of Individualization.
- Principle of Purposeful expression of feelings.
- Principle of Controlled emotional involvement.
- Principle of Acceptance.
- Principle of Non-judgmental attitude.
- Principle of Client self-determination.
- Principle of Confidentiality.

### **HISTORICAL DEVELOPMENT OF SOCIAL CASE WORK:**

- Ancient times – individuals in every society have been helped by others to solve their problems.
- Late 19<sup>th</sup> and early 20<sup>th</sup> century – it took professional shape

- 1869 – Origin of Charity Organization Society in London.
- The main aim of the society was to find out ways and means of helping the poor and needy and thus to organize used ‘volunteers’, called ‘friendly visitors’.
- They visited the homes of the poor for the purpose of assessing their need, for rendering material assistance and for giving them guidance and advice.
- These friendly visitors were subsequently called ‘paid agents’.
- These paid helpers gradually developed systematic procedures in performing their tasks; they collected data, helped them after assessing and also maintained records (personal data, type of help rendered).
- Case work gradually developed into a professional method.
- 1877 – Organized efforts were taken by the American Charity Organization Society in U.S.A., similar to that in London.
- The ‘paid agents’ received training in investigation, diagnosis and treatment for which the New York School of Philanthropy was established towards the end of the 19<sup>th</sup> century.
- 1895 – End of 19<sup>th</sup> century in England, a concept called ‘Almoners’ (outside visitors) was introduced. Sir Charles Loch appointed Almoners to help hospitals to serve patients effectively. Almoners were similar to friendly visitors and paid agents.
- 1898 – The first School of Social Work was established in New York.
- 1911 – Case work had emerged in USA as an accepted formal technique. Since the early social workers handled cases of families in need, they were called caseworkers in USA.
- 1914 – 1917 – The first training programme for casework started at this time, based more on the medical model – Summer training – started by many schools of social work – recognized by professionals.
- 1917 – Mary Richmond wrote her first book called ‘Social Diagnosis’ which set forth a methodology of helping clients through systematic ways of assessing their problems and handling them. The book also introduced the principle of individualization and client’s right to self-determination.
- Impact of I World War – The First World War made a wide impact on social case work. Psychiatry in this period became more important. The contribution of Freud and his followers influenced the method employed by the caseworkers in dealing with the individuals. CGC movement and treatment, prevention of mental problems and delinquency strengthened the psychological orientation of this approach.
- 1920s - Various definitions of case work under the influence of Freudian theory (internal factors – individual responsible for his problems). caseworkers realized that ore responsibilities should be given to individuals to make decisions of their life. Professionals also began to move into other fields like prisons, schools, etc.

- 1930 – Economic depression – Case workers had to consider the economic factors which were causing distress to clients, leading to emotional distress and breakdown. Focus shifted from individual to modification and manipulation of the client's environment to enable him to adapt to his situations satisfactorily.
- After World War II, with the problems of morale, leadership, propaganda, separation, communication, etc., social workers found social sciences more useful. There was increase in personal problems on the part of clients due to financial crises.
- 1950s – This was an era of private practice. Professional agencies started growing in this field. Case work started going into the community. Richmond (1922), Hamilton (1951) and Pearlman (1957) also emphasized on the problems of social functioning.
- 1960s – Lot of importance was given to research and social action. Heredity vs. environment – casework method adopted new techniques and principles.

#### **SOCIAL CASE WORK IN INDIA: -**

- American case work had its influence in India, as the first professional social workers who did case work in the Indian setting were trained in the American Schools of Social work.
- 1911 – N.M. Joshi, one of the founders of the Trade Union Movement established an organization called the Social Service League. The League conducted training programmes for volunteers, whose services were later utilized for relief work among people suffering from famines, epidemics, floods and other disasters, and also for welfare programmes among the poor and the destitute.
- 1936 - The Sir Dorabji Tata Graduate School of Social Work was started in Bombay, the training for social work changed into a full time career oriented, educational programme. 1946 – Case work figured, both as a theoretical course and also as a method of practice in the academic programme.
- Social work as a profession and as an academic programme has been enlarged and enriched by new perspective, ideas and theories.

#### **HISTORY OF SOCIAL CASEWORK:**

- The poor, from the very beginning of the civilised society, have been the concern of humanists, philanthropists and socio- religious activists. Its description is found in the Vedic literature and of course much later in the western countries. Casework as practised today, a purely western (predominantly USA) model, too owes its history to work by individuals and organisations with the poor.
- The Association for Improving the Conditions of the Poor (AICP) founded in 1843 in USA, emphasised self-respect, self-dependence and relief suitable to their needs in its work with the poor. The approach behind this service by AICP had a clear departure from the earlier services to the poor

in colonial America under Elizabethan Poor Law of 1601, etc., which was based on the concept of charity. Seeds of social casework seems to have been shown with the individualised services of Thomas Chalmers (1780-1847) followed by the Charity Organisation Society (COS) of 1869 (London) and 1877 (USA) respectively.

- Their work involved investigation to determine clients' needs, central registration, recording, relief giving and use of volunteer, i.e., friendly visitor. Friendly visitors of COS (USA) discovered that all the poor were—not alike and that they should be treated differently. Papers presented at the National Conference of Charities and Corrections enunciated and emphasised the principle of individualisation.
- COS was asked to reach the individual and restore his function without bothering for detection of imposters on relief. Thus, the concept of scientific charity came into practice and it was recognised that “the poor, and those in trouble worse than poverty, have not, in common, any type of physical, intellectual or moral development which would warrant an attempt to group them as a class”.
- friendly visitors at a later stage received training in investigation, diagnosis and treatment for which the New York School of Philanthropy was established towards the end of 19th century (Bruno, 1957) and it was during this time that term ‘casework’ appeared in a paper read at a national conference. The COS movement gave birth to Family Welfare Association in 1905.
- In England, around the end of the 19th century, outside visitor (called almoner) at the instance of Sir Charles Loch came to help hospitals to serve their patients effectively. The almoner, like paid agents and friendly visitor of USA, can be said to be the predecessor of caseworker. The almoner’s original assignment was seen as the prevention of abuse of hospital treatment.
- By 1911, social casework had emerged in USA as an accepted formal technique though the first book on social casework was published in 1917 by an American, Marry Richmond. Various definitions of casework in the 1920s under the influence of Freudian theory no more emphasised external factors. It held the individual responsible for his plight and it was he who was helped to cope with the social problems confronting him.
- During the same time, social reforms and social problems received little attention compared to its earlier period when the emphasis was on correcting the social environment of the client. In 1920s, under the Freudian influence, casework was to “untangle and reconstruct the twisted personality” and change human attitudes so that the client could adjust to his environment and its influence.



- In contrast to the trend in 1920s, caseworkers shifted their focus in 1930s from individual to modification and manipulation of the client's environment to enable him to adapt to his situations satisfactorily. This change was because of acceptance of the idea by Americans that social and economic variables influenced man's behaviour meaningfully.
- After World War II, with the problems of morale, leadership, propaganda, separation, communication, etc., social workers found social sciences more useful. Interest in social environment, along-with ego psychology, received more attention and the definition of Richmond (1922) that casework consists of "those processes which develop personality through adjustments consciously effected, individual by individual, between man and their social environment" was considered to be the best by Hamilton (1951). Perlman (1957) also emphasised on the problems of social functioning.
- Though many may not agree, I personally think that the latest thinking in casework is more or less fully contained in the definition by Boehm (1958) which emphasises both external and internal factors, and uses the concepts of social functioning, social role, malfunctioning, and, of resources. Many new trends are coming forth and possibly no definition will ever be able to cover all the changes and trends emerging from time to time.

### **Nature:**

Social casework, as taught and practised in India today, is understood as an approach to help individuals but not at random. As a method of social work profession, it seeks to help individuals in a systematic way based on knowledge of human behaviour and various tested approaches.

Every individual, child or adult, in order to grow and develop, has various needs (psychological, physical and social) to fulfil. In this task, he has to interact with different types of people and face different environmental conditions. Very often, the individual fails in his attempts fully or partially and sometimes, he has to face non-helpful reactions of the people around him.

Lack of resources, non-fulfilment of needs, unpleasant social reactions and unfavourable physical conditions make human development and functioning (i.e., adaptation) difficult and sometimes impossible. An individual, under these stressful conditions, seeks help, sometimes from the near and dear ones (like parents, siblings, friends, etc.) and sometimes from the professionals (priests, teachers, lawyers, doctors, social workers, etc.) Every professional's help has two components: one, his professional skills and knowledge, and the other is his personal characteristics and experiences of life.

These two components set the way the professional helper will move to help the needy individual to meet his needs or solve his problems to live a full life. What aspects of life will be aided by whom will depend upon the professional expertise of the person in the helping role.

For example, a physician will help only with physical problems, a teacher with educational problems and a lawyer with the legal problems. Social workers help the total individual, i.e., with every aspect of life which, in any way, is detrimental to his living a full life—a life wherein one is not uncomfortable with the happenings in and around him.

Perlman (1957) tries to understand this process of helping individuals in terms of a person with a problem, who comes to a place (an agency) where a professional representative (trained person) helps him by a given process. She thus delineates the four basic components of social casework, viz., person, problem, place (agency) and process. She explains that problems arise from some needs or obstacles to the fulfillment of these needs, or accumulation of frustrations, or maladjustment, or sometimes from all of these put together.

These individually or together threaten or have already attacked the person's living arrangement or the effectiveness of his efforts to deal with it. These problems are tackled through a process which is a progressive transaction between the professional (trained) helper and clients. It consists of problem-solving operations carried on within a meaningful relationship (purposefully established).

## **COMPONENTS OF CASE WORK**

### **Introduction**

Social case work is a complex, dynamic, and evolving phenomenon. It is complex by virtue of the varied knowledge which feed it, the ethical commitments which infuse it, the special auspices and conditions of its practice, the objectives and ends which guide it, the skills which empower it. It is complicated by the fact that it deals with materials which are in interaction and change among themselves and also in response to the interaction of case work itself. As it is experienced, practiced, or thought about, the social case work is a living event. As such it cannot be contained within a definition. Yet we can try to define it in a manner as it is used by the practitioners.

Social case work is a process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functioning.

Case work is both social and psychological. The term "social" implies which involves more than one person; the term "psychological" is that which takes place within an individual. Since the individual does not live in a vacuum, the content of much of his inner experience is "psycho-social." In other words, there is no real dichotomy between the social and the psychological. There is an aspect of experience, however, which belongs to and is characterized by the individual himself. The nucleus of the case work event is this: a person with a problem comes to a place where a professional representative helps him by a given process.

Since this is the heart of almost any situation where a person seeks professional help, the distinctive characteristics must be delineated.

There are four components of case work known as the 4

P's:

1. The Person
2. The Problem
3. The Place
4. The Process

Let us examine each, one by one

**The Person** The person is a man, woman or child or anyone who finds himself/herself, or is found to be, in need of help in some aspect of his social-emotional living, whether the need be for tangible provisions or counsel. As he/ she begins to receive help, he/she is called a "client". A client is one who seeks professional help, one who employs the help of another or one who is served by a social agency or an institution.

David Landy has identified the process a person goes through in seeking help or becoming a client:

- The help seeker must decide something is wrong.
- The help seeker must face the probability that family, friends and neighbours will know of his disability.
- The help seeker must decide to admit to a helper he is in distress, failed or is not capable of handling his own problem.
- The help seeker must decide to surrender enough sovereignty and autonomy to place himself in a dependency role.
- The help seeker must decide to direct his search for help among persons and resources known to him.
- The help seeker must decide to take time off a job or from other responsibilities to receive help.
- The help seeker may realize that in receiving help relationship with others may be threatened.

The person seeking help brings to the helping situation concerns, needs and problems. The person comes with concerns, unmet needs and problems of social functioning. He/She comes from a societal and cultural milieu, a set of life experiences, and a set of transactions with other person's that make the person unique yet sharing the commonalities of humankind. The client of a social agency is like the other persons one has ever known, but he/she is different too. In broad ways he/ she is like all other human beings; in a somewhat more limited way he/she is like all other human beings of his age or time or culture. But, as one moves from

understanding him/her simply as a human being to understanding him/her as this particular human being, one finds that, with all his/her's general likeness to others, he/she is as unique as his thumbprint. By nuance and fine line and by the particular way his/her bone and brain and spirit are joined, he/she is born and grows as a personality different in some ways from every other individual of his/her family, genus, or species. The client role calls for active participation in the helping endeavor, which includes furnishing appropriate information to inform the decisionmaking process, participation in the decision-making process to the limits of the clients ability and capacity, and the carrying put of the mutually agreed upon tasks.

**Clients are of several types:**

1. Those who ask for appropriate help for themselves.
2. Those who ask for help for another person or system.
3. Those who do not seek help but are in some way blocking or threatening the social functioning of another person (e.g., the neglectful parent in a child protection case).
4. Those who seek or use help as a means to reach their own goals or ends.
5. Those who seek help but for inappropriate goals.

Identification of client's type is the first step in the delivery of service, for the worker-client relationship and interaction will vary depending on the type of client and the nature of help sought.

Felix Biestik has identified seven needs of clients as they come to the helping situation:

1. To be dealt with as an individual rather than a type or category.
2. To express feelings both positive and negative.
3. To be accepted as a person of worth, a person with innate dignity.
4. Sympathetic understanding of and response to feelings expressed.
5. To be neither judged nor condemned for the difficulty in which the clients find himself.
6. To make own choices and decisions concerning one's own life.
7. To help keep confidential information about self as secret as possible.

The client is a person with both needs and a problem(s). The problem may be related to a client. No one can ever know the whole of another person, though may sometimes delude himself/herself to that effect. The reason for this lies not only in the subtle dimensions and interlacing of any personality but also in the shift and reorganization of new and old elements in the personality that take place continuously just because the person is alive in a live environment and is in interaction with it. Nevertheless, the person is a whole in any moment of his/her living. He/she operates as a physical, psychological, social entity, whether on the problem of his/her neurotic anxieties or of his inadequate income. He/she is a product-in-process, so to speak, of his/her constitutional makeup, his/her physical and social environment, his/her past environment, his/her experiences, his/her present perceptions and reactions, and even his/her future aspirations. It is this physical-

psychological-social-past present- future configuration that he/she brings to every life-situation he/she encounters.

The person's behavior has this purpose and meaning to gain satisfaction, to avoid and dissolve frustration and to maintain his/her balance- in- movement.

To understand a person, it is important to know his/her parts of personality that is

- Id (life forces of the individual),
- ego (conscious, drivers gliding our personality forces) and
- superego (unconscious, ethical values and principles)

which have an important role in governing his/her behaviour. Whether a person's behaviour is or is not effective in promoting his/her well-being depends in large part upon the functioning of his/her personality structure.

**The forces of the human personality combine in three major functions:**

- (1) the life energies that seek satisfactory outlets;
- (2) the check system, automatic or voluntary, that halts, modifies, or re-channel these drives to make their ends acceptable to their owner and his/ her environment; and
- (3) the organizing and governing operations that controls the negotiations and balances within the person himself/herself, as between what he/ she wants and what he/she can and ought to do, and between himself and his/her physical environment. Freud, a psychologist defined them as id, ego and superego.

The harmonious concerted action of these forces in one makes for personal and social balance and competence; their discord of faultiness is revealed in behaviour that is personally thwarting or socially unacceptable. A person at any stage of his/her life is not only "a product" of nature but is also and always "in process" of being in the present and becoming in the future. What happens to the individual today may be as vital to him/ her as what happened yesterday. Those physical, social and interpersonal situations he encounters in his/her operations today as worker, parent, spouse, student or client will have an impact upon him/her and will respond that can affect his/her development either morbidly or benignly.

The persons "being and becoming" behaviour is both shaped and judged by the expectations he/she and his/ her culture have invested in the status and the major social role he/she carries- a man may be a father, a son, an employee, a club member and a client of the case worker, all in the space of a few hours. His/her social role consists of the major function he/she carries at a given time with broadly designated behaviour, responsibility and rewards. His/her conflict may be cause by his recognition of what his role calls for and his emotional inability to meet it. The person who comes as client to a social agency is always under stress. Regardless of the client's reason for coming for help, the client brings much more than concerns, needs or problems to the helping situation. The client brings the total self as a biological, psychosocial, cultural and spiritual being. This include the resources of self and the personal environment and also environmental

constraints. What the client brings includes perceptions of self and the situations and patterns of coping with stress and patterns of interpersonal relationships. The clients present need and/or problem is affected in part by the way developmental needs have been met and by needs arising from the diverse aspects of the client's lifestyle and from the expectations of the client's environment. One of the major tasks of the worker is to understand the client as a unique person in a unique situation. There can never be total knowledge about a client; that is impossible. The worker seeks knowledge about the client that is needed for giving the service to be delivered. The client is the major source of the facts used to develop the understanding of the person in the situation. Before a person seeks help from a social agency, he or she has usually attempted to deal with a problem in a way that has worked with previous problems commonly known as "coping". Coping results not only in solving problems but in the reduction of tension and anxiety. If the coping is not successful, a person may then turn to his or her natural support system, that is, friends, relatives, associates etc. Thus, individuals often come to the agency after a period of unsuccessful attempts to deal with their problems.

### **The Problem**

Problem, according to the America Heritage dictionary is a "question or situation that presents uncertainty, perplexity or difficulty". This definition is rather inadequate without elaboration for defining in this

- 1) When does a situation become problematic?
  
- 2) When does a problematic situation become appropriate for social work concern?

Clarification of the term becomes somewhat easier if one looks at a problem in terms of both need and social functioning. Concern for and need of human systems is the basis of the social work response. When the need is seen as mitigating a block to social functioning, a problem of concern to social work is said to exist. This concern should be understood also to include potential blocks to human functioning so as to include preventive as well as ameliorative concerns. The perplexing situation is then related to removal of the obstacle that blocks need fulfillment. For problem solution, goals are related to need fulfillment. In order to work out a problem, one must first understand it, comprehend it and be oriented too In the attempt to understand any problem, there must be some analysis of it, some translation into other familiar terms, some sets of associations which can be brought to it. This is the way case worker function when they are confronted with a problem. They must come to the point where they can see through it. The frame of reference which is used in seeing through the problem may vary, but the necessity to understand, it is universal. Moreover, one must understand not only the nature of the problem, as a social, economic or psychological entity but also the personal context of the problem, in other words the personalities which are involved in it. No service can be administered effectively without such understanding.

### **Dimensions of how a problem arises:**

1. The problem arises from some need or obstacle or accumulation of frustrations or maladjustments and sometimes all of these together which threatens or has already attacked the adequacy of the person's living situation or the effectiveness of his/her efforts to deal with it.
  
2. The social-functioning problem may rest in interpersonal relationships; for example, the inability of a parent to understand an adolescent child's need and thus, is so strict that the relationship between parent and child is at the point where there is open rebellion and an inability to discuss the situation
  
3. The problem may rest in an inability to negotiate with systems in the environment for e.g., a patient in a hospital is unable to ask the doctor the questions that are bothering the patient or to make his/her concerns known to the doctor.
  
4. The problem may rest in inadequate or inappropriate role performance; for example, the parent does not meet the nutritional needs of the child or maintain a suitable home for that child. May be one of deficiency; that is, an individual does not have either the material resources or the personal capacity (temporary or permanent) to carry out the task needed for coping with a situation. An older person with a limited income and limited physical capacity may not be able to maintain a home or fix nutritious meals.
  
5. One may not have the preparation needed to carry out a social role. For example, the mother who did not have adequate mothering as a child and has received no instruction in childcare may not be able to properly care for her child because she just does not know how to care for small children.
  
6. May be due to disturbances or disorder resulting in intrapsychic turmoil, constriction or distortion. For e.g. the person may be mentally ill or have some perpetual difficulties which result in using inappropriate or ineffective means for coping with life situations.
  
7. May be there is discrepancies between expectations of a person and the demands of various segments of that person's environment. For example, an individual expects that food, clothing and shelter will be provided by a social agency without work on his/her part, but the agency can only provide partially for those needs.
  
8. Problems may arise due to discrepancies between environmental demands and personal needs. For example, a teenage girl whose mother is ill is expected to care for younger siblings, but she needs time for completing her education and for socialization with her peers.

According to Perlman, the social functioning focus of social work began to emerge when problems were seen not as pathological but as part of life. Problems are frequent and unexpected in the human situation, and solutions are usually found without professional help.

The concern of social work narrowed to those problems in which persons cannot readily unblock the fulfillment of need with their own resources. Problem in social work usage refers to a social-functioning situation in which need fulfillment of any of the persons or systems involved is blocked or has a significant potential of blockage, and in which the person involved cannot by themselves remove the block to need fulfillment.

### **Characteristics of a client's problem:**

1. The problems within the purview of social case work are those which vitally affect or are affected by a person's social functioning. The problem may be some unmet needs-economic, medical, educational, recreational-which hampers or undermines a person's adequate living. Or it may be one of stress psychological, social, physical- which causes the person to be ineffective or disturbed in carrying his/her social roles.

2. The multifaceted and dynamic nature of the client's problem makes necessary the selection by the case worker and client of some part of it as the unit for work.

Three main considerations enter into the choice of problem focus:

- what the client wants
- what the case worker's professional judgment's points to as possible and desirable solutions and
- What the agency is for and can offer.

3. Problems in any part of a human beings living tend to have "chain reaction." This is because while in the study of a person he/she may be compartmentalized and analyzed as a biological or psychological or social entity, a person lives a dynamic interrelated whole, reacting to and upon the dynamic whole of his/her environment. Whatever hurts one parts of his/her living will have its impact in other parts.

4. Any problem which a person encounters have both an objective and a subjective significance. A problem may be seen and understood by an onlooker; it is felt by its carrier, and it is experienced with the particularity of individual difference. Two aged men unable to work and needs money. This is a simple problem for which there is a ready solution in the form of age-old assistance, yet it may not feel simple for the two. One may feel depressed by the problem itself-that he is old, is found useless, and is dumped by employers and so on. The other may accept his ageing and feels he has a right to be "given a hand", but his anger and anxiety are aroused by the solution proffered-he cannot see why he must prove residence in his



state or how he is expected to manage on so little money. Case worker must elicit and often deal with such feelings so that they may implement rather than obstruct the client's work on his/her problem.

5. Not only do the external (objective) and internal (subjective) aspects of the problem co-exist, but either one may be the cause of the other. Everyone encounters situations in one's social living that, by his/her own momentary or chronic inability to deal with them, create internal problem in oneself. Case work help in problem solving, provides other things, an intervention which breaks or modifies the cause effect chain of difficulties. Since this intervention may in itself prove problematic to the client, the social case work must seek to understand his/her means and processes as astutely as is possible so that he/she may facilitate rather than complicate the client's problem-solving efforts.

### **The Place**

The place is a social service agency or a social service department of another kind of human welfare agency. The place to which the person comes for help with his/her problem is known as a social agency. The term "agency" has a misleading American sound, but it was used in British case work literature in the late nineteenth century.

Present day usage refers to the institution within which the case worker practices; sometimes it is the larger institution that is intended (e.g. the local authority) and at other times it is the smaller social work microcosm (e.g. the psychiatric social work department in a mental hospital). The institutions in which case workers practice (schools, child guidance clinics, children's departments of the hospitals and courts and so on) have all been established to achieve certain broad social purposes and case workers have a part to play in achieving them. Its purpose is to help individuals with the particular social handicaps which hampers good personal or family living and with the problems created by faulty person-to-person, person to- group or person-to-situation relationships. This agency's purpose and functions come to life in the person and professional performance of the case worker. Social case work agencies differ one from the other in a number of ways, but there are three major factors that determine their classification:

1. Their source of support- public taxation (child welfare, physical and mental health programmes etc) or voluntary contribution.
2. Their source of professional authority – primary agencies carry full authority and responsibility for their social functions and secondary agencies derive their authority and responsibility from the host agency.
3. Their special function and area of concern- primary agencies both public and private, may define certain areas of social need as the particular fielding in which they give services. Secondary, case work help is related to the work of some other profession, such as medicine, education or law and to its specific knowledge and purpose.

**Perlman has described some of the characteristics of Agency:**

1. The social agency is an organization fashioned to express the will of a society or of some group in that society. An agency embodies a society's decision to protect its members against social breakdowns, to prevent their maladjustments and/or to promote the development of better or higher levels of humans functioning.

2. Each social agency develops a programme by which to meet the particular areas of need with which it sets out to deal-The agency programme consists of the aids and activities by which its intent is translated into provisions of help. The ways and means which an agency programme provides will convey its function effectively or not, depending on a number of factors: money, the knowledge and competency of the agency staff; the interest, resources and support of the community; the consistency between ascertained needs and the proffered means.

3. The social agency has a structure by which it organizes and delegates its responsibilities and tasks, and governing policies and procedures by which it stabilizes and systematizes its operations structure, as it may be depicted on an organizational chart, is the agency's anatomy. The agency's body is made up of many members with different purposes and powers, all dependent upon one another in the body's total working. The structure of an agency identifies and assigns separate and joint responsibilities, authorities and tasks to each personnel and demarcates the relationship among various functions in the total agency body.

1. The social agency is a living, adaptable organism susceptible to being understood and changed, much as other living organisms-If agency structure may be seen as its anatomy, its operations may represent its physiology, and the purposes, attitudes, and goal directions of its personnel and board are its psychology. The circumstance of its inception, the persons who nurtured it and the social situation sit encountered will have affected the agency's present behaviour.
2. Every staff member in an agency speaks and acts for some part of the agency's function, and the case worker represents the agency in its individualized problem-solving help-What a case worker can do with and for his client derives both from his professional commitment and skill and from the agency which hires him/her. In order to represent the agency, he/she must be psychologically identified with the purpose and the policies of his/her agencies. Every social agency banks a fund of knowledge about the experience with the particular problems it has set out to solve.
3. The case worker, while representing his/her agency, is first and foremost a representative of his/her profession-The social case worker practices in the conviction that individual human welfare is the purpose and the test of social policy; that his/her attitude combine open enquiry with dedication to the people and the person he/she serves; that he/ she maintains "social-conscience" and that he/she conducts himself ethically in all his/her professional transactions. Social work is an agency-based

profession. The agency is the immediate environment of the worker-client interaction. This interaction often takes place in an office or building identified as the “agency”. The influence of the agency is strong even when the interaction takes place elsewhere in the community. As an employee, the worker is a part of the agency system, and because of this the worker is accountable to the agency. The form and content of the service offered must be within the agency’s purview and guidelines. The manner in which the agency is structured and functions greatly influence the nature of the worker-client interaction. The agency also provides resources for both the worker and the client. The agencies are established to carry out broad social functions as healing and rehabilitation in the case of hospitals, ensuring good parental care in the case of children’s department of the local authority and so on.

The worker is expected to contribute to these objectives and to clarify and develop his/her own function within this broad social purpose. Yet, the most important aspect of agency function is that it constitutes the meeting point of social worker and the client, it is what brings them together and gives meaning and sustenance to their continued contact. The community provides financial and other support and sanction for the agency; community attitudes impact the agency and its capacity to deliver services. It also has expectations for the nature and outcome of services. There are two kinds of expectations: the professional and the bureaucratic.

The greater the organizations, the larger the differences. Bureaucratic expectations call for loyalty to the organization; acceptance of authority from achievement of goals, on specialization and on efficiency.

Professional expectations call for commitment to professional values and to the service of clients; ability to have a broad span of decision-making power; collegial relationship and an emphasis on meeting client need and allowing for client self-determination and individualization. Before a worker can effectively deliver service as a professional in a bureaucratic organization, the worker must first understand the organization.

The first task in understanding an agency is to define its boundaries. The second task is to determine environmental factors that influence the structure and functioning of the agency. The third task is to understand the structure and functioning of the agency system. Social worker not only needs to understand the agency in which they are employed but they also need to be able to understand other social agencies. This is important if the worker is to help the clients in order to use the resources and services of other agencies.

## **The Process**

The process, is a progressive transaction between the professional helper (the case worker) and the client. It consists of a series of problem-solving operations carried out within a meaningful relationship. The end of this process is contained in its means: to influence the client person that he/she develops effectiveness in

coping with his/her problem and /or to so influence the problem as to resolve it or reduce its effects. As the social worker develops skill in the problem-solving process, thinking about the phenomena being confronted will begin to take place in orderly steps. These steps appear to be simple but are quite complex in application. Sal Hofstein states: "Process refers to the recurrent patterning of a sequence of change over time and in a particular direction." It is important to note three qualities of this process:

- 1) recurrent patterning or stages
- 2) takes place over time
- 3) in a particular direction (the process is irreversible).

The problem-solving process as used in social work has its source in the classic work of **John**

**Dewey** and in his description of the thought process used by human beings when confronted with difficult situations. Social work problem solving is finding a way through feeling, thinking, and acting. It progresses over time in a cyclical, irreversible manner that is focused on removing blocks to need fulfillment that individuals cannot remove with their own resources.

In order to understand what the case work process must include in its problem-solving help; it is necessary for the social case worker to take stock first of the kinds of blockings which occur in people's normal problem-solving effort.

These six are among the most common:

1. A problem cannot be solved if the necessary tangible means and resources are not available to the person. A client, for instance, may see and assess his/her problem and its solution accurately and may lack only the material provision for it.
2. Sometimes, people are unable to solve their problems simply out of ignorance or misapprehension about the facts of the problems or the facts of existing ways of meeting it.
3. A problem is difficult of resolution when the person who has depleted or drained of emotional or physical energy. He/she needs to mobilized himself/herself-" pull himself together"- when he/she must plan and act according to plan.
4. When problems set off a conflagration of feeling, a person's thought processes, delicately attuned as they are to his/her emotions become clouded and tumbled about.
5. The problem may lie within the person: i.e, he/she may have become subject to, or victim of, emotions that chronically, over a long time have governed his/her thinking and action.
6. Some people find problems in solving a difficult situation because they have never developed systematic habits of orderly methods of thinking and planning. So, the difficulty lies chiefly in the person's lack of

experience in organizing his/her power to grapple with problems. In the case work relationship, a constant medium is provided that is accepting, nurturing and supporting at the same time that the stimulus of problem-solving work is injected to promote the client's effort to feel, to be or to act in the ways leading to his/her better social adjustment. The case work process sustains and fortifies the functions of the client's ego. The first part of the case work process, as in all problem-solving, is to ascertain and clarify the facts of the problem. The second aspect of case work problem-solving grows out of and interweaves with the ongoing eliciting of facts, it is thinking through the facts. The conclusive phase of each problem-solving effort in case work is the making of some choice or decision.

### Stages of Problem-solving Process

1. Preliminary statement of the problem,
2. Statement of preliminary assumptions about the nature of the problem,
3. Selection and collection of information,
4. Analysis of information available,
5. Development of a plan,
6. Implementation of the plan, and
7. Evaluation of the plan.

1) **Preliminary statement of the problem**-A clear statement of the problem is necessary before processing to subsequent steps. Often, problem statement tends to be vague, global, and lacking in precision. For example, school dropouts or unwed mothers are often referred to as problems. A more adequate formulation in the area of unwed mothers might be: lack of educational resources for teenage pregnant girls. In this statement, the need of the individual and society is education.

2) **Statement of preliminary assumptions about the nature of the problem**-This step is necessary to help make explicit the type of information needed for understanding and planning. As the problem is stated, implicit assumptions are made about its nature and cause, which provide indications as to the need in the situation and as to the block to need fulfillment.

3) **Selection and collection of information**-Sources for information should include a variety of perspectives that may be chosen from historical, social-psychological, biological, economic, political, religious, and ethical understandings. Both the facts of the problem itself and the meaning of the problem to those concerned are important. Skill in the collection of information also calls for skill in communication and social interaction with persons who are sources of the information. The values of social work call for the

client to be a primary source. There is a need to determine and accumulate relevant evidence about the situation, and this evidence needs to be related to the salient features of the situation.

4) **Analysis of information available**- Analysis of information is influenced and directed by the purpose for which the analysis is to be used. Other purposes include determination of feasible goals and possible outcomes and of possible plans of action, interpretation of the meaning of the information gathered, and evaluation. The cyclical nature of the process becomes very apparent, for one return to analysis as an ingredient of each step of the process. The carrying out of the process generates new information.

5) **Development of a plan**-Information and its analysis lead to understanding of what can be done to remove obstacles blocking need fulfilment. A social worker uses assessment in developing a plan of action. Plans develop from a consideration of a variety of possible strategies and techniques. As a plan becomes more specific, the social worker will return to early steps in the process to gather and analyze new information needed for the specifics of planning. Consideration of a variety of plans is important in creative planning.

6) **Implementation of the plan**-In social work, implementation involves interaction between people and is interventive in nature. It is action based on thinking that has its source in feelings about concern or need. In addition, it is action based on substantial knowledge from many sources that explain and predict behavior of persons in the situation.

7) **Evaluation of the plan**-This step may result in redefinition of the problem, expanded information gathering and analysis, of reformulation of the plan. If the goal has been reached, evaluation is an appropriate and necessary climax to the process. Regardless of the outcome of the plan, evaluation of what happened can lead to an understanding that can be transferred to other situations and to more effective problem solving in those situations. The intent of the case work process is to engage the person himself/herself both in working on and in coping with the one or several problems that confront him/her and to do so by such means as may stand him/her in good stead as he/she goes forward in living.

These therapeutic means are as follows:

- 1) The provision of a therapeutic relationship that sustains the client and effects the nature of his/ her emotional relation to his/her problems;
- 2) The provision of a systematic, though always flexible, way by which the client may discuss and work over the nature of his/her problem, his/her relation to it and its potential solutions; and
- 3) The provision of such opportunities and aids (those of communication and/or resources) as will further exercise and implement the client's adaptive action upon his/her problems.

### **Three essential operations of problem-solving process**

1. The facts that constitute and bear upon the problem must be ascertained and grasped. Such facts may be of objective reality and of subjective reaction, of cause and effect, of relatedness between the person and his/her problems, of the solution sought and of the actual means available;
2. The facts must be thought about. The facts must be played upon and organized by ideas-ideas springing from knowledge and experience and subject to the governing aim of problem solution;
3. Some choice or decision must be made that is the end result of the consideration of the particular facts and that affects or has the intent of resolving the problem.

The process can be conceptualized as having four major components: assessment, planning, action and termination. Although assessment precedes planning, planning precedes action and action precedes termination, the process is cyclical in nature. Planning often leads to the need for new or different understanding of the person in the situation (assessment).

Action often produces new information for use in understanding or demonstrates the need for additional planning. Evaluation, the assessment of what has happened as a result of action, is ongoing in the process and leads to new understanding and sometimes to new plans and action.

Thus, all four stages are always present, but at various points in the work one or more may be the focus and receive the most attention. All four stages as well as the interactional process constitute intervention. All can influence changes in the transactions between clients and the systems in their environment. All can influence the social functioning of individuals and social systems.

The aim of case work process is to engage the client with his/her problem and his/her will to do something about it in a working relationship with the agency, its intentions and special means of helpfulness. The context of the process is a fairly constant one, and its method is a fairly systematic one-as constant and as systematic as a process keyed to living, feeling, changing human beings can be-while it yet remains fluid and flexible. Finally, for the solution or mitigation of many problems there must exist certain material means or accessible opportunities which are available to the needful person and which he/she can be helped to use. Money, medical care, nursery schools, scholarship, short-stay homes, foster homes, recreational facilities- these are the kind of resources that any person may need in order to resolve a given problem in his/her daily living. The case worker should know about these resources or know how to become informed of them. He/She should be able to pick the right ones imaginatively in their relation to the client's problem.

### **Conclusion**

At the door of the agency, stands the person, who has a problem. It may be simple or complex, old or new, common place or peculiar, but it always has significance to the person: it is something that he/she is

experiencing as he/she is frustrated in his/her present living situation, and it is something that he/she finds he/she cannot cope with unaided. The problem which the person carries to the agency, sometimes clutches to him/her tightly, sometimes distastefully held out at fingers tip, hurts or incapacitates him today. The social agency is prepared to receive and if possible, to give help to the person whose problem brings him/her to it. The agency has a stated purpose, a special set of functions, structures, policies and procedures, which they have validated. In other words, the problem must be one with which the agency is equipped to help. From the facts regarding the problem and out of the client's verbal and behavioral responses, the case worker's understanding of the client grows. The case worker understands what are the inner and outer resources the client brings to the problems solving situation. The case worker must not only be a keen listener but also an active agent in helping the client to communicate about his/her problem and focus his/her attention and expand his/her understanding of the client. He/she must also focus on the purpose of the agency and ability to help.

Problem solving implies that both the case worker and his/her client are simultaneously and consciously, though differently, engaged in problem-solving from the beginning. The clients sharing and working-through his feelings, and the impetus and help given to him/her to know and think about his/her attitudes, behavior, needs and goals are in themselves an experience and experience of adaptation. The by-product of both these ongoing activities yields the case worker a large part of what becomes his/her diagnosis. And the taking of next steps out of considered choice, the planning of action or the internal settlement arrived at involves the executive and integrative functions of the ego.

Three interrelated guides have been set down to achieve and hold focus on dealing with helping the client who comes to the agency: the selection

- 1) of that problem or aspect of which the client himself feels is most important;
- 2) of that part of his total problem which falls within the helping function of the agency; and 3) of that problem which in the worker's judgment most need and can yield to help

The mental work of examining the parts of a problem for the import of their particular nature and organization, for the interrelationship among them, for the relationship between them and the means to their solution is known as a diagnostic process.

Diagnosis must result in a "design for action". Probably no process has been as troubling to case workers as diagnosis. The content of case work diagnosis falls into the triangular pattern as that of other professional design for action. It consists of:

- 1) The nature of the problem brought and the goals sought by the client, in their relationship to 2) the nature of the person who bears the problem (his social and psychological situation and functioning) and who seeks (or needs) help with his problem, in relation to



3) the nature of the purpose of the agency and the kind of help it can offer and /or make available. The content of the case work diagnosis, then, is focused, weighted and bounded by the purpose and means of the client and the agency

### **ID, EGO and SUPER EGO**

According to Sigmund Freud, human personality is complex and has more than a single component. In his famous psychoanalytic theory, Freud states that personality is composed of three elements known as the id, the ego, and the superego. These elements work together to create complex human behaviors.<sup>1</sup>

Each component adds its own unique contribution to personality and the three interact in ways that have a powerful influence on an individual. Each element of personality emerges at different points in life.

According to Freud's theory, certain aspects of your personality are more primal and might pressure you to act upon your most basic urges. Other parts of your personality work to counteract these urges and strive to make you conform to the demands of reality.

Here's a closer look at each of these key parts of the personality, how they work individually, and how they interact.

#### **The Id**

- According to Freud, the id is the source of all psychic energy, making it the primary component of personality.<sup>1</sup>
- The id is the only component of personality that is present from birth.
- This aspect of personality is entirely unconscious and includes instinctive and primitive behaviors.

The id is driven by the pleasure principle, which strives for immediate gratification of all desires, wants, and needs.<sup>1</sup> If these needs are not satisfied immediately, the result is a state anxiety or tension. For example, an increase in hunger or thirst should produce an immediate attempt to eat or drink.

The id is very important early in life because it ensures that an infant's needs are met. If the infant is hungry or uncomfortable, they will cry until the demands of the id are satisfied. Young infants are ruled entirely by the id, there is no reasoning with them when these needs demand satisfaction.

Imagine trying to convince a baby to wait until lunchtime to eat their meal. The id requires immediate satisfaction, and because the other components of personality are not yet present, the infant will cry until these needs are fulfilled.

However, immediately fulfilling these needs is not always realistic or even possible. If we were ruled entirely by the pleasure principle, we might find ourselves grabbing the things that we want out of other people's hands to satisfy our own cravings.

This behavior would be both disruptive and socially unacceptable. According to Freud, the id tries to resolve the tension created by the pleasure principle through the use of primary process thinking, which involves forming a mental image of the desired object as a way of satisfying the need.<sup>1</sup>

Although people eventually learn to control the id, this part of personality remains the same infantile, primal force throughout life. It is the development of the ego and the superego that allows people to control the id's basic instincts and act in ways that are both realistic and socially acceptable.

### The Ego

- According to Freud, The ego develops from the id and ensures that the impulses of the id can be expressed in a manner acceptable in the real world.<sup>2</sup>
- The ego functions in the conscious, preconscious, and unconscious mind.
- The ego is the component of personality that is responsible for dealing with reality<sup>3</sup>

The ego operates based on the reality principle, which strives to satisfy the id's desires in realistic and socially appropriate ways. The reality principle weighs the costs and benefits of an action before deciding to act upon or abandon impulses.

In many cases, the id's impulses can be satisfied through a process of delayed gratification—the ego will eventually allow the behavior, but only in the appropriate time and place.<sup>1</sup>

Freud compared the id to a horse and the ego to the horse's rider. The horse provides the power and motion, while the rider provides direction and guidance. Without its rider, the horse may simply wander wherever it wished and do whatever it pleased. The rider gives the horse directions and commands to get it to go where the rider wants it to go.

The ego also discharges tension created by unmet impulses through secondary process thinking, in which the ego tries to find an object in the real world that matches the mental image created by the id's primary process.<sup>4</sup>

Imagine that you are stuck in a long meeting at work. You find yourself growing increasingly hungry as the meeting drags on. While the id might compel you to jump up from your seat and rush to the break room for a snack, the ego guides you to sit quietly and wait for the meeting to end.

Instead of acting upon the primal urges of the id, you spend the rest of the meeting imagining yourself eating a cheeseburger. Once the meeting is finally over, you can seek out the object you were imagining and satisfy the demands of the id in a realistic and appropriate manner.

## The Superego

The last component of personality to develop is the superego.

- According to Freud, the superego begins to emerge at around age five.
- The superego holds the internalized moral standards and ideals that we acquire from our parents and society (our sense of right and wrong).<sup>1</sup>
- The superego provides guidelines for making judgments.

The superego has two parts:

1. The **conscience** includes information about things that are viewed as bad by parents and society. These behaviors are often forbidden and lead to bad consequences, punishments, or feelings of guilt and remorse.
2. The **ego ideal** includes the rules and standards for behaviors that the ego aspires to.

The superego tries to perfect and civilize our behavior. It works to suppress all unacceptable urges of the id and struggles to make the ego act upon idealistic standards rather than upon realistic principles. The superego is present in the conscious, preconscious, and unconscious.

## The Interaction of the Id, Ego, and Superego

When talking about the id, the ego, and the superego, it is important to remember that these are not three separate entities with clearly defined boundaries. These aspects are dynamic and always interacting to influence an individual's overall personality and behavior.

With many competing forces, it is easy to see how conflict might arise between the id, ego, and superego. Freud used the term ego strength to refer to the ego's ability to function despite these dueling forces.<sup>6</sup>

A person who has good ego strength can effectively manage these pressures, while a person with too much or too little ego strength can be unyielding or disruptive.

## SKILLS IN SOCIAL CASE WORK

Skill is the ability of an individual to apply his knowledge in a given situation. The development of skill depends upon the training, practice, experience and knowledge of human behaviour. Skills required for effective case work practice are:-

### **i.) Skill in relationship**

In social case work relationship between the client and case worker is essential for helping process skill lies in showing respect and genuine interest in the client and his problems, respecting his opinions and values and involving him in every stage of finding solution of his problems.

### **ii) Skill in exploring problems in depth**

The case worker has to undergo psycho-social study and through investigation of client's problems. This requires capacity to listen, to express interest and show respect to the behaviour and human problems.

### **iii) Skill in use of resources**

Various physical and human resources are used to help the client in social case work. Case worker needs capacity to use all such resources to help the client.

The case workers skill lies in locating and using these resources for helping the client in such a way that it does not damage his self-image.

### **iv) Skill in finding out alternative solutions**

After having established a good relationship, explored his problems and used the available resources, next important step is to discuss the possible approach to solve the problem in effectively and efficiently. Skill required in helping the client to understand each alternative with its all implications and to decide for the best possible course of action in the situation.

## **Interviews**

The interview is the most frequently used social work skill by the case worker. It is the structured interaction between a case worker and client. In the interview processes the case worker and the client have face to face purposeful and professional conversation. The objective of an interview in social case work may be as informational (to make a social study), diagnostic (to arrive at an appraisal) and therapeutic (to effect change).

Social study interview information regarding life history is collected through the interviews. The information enables the worker to understand the client in relation to the social situation.

## Diagnostic decision-making interviews

This type of interview geared towards appraisal and determination of the eligibility for a service. These interviews help in making administrative decisions. For example, the child welfare worker interviews the foster case or adoptive applicant to determine if the agency should place the child with them.

## Therapeutic interview

The interview aims at bringing change in the client, in social situation or personality or both. The goal is more effective social functioning on the part of the client as a consequence of the therapeutic changes.

## Skills to be used by the case worker during interview

Five groups of skills that should be used during an interview: observation skills, listening skills, questioning skills, focusing, guiding and interpretation skill and climate setting skills.

### Observation skills

It includes the worker's ability to use and understand non-verbal behaviour of the client. It includes understanding the body language, opening and closing sentences, shifts in conversation, recurrent references, inconsistencies or gaps in information shared and points of stress and conflict indicated by the client.

### Listening skills

It involves understanding what the client is attempting to communicate. It includes an attitude of acceptance, openness and focus on what is being said by the client.

### Questioning skill

The skill refers to knowing and asking the various types of questions. Questioning is an art and an important skill. Various types of questions such as open-ended and close-ended should be asked during an interview. Open-ended questions allow expression of feeling and give the worker an opportunity to understand the client's perception of the situation.

### Focusing, guiding and interpretation skills

It includes the capacity to paraphrase and summarize, confront and to be silent. Paraphrasing and summarizing clarify what has been said. Confrontation is bringing out into the open feelings, issues and discontents. It involves looking at these elements and attempting to find ways to deal with them. Silence may indicate resistance, frustration, or anger but it also can provide a time for worker and client to be effective. It is the

workers responsibility to direct the interview but not to control it. The worker by focusing, guiding and directing enables the process of case work to proceed towards the desired outcome.

### **Climate setting skills**

The skill refers to enabling or facilitating work. The three characteristics that enable the case work process are empathy, genuineness and non-possessive warmth. Empathy is the capacity of the worker to communicate to the client both concern and desire of an intimacy.

### **What is Empathy?**

Empathy is the ability to understand and respond to the unique affective experiences of another person (Decety & Jackson, 2006). If we consider empathy at the level of experience, it is essentially a psychological construct that denotes a sense of similarity between one's own feelings and those expressed by another person. Empathy can be also seen as an interaction between two individuals who share each other's experiences and feelings, although this exchange of feelings does not necessarily mean that one will act or even feel compelled to act in support or sympathize. Indeed, the social and emotional situations that arise due to empathy can be quite complex. These depend on the feelings experienced by the observed person, the relation of the target to the observer, and the context in which the social interaction occurs.

### **Why It Is Needed In Social Case Work**

Empathy refers to the tendency to understand or to actually feel the experiences of others. It is not easily measured in precise terms, although several questionnaire scales have been developed and used (R Hogan 1969; Chlopan et al. 1985; Jolliffe & Farrington 2007).

Recently, empathy has received much attention from philosophers, psychologists, and cognitive neuroscientists. Here, studies have documented that empathy plays a central role in moral reasoning and pro-social behavior that motivates and inhibits aggression toward others. Batson, Duncan, Ackerman, Buckley, and Birch (1981) are part of this movement, offering an empathy-altruism hypothesis which states that reliable, purely altruistic action can only happen if it is preceded by empathic concern for another. Other authors define empathic concern as an emotional reaction characterized by feelings such as compassion, tenderness, sympathy, and soft heartedness (Decety & Lamm, 2006). Conversely, a lack of empathy is seen as leading to aggressive, antisocial behavior (Miller & Eisenberg, 1988) and cruelty (Baron-Cohen, 2011). Other authors consider empathy as socially oriented emotion, defined as "the ability to put oneself into the mental shoes of another" (Goldman, 1993), a complex form of psychological inference (Ickes, 1997), an affective response more appropriate to someone else's situation (Hoffman, 1982), another-oriented emotional response (Batson et al., 1997), or an effective response that stems from the apprehension or

comprehension of another's emotional state (Eisenberg, 2000). In the field of cognitive neuroscience, there is a further distinction between cognitive empathy which is the ability to know what another person is thinking and feeling, and affective empathy which is the ability to actually feel another person's emotional state (Rueckert&Naybar, 2008).

Bringing these different definitions together, empathy is essentially the ability to imagine or feel ourselves in the position of others, and it is generally expected that this insight will guide us toward more ethical or moral behavior. Empathy allows us to perceive the experience and feelings of others as if those experiences and feelings were shared, and encourages us to improve the situation of others as if it were our own. These feelings of empathy can also help explain altruistic and unselfish behavior where actions are exclusively for the benefit of others. Empathy also allows us to be more tolerant and accepting of others. This is particularly important in this modern age, as working and learning environments become increasingly diverse due to high levels of global migration (Hollingsworth, Didelot, & Smith, 2003; Joplin & Daus, 1997). Indeed, common empathy is often cited as an important factor for cohesion and maintenance of social structures within a healthy society (Bartal, Decety, & Mason, 2011; Byrne et al., 2008; Pierce, 2008).

## **DIFFERENCES BETWEEN SOCIAL CASE WORK AND COUNSELLING**

Similarities and Differences between case work and counselling

### **Similarities Between Case Work And Counselling**

Counselling is one of the techniques of social case work, which is used to prepare the client to participate in the treatment plan. It means that there are certain similarities in case work and counselling and these include:

- 1. Similar objectives:** The purpose of social case work is to help an individual client to solve his psychosocial problems in such a way that he becomes capable of dealing with these problems at present and also may solve in future if such problems arise. Counselling aims at enabling individuals to solve the present problems, to prepare themselves for future tasks and to attain a higher degree of efficiency in dealing with his problems.
- 2. Similar type of clients:** In case work and counselling 'client' is a man, women, or child, anyone who finds himself or is found to be, in need of help in some aspect of his social-emotional living, shelter, the need be for tangible provisions or counselling.
- 3. Similar type of problems:** The problems within the purview of social case work are those that vitally affect or are affected by person's social functioning. In case work client sees his problems as lying in some interacting relationship between himself and some other persons or between himself and his environment. Help is provided to the client for some readjustment of the self in relation to the demands and expectations of the social role he plays. Help is also directed to the readjustment of some parts of his social environment.

If the client finds that his inner problems exert such pressure over his problems of social functioning, he may need counselling.

**4. Relationship:** The relationship is the medium in case work as well as in counselling through which help is provided to the client. It is the channel of the entire case work process and counselling process through which the mobilization of the capacities of the client becomes possible. It is planned throughout in interviewing, study, diagnosis and treatment.

**5. Worth and Dignity of the Individual:** Case Work and counselling treat the client as an individual who has right to get hope and reorganize as a person of worth and dignity. He has every right to make his choice and decisions himself.

**6. Common principles:** Social case work and counselling, both believe in the individualization of all clients irrespective of their similarities in the problems. Both accept the client as he is and provide opportunities for self-expression. Case Worker and counselor do not impose their own judgment to the clients. Client has every right to determine his own path for his easy recovery from malfunctioning.

### **Differences between case work and counselling**

There are many threads that run in common between case work and counselling yet the two processes are different and some of these differences include the following:

1. The main base of help in social case work is social service whereas in counselling, help is provided to the client without social service.
2. Social case work is always practiced in an agency but agency is not essentially required in counselling.
3. In social case work concrete service is rendered along with oral discussion but concrete service is not provided in counselling. Counselor and client talk together on the problem but no material help is provided.
4. In case work cent is studied and understood as a whole but counselor is concerned and deals with one type of problem in one time.
5. Social case work gives an emphasis on activity but in counselling, the client is enabled to understand his problem.
6. In social case work the emphasis is basically on client and the type of service to be provided but in counselling an emphasis is laid on the problem, not the person concerned.

### **Countertransference,**

Countertransference is the redirection of a therapist's feelings toward the client. Referring to Dede's earlier example, the therapist whose patient longs for unconditional love and acceptance



from them may “feel misunderstood and perhaps somewhat coerced by the patient. “it which occurs when a therapist transfers emotion to a person in therapy, is often a reaction to transference a phenomenon in which the person in treatment redirects feelings for others onto the therapist.

## HISTORY OF COUNTERTRANSFERENCE

Sigmund Freud originally developed the concepts of transference and countertransference. He described countertransference as a largely unconscious phenomenon in which the psychologist’s emotions are influenced by a person in therapy, and the psychologist reacts with countertransference. Classical psychoanalysts, such as Carl Jung, who faced his own struggle with countertransference, characterize it as a potentially problematic phenomenon that can inhibit psychological treatment when left unchecked.

In other words, it is necessary for therapists to master the tendency to participate in unconscious countertransference by developing healthy boundaries and remaining mindful of the threat posed by countertransference, both to the therapeutic relationship and a therapist’s work with people seeking treatment.

In contemporary psychology, clinicians typically make a distinction between helpful and unhelpful countertransference. Many contemporary psychologists openly share their own feelings with the people they are treating and may use countertransference, in a conscious manner, to understand differences between their own experiences and the experiences of the person in therapy.

Unhelpful countertransference, or even harmful countertransference, can occur when the therapist transfers to a person in treatment feelings that are misplaced or when a therapist uses a person in therapy to meet personal psychological needs.

## WHAT IS COUNTERTRANSFERENCE? EXAMPLES OF COUNTERTRANSFERENCE

Not all countertransference is problematic. For example, a therapist may meet with a person who has extreme difficulty making conversation. The therapist may begin, unwittingly, to lead the conversation and provide additional prompts to the person in treatment to encourage discussion. A therapist who realizes this can then point to the countertransference to help that person better understand the effect that difficulty making conversation can have on others. A therapist who has experienced the same issues as a person being treated may also be able to empathize with that person more deeply, whether the therapist decides to share those personal stories or not.

However, a problematic example of countertransference might occur when a person in treatment triggers a therapist’s issues with the therapist’s own child. The person being treated, for example, might be defiant with the therapist and may transfer defiance felt toward a parent onto the therapist. If the therapist reacts to the individual as one would react to one’s own child, by becoming increasingly controlling, for example, without recognizing the countertransference, this could negatively impact the therapeutic relationship and perpetuate unhealthy patterns in the life of the person in treatment.

A therapist might also feel ill-equipped to deal with an individual who expresses personal preferences and beliefs differing from the therapist’s own, such as racist or homophobic views. In good therapy, however, a therapist can still help an individual who has differing opinions by attempting to understand where any damaging or potentially harmful beliefs stem from and discussing that history with the person in treatment.

## HOW TO DEAL WITH PROBLEMATIC COUNTERTRANSFERENCE

A therapist who spends a significant amount of time engaged in self-disclosure or who seems overly interested in insignificant details of a person's life may not be attending to or even recognizing the presence of countertransference. Therapists can endeavor to be particularly mindful about recognizing their own feelings and fears when working with an individual who has experienced a personal trauma or stress the therapist has also experienced.

In the course of therapy, a therapist may come to experience an attraction to a person in treatment. While an attraction in itself is not an unnatural occurrence, the therapist must be able to recognize these feelings and deal with them in a healthy manner to prevent the development of an inappropriate relationship with a person in therapy.

Countertransference is sometimes seen in therapists who are treating a person who has been exploited sexually by a previous therapist. In these cases, it is possible a therapist may be under-involved with the situation and identify with the perpetrator, blame the victim, or refuse to believe the victim, and possibly discourage the individual from taking action against the perpetrator.

On the other hand, therapists might also demonstrate countertransference by becoming over-involved with the situation, exhibiting outrage, distancing themselves from the perpetrator, attempting to compensate for the perpetrator's actions, and pushing the individual to take action, regardless of the exploited person's wishes. Regardless of personal feelings, the therapist must be careful to maintain a middle ground when treating a person who has been abused by a past therapist.

## **RECOGNIZING COUNTERTRANSFERENCE**

Signs of countertransference in therapy can include a variety of behaviors, including excessive self-disclosure on the part of the therapist or an inappropriate interest in irrelevant details from the life of the person in treatment. A therapist who acts on their feelings toward the person being treated or that person's situation or engages in behavior not appropriate to the treatment process may not be effectively managing countertransference.

A person in therapy who suspects a therapist of harmful countertransference might consider bringing it up in a session, if it is safe to do so. Making the therapist aware of the issue may be enough to solve the problem, but obtaining a second opinion might also be of benefit in some cases. If the issue does not resolve, finding a new therapist may be a possible solution. Grossly unethical behaviors are often best reported to a licensing board or some higher authority.

### **Similarities and differences between case work and counseling**

#### **Similarities**

1. Both have the same objective: Both case work and counseling attempt to help those individuals who are in trouble, to solve their psycho-social problems in such a way so that they find themselves capable of dealing with their problem at present and also may solve in future if such problems arise.
2. Both deals with the same type of clients: A client is a person (man, woman, child or anyone) who finds himself or is found to be in need of help in some aspect of his social – emotional living, whether the need be for tangible provisions or counsel.
3. Both deals with the same type of problems: Both case work and counseling attempt to address problems client's inner problems that exert pressure over client's social functioning.
4. The effectiveness of both depends on relationship: Relationship is the medium through which help is provided to the client
5. Both believe in the worth and dignity of the client

6. Both have common principles: Both accept client as he is and provide opportunities for self expression. Both believe that the client has every right to determine his own path for his own recovery from malfunctioning

### **Differences**

1. In counseling help is provided to the client without social services whereas in case work administration of services (concrete help) is a major treatment strategy to solve problems
2. Agency is not essentially required in counseling but social case work is always practiced in agency settings
3. Counseling is concerned most of the time with one type of problem but in case work the client is studied and understood as a whole.
4. In counseling the emphasis is on the problem not on the person concerned, but in social case work the emphasis is basically on client and the type of service is provided
5. Counselor is independent in the counseling practice but the case work services are provided through agency.

### **Similarities between case work and psychotherapy**

1. Both social case work and psychotherapy help an individual who comes with emotional problems and painful situations
2. Interview is the technique used by both methods
3. Both attempt to put the client at ease and make it possible for him to express his feelings
4. Both share the value of individuality, worth and respect for the client
5. Both believe in the client's self-determination
6. Both recognize the role of emotional and unconscious processes in influencing the attitudes and behaviour of the client
7. Both provide emotional support to relieve immediate anxiety of the client
8. Both give importance to the transference

**Psychotherapy**, also called talk therapy, is a type of mental health treatment.

It's often used either alone or with medications to treat mental disorders. During a psychotherapy session, you talk to a doctor or a licensed mental health care professional to identify and change troubling thoughts.

Psychotherapy is a type of therapy used to treat emotional problems and mental health conditions.

It involves talking to a trained therapist, either one-to-one, in a group or with your wife, husband or partner. It allows you to look deeper into your problems and worries, and deal with troublesome habits and a wide range of mental disorders, such as depression and schizophrenia.

Psychotherapy usually involves talking, but sometimes other methods may be used – for example, art, music, drama and movement.

Psychotherapy can help you discuss feelings you have about yourself and other people, particularly family and those close to you. In some cases, couples or families are offered joint therapy sessions together.

### **Benefits of Psychotherapy**

Psychotherapy helps people with a mental disorder to:

- Understand the behaviors, emotions, and ideas that contribute to their illness and learn how to modify them
- Understand and identify the life problems or events -- like a major illness, a death in the family, a loss of a job, or a divorce -- that contribute to their illness and help them understand which aspects of those problems they may be able to solve or improve
- Regain a sense of control and pleasure in life
- Learn healthy coping techniques and problem-solving skills

### **Types of Therapy**

Therapy can be given in a variety of formats, including:

- **Individual:** This therapy involves only the patient and the therapist.
- **Group:** Two or more patients may participate in therapy at the same time. Patients are able to share experiences and learn that others feel the same way and have had the same experiences.
- **Marital/couples:** This type of therapy helps spouses and partners understand why their loved one has a mental disorder, what changes in communication and behaviors can help, and what they can do

to cope. This type of therapy can also be used to help a couple that is struggling with aspects of their relationship.

- **Family:** Because family is a key part of the team that helps people with mental illness get better, it is sometimes helpful for family members to understand what their loved one is going through, how they themselves can cope, and what they can do to help.

### Approaches to Therapy

Psychotherapy can treat a wide range of of mental disorders, including:

- Depression
- Bipolar disorder
- Anxiety
- Anorexia, bulimia, and other eating disorders
- Posttraumatic stress disorder (PTSD)
- Schizophrenia
- Addictions
- Personality disorders

### Psychotherapy can help you:

- Understand the behaviours, emotions, and ideas that may be behind your illness and how to change them
- Identify the life events, such as an illness, divorce, or childhood trauma, that may be at the root of your problems
- Regain a sense of control and pleasure in life
- Learn healthy ways to address problems
- Learn how to work with others to resolve conflicts

Sometimes psychotherapy can be an effective first treatment for mental disorders. But for many people, a combination of talk therapy and medication may work best.

### What is Psychotherapy?

**Psychotherapy**, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties. Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing.

Problems helped by psychotherapy include difficulties in coping with daily life; the impact of trauma, medical illness or loss, like the death of a loved one; and specific mental disorders, like depression or anxiety. There are several different types of psychotherapy and some types may work better with certain problems or issues. Psychotherapy may be used in combination with medication or other therapies.

### **Therapy Sessions**

Therapy may be conducted in an individual, family, couple, or group setting, and can help both children and adults. Sessions are typically held once a week for about 30 to 50. Both patient and therapist need to be actively involved in psychotherapy. The trust and relationship between a person and his/her therapist is essential to working together effectively and benefiting from psychotherapy.

Psychotherapy can be short-term (a few sessions), dealing with immediate issues, or long-term (months or years), dealing with longstanding and complex issues. The goals of treatment and arrangements for how often and how long to meet are planned jointly by the patient and therapist.

Confidentiality is a basic requirement of psychotherapy. Also, although patients share personal feelings and thoughts, intimate physical contact with a therapist is never appropriate, acceptable, or useful.

### **Psychotherapy and Medication**

Psychotherapy is often used in combination with medication to treat mental health conditions. In some circumstances medication may be clearly useful and in others psychotherapy may be the best option. For many people combined medication and psychotherapy treatment is better than either alone. Healthy lifestyle improvements, such as good nutrition, regular exercise and adequate sleep, can be important in supporting recovery and overall wellness.

### **Does Psychotherapy Work?**

Research shows that most people who receive psychotherapy experience symptom relief and are better able to function in their lives. About 75 percent of people who enter psychotherapy show some benefit from it. Psychotherapy has been shown to improve emotions and behaviors and to be linked with positive changes in the brain and body. The benefits also include fewer sick days, less disability, fewer medical problems, and increased work satisfaction.

With the use of brain imaging techniques researchers have been able to see changes in the brain after a person has undergone psychotherapy. Numerous studies have identified brain changes in people with mental illness (including depression, panic disorder, PTSD and other conditions) as a result of undergoing psychotherapy. In most cases the brain changes resulting from psychotherapy were similar to changes resulting from medication. <sup>2</sup>

To help get the most out of psychotherapy, approach the therapy as a collaborative effort, be open and honest, and follow your agreed upon plan for treatment.

### **Types of Psychotherapy**

Psychiatrists and other mental health professionals use several types of therapy. The choice of therapy type depends on the patient's particular illness and circumstances and his/her preference. Therapists may combine elements from different approaches to best meet the needs of the person receiving treatment.

**Cognitive behavioural therapy (CBT)** helps people identify and change thinking and behavior patterns that are harmful or ineffective, replacing them with more accurate thoughts and functional behaviours. It can help a person focus on current problems and how to solve them. It often involves practicing new skills in the "real world."

CBT can be helpful in treating a variety of disorders, including depression, anxiety, trauma related disorders, and eating disorders. For example, CBT can help a person with depression recognize and change negative thought patterns or behaviors that are contributing to the depression.

**Interpersonal therapy (IPT)** is a short-term form of treatment. It helps patients understand underlying interpersonal issues that are troublesome, like unresolved grief, changes in social or work roles, conflicts with significant others, and problems relating to others. It can help people learn healthy ways to express emotions and ways to improve communication and how they relate to others. It is most often used to treat depression.

**Dialectical behaviour therapy** is a specific type of CBT that helps regulate emotions. It is often used to treat people with chronic suicidal thoughts and people with borderline personality disorder, eating disorders and PTSD. It teaches new skills to help people take personal responsibility to change unhealthy or disruptive behavior. It involves both individual and group therapy.

**Psychodynamic therapy** is based on the idea that behavior and mental well-being are influenced by childhood experiences and inappropriate repetitive thoughts or feelings that are unconscious (outside of the person's awareness). A person works with the therapist to improve self-awareness and to change old patterns so he/she can more fully take charge of his/her life.

**Psychoanalysis** is a more intensive form of psychodynamic therapy. Sessions are typically conducted three or more times a week.

**Supportive therapy** uses guidance and encouragement to help patients develop their own resources. It helps build self-esteem, reduce anxiety, strengthen coping mechanisms, and improve social and community functioning. Supportive psychotherapy helps patients deal with issues related to their mental health conditions which in turn affect the rest of their lives.





## UNIT 2

### **THE HELPING PROCESS**

**The Helping Process** Phase I- Psychosocial Study, Psychosocial Assessment  
Phase II- Intervention Plan and Goal Setting, Intervention  
Phase III- Termination, Evaluation and Follow up.

There are three phases of social case work helping process:

Phase 1 -Psychosocial Study, psychosocial Assessment.

Phase 2- Intervention plan and goal setting, intervention

Phase 3 – Termination, evaluation and follow up

### **INTAKE AND PSYCHO-SOCIAL STUDY**

Intake: - Intake is an administrative procedure and not a process of social case work to take in the person with problem for example admit him or enrol him as a client of the agency. After this phase the case worker is able to assess the needs and problems of applicant person and how and where his needs can be best met.

#### **Psycho-Social Study: -**

Social investigation is a psycho-social process. It is the initial phase in which the worker gains his first understanding of the kind of help his client needs. The worker must understand what the client sees his problem as, what he think can be done about it, what he himself/herself tried to do about it, and what are the reasons the client has identified for his present difficulty.

#### **Psychosocial Assessment**

The major components of a psychosocial interview include: identifying the patient, the chief complaint, the history of presenting illness, psychiatric history, medical/surgical history, medication list, alcohol and drug use, violence risk assessment, family/social history, occupational history, educational history, legal history, developmental history, spiritual assessment, cultural assessment, financial assessment, coping skills, interests and abilities and the mental status examination.

A psychosocial assessment is an evaluation of an individual's mental health and social well-being. It assesses the perception of self and the individual's ability to function in the community. It typically involves a number of questions asked by the health care provider to assess multiple domains to understand the

individual. The goal of the psychosocial assessment is to understand the client to help provide the best care possible and help the individual to obtain optimal health.

The psychosocial assessment is used to help the professional to determine if the client is in a state of mental health or mental illness. Mental health is a state of well-being where there is the ability to deal with the typical stresses of life, works productively and is able to contribute to their community. It is estimated that only about 17 percent of people have optimal mental health.

Mental illness is a pattern of behaviors that is troubling to the person or the community where the individual lives. Mental illness may modify reality, influence daily living, and/or harm judgment. Mentally ill individuals often have a reduced ability to cope with society, maladaptive behaviors and a reduced ability to function.

**Perlman has given the following contents of the case work study in the beginning phase:**

1. The nature of the problem
2. The significance of this problem
3. The causes of the problem.
4. The efforts made to cope with problem solving
5. The nature of the solutions or ends sought from the case work agency.
6. The actual nature of the agency and its problem-solving means in relation the client and his problems.

**Method :-**

Perlman has suggested four methods for operating in the beginning phase: -

1. Relating to the client
2. Helping the client to talk about his troubles
3. Focusing and partializing
4. Helping the client to engage with the agency

**Tools and Techniques in the beginning phase :-**

1. Interview
2. Objective observation
3. Examination of records and documents
4. Collection of information for collateral and family sources
5. Special examination of test

**Social Diagnosis (Assessment)**

On the basis of the study of the problem in its past, present and future setting and the clients positive and negative reactions and interactions, the internal pressure and environmental factors the case worker assesses or

diagnose the client's problematic situation. Diagnosis is an explanation formulated in the light of known fact.

### **Content of the social diagnosis**

The content of the case work diagnosis falls into the triangular pattern. It consists of

1. The nature of the problem brought and the goals set by the client, in their relationship to;
2. The nature of the person who bears the problem (his social and psychological situation and functioning) and who seek (or needs) help with his problem, in relation to;
3. The nature and purpose of the agency and the kind of help it can offer and/or make available

### **TYPES OF DIAGNOSIS**

Perlman has described three types of diagnosis that is carried on in social case work process.

These are:

Dynamic Diagnostic;

Clinical diagnosis;

Etiological diagnosis

**Dynamic Diagnosis:** - Gives on understanding of the current problem of the client and forces currently operating within the client, within social environment and between him/his environment. It is a cross sectional view of the forces currently operating in the client's problem. The dynamic diagnosis seeks to establish what the trouble is, what role psychological, biological, social and environmental factors are playing in the causation of the problems, what effect it has on the individual's well-being. What solution is sought and what means exist within the client his situation and the organised services and resources by which the problem may be affected. In dynamic diagnosis there is no attempt to dig the life history of the problem, rather reasons for the problem are traced in the current situation.

**Clinical diagnosis:** - Under clinical diagnosis, the case worker attempts to classify the client by the nature of his problem. He identifies certain forms and qualities of client's personality maladaptation and malfunctioning in his behaviour.

**Etiological diagnosis:** - Etiological diagnosis is concerned with the explanation of the beginning of the life history of problems of the client, basically that problem that lies in the client's personality make up or functioning. The history of his development or a problem encountering, problem solving human being may provide the case worker with an understanding of what his clients suffers from and what the extent of his

coping ability is likely to be.



### **Steps in diagnosis:-**

The following steps are taken while diagnosing a problem :-

1. The worker begins with focusing on problematic behaviours. He investigates both functional and dysfunctional behaviours in his social milieu. He clarifies various complaints and problems in terms of excesses and deficits. He evaluates the client's personal strengths and his surrounding environment.
2. He targets the specified behaviour and break down complex behaviour into their component parts.
3. Baseline data are collected to specify those events that appear to be currently controlling the problematic behaviours.
4. An analysis and interpretation is done from collected information and objectives for intervention established.
5. Selecting priorities for intervention is the final step of the diagnosis.

### **INTERVENTION (TREATMENT)**

Intervention or treatment is the next step and it's based on the study and diagnosis which indicates whether the problem is the result of personal or environmental factors and whether the remedy lies in the form of material or psychological assistance. The course of action undertaken by case worker after studying and understanding the problem has been described as treatment.

The objectives of social case work treatment

1. To prevent social breakdown;
2. To conserve client's strength;
3. To restore social functioning;
4. To provide happy experiences to the client;
5. To create opportunities for growth and development;
6. To compensate psychological damage;
7. To increase capacity for self-direction;
8. To increase his social contribution.

### **Social case work treatment process.**

Intervention is rarely defined. It comes from the Latin word „intervenire“, meaning “to come between, interrupt”. Interventions are at the heart of everyday social interactions and make „inevitably make up a substantial majority of human behaviour and are made by those who desire and intend to influence some part of the world and the beings within it“ (Kennard et al. 1993).

Social work intervention are

intervention purposeful actions we undertake as workers which are based on knowledge and understanding acquired, skills learnt and values adopted. Therefore, interventions are knowledge, skills, understanding and values in action. Intervention may focus on individuals, families, communities, or groups and be in different forms depending on their purpose and whether directive or non-directive. Social work interventions are selected on the basis of the issues, needs and strengths of the client. These are determined as a result of a psychosocial assessment conducted by the social worker. In initial meetings with the client, the social worker will obtain extensive information from the client in order to develop a detailed and comprehensive understanding of the client. The assessment will be used to develop a treatment plan with the client, in which interventions, action steps and desired outcomes are specified. A time-frame will be established for each outcome, with a means to measure the client's progress towards achieving his/her goals on a regular basis identified.

The process of intervention or treatment begins with initial contact with the client. The process of treatment passes through many phases i.e.

- (1) Initial phase
- (2) Motivation and role induction
- (3) Primary contract
- (4) Diagnosis and assessment
- (5) Establishing treatment goals
- (6) Developing treatment plan
- (7) Preparation for actual treatment
- (8) Treatment in practice
- (9) Monitoring and evaluating the effects of treatment and
- (10) Planning of follow up termination of therapeutic relationship.

### **Application of Intervention Methods :-**

In order to active goals set by the worker, conventionally the following methods of social intervention have been mentioned

- (1) Direct Method
- (2) Environment Modification
- (3) Administration of Practical Service

(1) Direct Method :- Direct method of intervention is used to promote specific behaviour on the part of the client. According to Perlman it is a systematic intervention through which client can work over his problems and possible solutions. Here, the case worker applies his influence directly on the client. The techniques of direct intervention used where the clients need direction because of his/her ignorance, anxiety and weakness of his/her strength. Direct intervention is given through counselling, therapeutic interviewing, clarification and interpretation, leading to an insight. Supportive intervention is provided through guidance,

externalization of interests, re-assurance, suggestion, persuasion and advice.

**Counselling:** - It is direct intervention towards the solution of a problem in which a person find that he cannot solve the problem himself, therefore seeks the help if a skilled person whose knowledge, experience and expertise could be used to solve the problem. It is a psychological technique in which information and clarification are used for making the client aware of the problem.

**Therapeutic Interviewing:** - Therapeutic interview is used where intra-psychic conflict is present in the environment. The purpose of such interview is that of psychotherapy which aims at personality, competence and self-actualizations. For the analysis of the unconscious, social case worker applies the techniques of free association, dream interpretation, analysis of resistance and transference. For behaviour modification, social case worker makes use of the techniques of positive enforcement, negative enforcement, positive punishment, negative punishment, systematic desensitization and covert desensitization.

It is the process through which clarification about the client himself, his environment and the public with whom he is associated is made. Clarification may consist of information given to the client so that he becomes capable of understanding himself, his environment and his social network, which he does not possess and without which he cannot see clearly what step he ought to take.

**Psychological support:** - Psychological support is useful is decreasing tension and guilt, increasing self-confidence, encouraging healthy functioning that maintains the clients equilibrium and in helping him to build up compensatory strength and satisfaction. The case worker accepts him and his feeling and shows keep interest in him. He clarifies the problem and encourages him to take his own decision- The social case worker helps him to strengthen clients' ego through the techniques of guidance, reassurance, persuasion and psychological support.

(2) Environmental Modification: - Means to bring change in the social as well as physical conditions of the client so that he may be relieved from excessive stresses and strains. The case worker suggests positive steps to client to cope better with his problems. He plans with him emotional, professional and recreational activities. He gives appropriate advice to member of his environment and modifies their attitude favourably.

(2) Administration of Practical Service: - According to Hamilton administration of practical service is the oldest and best known case work method of intervention. Porter Lee was the first social worker who emphasized and classified such resource. Administration of practical services means to help the client in such a way that he could select and use the resources available in the community in this process social case worker helps the client for adequate knowledge of available resource through the techniques of discussion information classification and direction.

### **PHASE III- TERMINATION, EVALUATION AND FOLLOW UP.**

Termination and follow up: – Here termination mean ending the process of social case work intervention process. The termination process in decided mutually by client and worker. Termination is the stage when the worker has the confidence in the client ability to cope with the present and future situation.

Termination refers to the end of the process. At this juncture, the client looks back with satisfaction on what has been accomplished. It also gives the signal that the worker uses to confirm that the worker has the confidence in the client's ability to cope.

Evaluation: - In social case work evaluation is the process in which worker tries to find out the effectiveness and success of the process. It is an activity which shows whether the social case work process has active the desired goals or not. Social case worker evaluates the connect of the program and it effectiveness inner strength gained by the client and the success of himself in helping the client.

Evaluation is a method of knowing what the outcomes are. Casework practices need to be evaluated from time to time. Caseworkers need to be held accountable for what they do and for their social competence. Finally, facts have to be gathered, organised and recorded for the purpose of measurement of results.





## Unit 3

### Models and Approaches

**Psychoanalytic Approach, Psychosocial, Functional, Client Centered, Cognitive Behavioural Approach, Life Model, Task Centered, Strength Based, Evidence Based Approach, Ecological approach, Integrated Approach**

### What Is Cognitive Behavioral Therapy?

Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.

It is important to emphasize that advances in CBT have been made on the basis of both research and clinical practice. Indeed, CBT is an approach for which there is ample scientific evidence that the methods that have been developed actually produce change. In this manner, CBT differs from many other forms of psychological treatment.

CBT is based on several core principles, including:

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

CBT treatment usually involves efforts to change thinking patterns. These strategies might include:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Using problem-solving skills to cope with difficult situations.
- Learning to develop a greater sense of confidence in one's own abilities.

CBT treatment also usually involves efforts to change behavioral patterns. These strategies might include:

- Facing one's fears instead of avoiding them.
- Using role playing to prepare for potentially problematic interactions with others.
- Learning to calm one's mind and relax one's body.

Not all CBT will use all of these strategies. Rather, the psychologist and patient/client work together, in a collaborative fashion, to develop an understanding of the problem and to develop a treatment strategy.

CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as “homework” exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions and behavior.

CBT therapists emphasize what is going on in the person's current life, rather than what has led up to their difficulties. A certain amount of information about one's history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life.

Client-centered therapy, also known as person-centered therapy, is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Learn more about how this process was developed as well as how client-centered therapy is utilized.

## History

Carl Rogers is widely regarded as one of the most influential psychologists of the 20th-century. He was a humanist thinker and believed that people are fundamentally good. Rogers also suggested that people have an actualizing tendency, or a desire to fulfill their potential and become the best people that they can be.

Rogers initially started out calling his technique non-directive therapy. While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction.

## Client-Centered Therapy

Eventually, the technique came to be known as client-centered therapy or person-centered therapy. Today, Rogers' approach to therapy is often referred to by either of these two names, but it is also frequently known simply as Rogerian therapy. Rogers was deliberate in his use of the term *client* rather than *patient*. He believed that the term patient implied that the individual was sick and seeking a cure from a therapist. By using the term client instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny, and overcoming their difficulties. This self-direction plays a vital part in client-centered therapy.

Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in clients. While Freud focused on offering interpretations of what he believed were the unconscious conflicts that led to a client's troubles, Rogers believed that the therapist should remain non-directive. That is to say, the therapist should not direct the client, should not pass judgments on the client's feelings, and should not offer suggestions or solutions. Instead, the client should be an equal partner in the therapeutic process.

According to Carl Rogers, a client-centred therapist needs three key qualities:

## Genuineness

The therapist needs to share his or her feelings honestly. By modeling this behavior, the therapist can help teach the client to also develop this important skill.

## Unconditional Positive Regard

The therapist must accept the client for who they are and display support and care no matter what the client is facing or experiencing. Rogers believed that people often develop problems because they are accustomed to only receiving conditional support; acceptance that is only offered if the person conforms to certain expectations.

By creating a climate of unconditional positive regard, the client feels able to express his or her true emotions without fear of rejection.

Rogers explained: "Unconditional positive regard means that when the therapist is experiencing a positive, acceptant attitude toward whatever the client *is* at that moment, therapeutic movement or change is more likely. It involves the therapist's willingness for the client to be whatever feeling is going on at that moment - confusion, resentment, fear, anger, courage, love, or pride...The therapist prizes the client in a total rather than a conditional way."<sup>3</sup>

## Unconditional Positive Regard in Therapy

### Empathetic Understanding

The therapist needs to be reflective, acting as a mirror of the client's feelings and thoughts. The goal of this is to allow the client to gain a clearer understanding of their own inner thoughts, perceptions, and emotions.

By exhibiting these three characteristics, therapists can help clients grow psychologically, become more self-aware, and change their behavior via self-direction. In this type of environment, a client feels safe and free from judgment. Rogers believed that this type of atmosphere allows clients to develop a healthier view of the world and a less distorted view of themselves.<sup>3</sup>

## Self-Concept

Self-concept also plays an important role in person-centered therapy.

Rogers defined self-concept as an organized set of beliefs and ideas about the self. The self-concept play an important role in determining not only how people see themselves, but also how they view and interact with the world around them.

Sometimes self-concept lines up well with reality, which Rogers referred to as congruence. In other cases, self-perceptions are sometimes unrealistic or not in tune with what exists in the real world. Rogers believed that all people distort reality to some degree, but when self-concept is in conflict with reality, incongruence can result.

For example, a young boy might perceive himself as a strong athlete, despite the fact that his actual performance on the field reveals that he is not particularly skilled and could use extra practice.

Through the process of person-centered therapy, Rogers believed that people could learn to adjust their self-concept in order to achieve congruence and a more realistic view of themselves and the world. For example, imagine a young woman who views herself as uninteresting and a poor conversationalist despite the fact that other people find her fascinating and quite engaging.

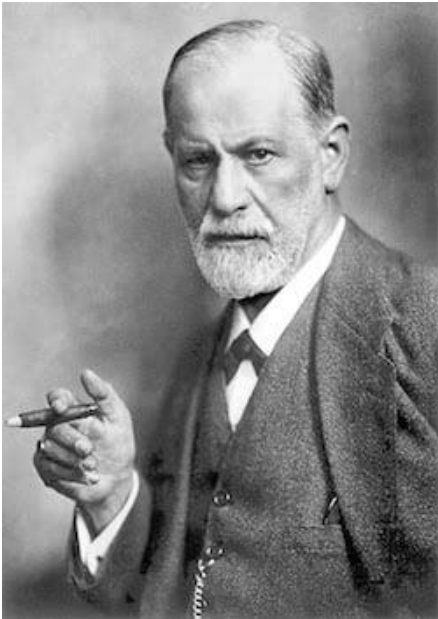
Because her self-perceptions are not congruent with reality, she may experience poor self-esteem as a result. The client-centered approach focuses on providing unconditional positive regard, empathy, and genuine support in order to help the client reach a more congruent view of herself.

What is Psychoanalysis? A Definition and History of Psychoanalytic Theory

Psychoanalysis is a type of therapy that aims to release pent-up or repressed emotions and memories in or to lead the client to catharsis, or healing (McLeod, 2014). In other words, the goal of psychoanalysis is to bring what exists at the unconscious or subconscious level up to consciousness.

This goal is accomplished through talking to another person about the big questions in life, the things that matter, and diving into the complexities that lie beneath the simple-seeming surface.

**The Founder of Psychoanalysis: Sigmund Freud and His Concepts**



It's very likely you've heard of the influential but controversial founder of psychoanalysis: Sigmund Freud.

Freud was born in Austria and spent most of his childhood and adult life in Vienna (Sigmund Freud Biography, 2017). He entered medical school and trained to become a neurologist, earning a medical degree in 1881.

Soon after his graduation, he set up a private practice and began treating patients with psychological disorders.

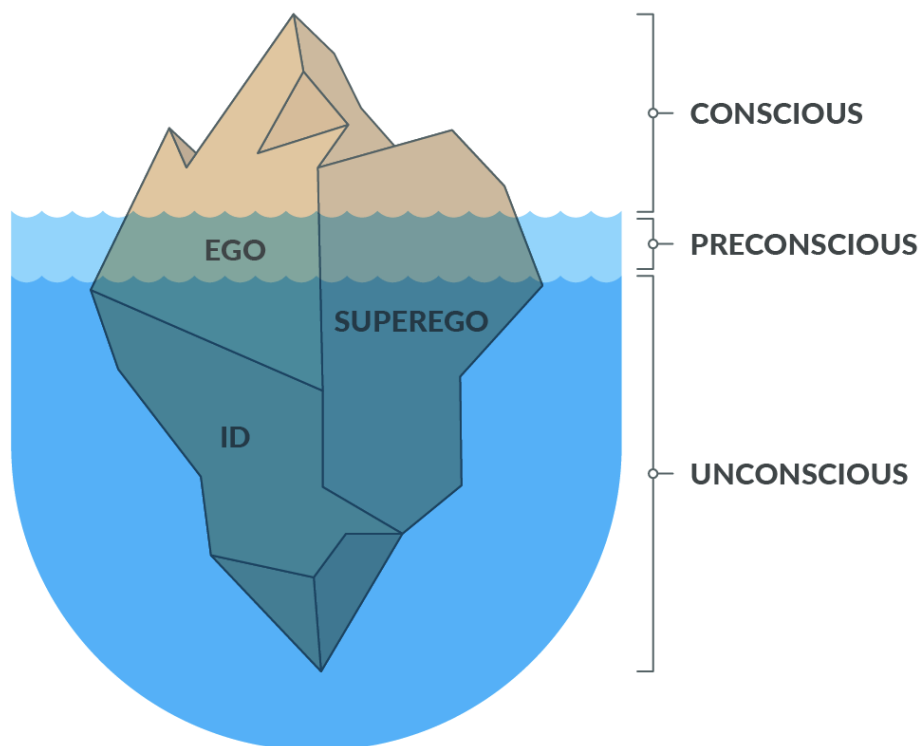
His attention was captured by a colleague's intriguing experience with a patient; the colleague was Dr. Josef Breuer and his patient was the famous "Anna O.," who suffered from physical symptoms with no apparent physical cause.

Dr. Breuer found that her symptoms abated when he helped her recover memories of **traumatic experiences** that she had repressed, or hidden from her conscious mind.

This case sparked Freud's interest in the unconscious mind and spurred the development of some of his most influential ideas.

ET YOUR LIGHT SHINE

## Freud's Model of the Mind



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Perhaps the most impactful idea put forth by Freud was his model of the human mind. His model divides the mind into three layers, or regions:

1. **Conscious:** This is where our current thoughts, feelings, and focus live;
2. **Preconscious (sometimes called the subconscious):** This is the home of everything we can recall or retrieve from our memory;
3. **Unconscious:** At the deepest level of our minds resides a repository of the processes that drive our behavior, including primitive and instinctual desires (McLeod, 2013).

Later, Freud posited a more structured model of the mind, one that can coexist with his original ideas about consciousness and unconsciousness.

## The Id, Ego and Superego



### ID

- Unconscious level only
- Instinct to survive (eros)
- Instinct to destroy (thanatos)



### EGO

- Develops in infancy
- Keeps check on Id



### SUPEREGO

- Where morality resides
- Encourages social responsibility



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In this model, there are three metaphorical parts to the mind:

1. **Id:** The id operates at an unconscious level and focuses solely on instinctual drives and desires. Two biological instincts make up the id, according to Freud: eros, or the instinct to survive that drives us to engage in life-sustaining activities, and thanatos, or the death instinct that drives destructive, aggressive, and violent behavior.
2. **Ego:** The ego acts as both a conduit for and a check on the id, working to meet the id's needs in a socially appropriate way. It is the most tied to reality and begins to develop in infancy;
3. **Superego:** The superego is the portion of the mind in which morality and higher principles reside, encouraging us to act in socially and morally acceptable ways (McLeod, 2013).

The image above offers a context of this “iceberg” model wherein much of our mind exists in the realm of the unconscious impulses and drives.

If you’ve ever read the book “*Lord of the Flies*” by William Golding, then you have enjoyed the allegory of Freud’s mind as personified by Jack as the Id, Piggy as the ego, and Ralph as the superego.

## Defense Mechanisms

Freud believed these three parts of the mind are in constant conflict because each part has a different primary goal. Sometimes, when the conflict is too much for a person to handle, his or her ego may engage in one or many defense mechanisms to protect the individual.

These defense mechanisms include:

- *Repression*: The ego pushes disturbing or threatening thoughts out of one’s consciousness;
- *Denial*: The ego blocks upsetting or overwhelming experiences from awareness, causing the individual to refuse to acknowledge or believe what is happening;
- *Projection*: The ego attempts to solve discomfort by attributing the individual’s unacceptable thoughts, feelings, and motives to another person;
- *Displacement*: The individual satisfies an impulse by acting on a substitute object or person in a socially unacceptable way (e.g., releasing frustration directed toward your boss on your spouse instead);
- *Regression*: As a defense mechanism, the individual moves backward in development in order to **cope with stress** (e.g., an overwhelmed adult acting like a child);
- *Sublimation*: Similar to displacement, this defense mechanism involves satisfying an impulse by acting on a substitute but in a socially acceptable way (e.g., channeling energy into work or a constructive hobby) (McLeod, 2013).

## PSYCHO SOCIAL APPROACH

Case Work deals with the people, their environment and the relationship between them (Person-in-situation).

What is psychosocial approach?

Psychosocial Approach (Case Work) means “attention to both interpersonal system ( parent, child, husband and wife, family) and personality system (Id, ego and superego) of the individuals. It is one of the approaches adopted by the caseworkers to deal with the problems of the Individuals

Origin:

This approach is traced to Mary Richmond’s formulations. However, this approach changed and it was influenced by Socio Economic events of 1920s and 1930s as well as the growth of personality theory and social theory. Freudian Theory began to feed with this point of view in 1926. The early contributors of to this theory were Marion Ken Worthy, Betsely Libby, Hamilton Gordon, Bertha Reynolds, Charlotte Towle, Florenceday and others



## FOUNDATION OF PSYCHO SOCIAL APPROACH

Psycho-social approach has drawn from many sources.

- From practice
- Ideas from Gestalt psychology
- Contributions of psychoanalysis
- Social Sciences influences.
- Cultural anthropology:

### Characteristics of Psycho Social Approach

This approach is an open system of thought, which constantly changes. It grows as new data become available and as new proposition concepts, hypothesis, and theories emerge.

### OBJECTIVES OF PSYCHO SOCIAL CASE WORK

- To alleviate the clients distress and decreasing the mal – functioning in the person situation systems.
- To enhance the clients comfort, satisfaction and self realization.
- This may enhance the adoptive skills of client's ego and the functioning of the person – situation system.
- Change may be needed in either the person or his situation or in both. I.e. In what aspects a person and (or) his situation need changes or improvement.
- Attentions to both inter personal system (parent – child husband wise, family and the personality system (Id, Ego, and Super Ego)

### FUNCTIONAL APPROACH ORIGIN:

- This approach was developed by faculty members of school of social work of the university of Pennsylvania in the 1930s. Bertha Reynolds' contributed more on developing the functional approach.

### PRINCIPLE OF FUNCTIONAL CASE WORK

- Diagnosis :

Understanding the problem (Analyze or Assessment)

- Use of time phase:
- The use of agency functions use of agency policy & procedures – so that the client may know what he is dealing
- Use of relationship

### PHASES OF FUNCTIONAL APPROACH

1. Initial phase: Beginning: - (Intake procedures and getting started")

- a. Each new beginning recreates the life fear, the fear separation, individualization, the fear of not experiencing, etc
- b. It is the worker's sensitivity to what is involved in particular beginning.
- c. What will makes him to reduce the fear, resistance etc.

- d. Making the unknown known by being clear about is agency's, service, and its conditions to avail the service, what ca be expected from the agency and what is the requirements and expectations of agency".
- e. "The known is the less fear and more manageable than the unknown".

### **MIDDLES:**

- Middles are characterized by the worker taking increased responsibility for his part in the situation and / by a deepening of the relationship involved. The worker must make efforts to deeper the relationship, and make it possible to gain a new sense of accomplishment and power through bring something to conclusion. Endings:
- Endings have their own feelings and quality. Ending may be resisted and feared. Clients may resist and postpone endings even after the relationship has lost its meaning or is to be terminated under the conditions of agency service.
- Ending are inevitable for every beginning there is an ending.

## **II. ASSESSMENT PHASE (OF THE CLIENT IN HIS SITUATION) OR DIAGNOSIS**

For effective (social work service) service there is a need for understanding of the total situation, understanding of the individual, group or community – change with course of using the service offered.

i.e. understanding about:

- a. The value of the particular problem (or any problem)
- b. Understanding the particular kind of individual
- c. Characterization of an (or any kind of) individual
- d. Needs of an individual at various points in the life process.
- e. Various ways of dealing with stress

## **CRISIS INTERVENTION THEORY**

- a. Crises can be defined as "an upset in a steady State".
- b. Intervention:
- c. It is a specific action by a worker in relation to human systems or process in order to induce change. The action is guided by knowledge, and professional values as well as by skilfulness of the worker (Luise C. Johnson)
- d. Conscious interference of the worker into the client's affairs in order to move the client/group towards its goal or to introduce clarification, enlighten or a change in direction.
- e. It is a procedural activity directed towards the inducement of changing personality and social system. Essentially the interventions are purposeful, goal oriented and situational. They may change structural, cultural and functional pattern of individual.

### **Goals of Intervention:**

The goal is the restoration of Social Functioning and enhancement of Coping Capacity

### **Characteristic of crisis theory:**

- This theory is useful in dealing with individuals and families in situation of urgency and stress.
  - It is useful to both clinical and primary prevention strategy in mental health

- Played vital role in behavioural and personality change
- It is eclectic in nature Factors responsible for the state of Crisis:
- One or series of hazards events which leads to some threats
- In ability to respond with adequate coping mechanism
- Threat to current and past events Assessment of the client in situation (Diagnosis)
- Assessing the clients –
- A way of diagnosing acute situational stress,
- A way of classifying hazardous events & people reaction to them.
- The understanding the process of personality functioning- i.e. How ego processes function in transaction with the external and internal state.
- Appraisal of basic personality structure and identification of basic defenses as well as habitual adaptive patterns is relevant and important in crisis intervention.
- Ability to understand the personality structure of the client.
- Systematic investigations of clients history (vertical & horizontal) – i.e. scanning of development emotional, and social functioning, manifestation of psycho pathology etc.
- Knowledge on how people behave and try to cope in crisis situation etc. Treatment Principles & Methods
- Relief of symptoms.
- Restoration to the optimal level of functioning  Understanding the relevant precipitating events  Identification of remediable measures.

### **Intervention strategies**

- In creasing or developing new desired behaviour
- In decreasing undesired behaviours
- Changing Cognitive Patterns Behaviour Modification:
- Increasing or developing new desired behaviour
- Procedure for increased Desired Behaviour Positive Reinforcement: Shaping Covert Reinforcement Negative Reinforcement: Coaching or Promoting Fading (Vanishing) Role Playing:- [Behaviour Rehearsal]

Procedure for Decreasing Undesired Behaviour:

- a). Negative Practice
- b). Positive Punishment
- c). Negative Punishment
- d). Time Out).
- e) Extinction (destruction)
- f). Systematic Decentralization
- g). Substitution of sexual for anxiety response
- h). Aversive counter conditioning
- i). Covert sensitization

j). Contact desensitization

k) Thought stopping Complex Procedure:

a). Differential reinforcement:

b). Discrimination Training:

c). Assertive Training:

d). Modelling Indirect or Environmental Modification.:-

It includes human environment of the client both taking in what he needs, and can use and what he must interest of his growth.

## **BEHAVIOUR MODIFICATION (MODIFICATION/ALTERING OF BEHAVIOUR)**

Behaviour:

- a. Any activity of the individual is called behaviour
- b. The way in which the some one behaves is called behaviour.
- c. Response (behaviour) to the stimulus (motivation) is the behaviour
- d. Behaviour refers to thinking, feeling (emotion), talking and doing
- e. Thinking is covert (hidden), because they are not visible.

### **TYPES OF BEHAVIOUR**

- a. Observable Behaviour:
- b. Any behaviour that can be observable.

Eg. Screaming (loud, noise), stuttering, lecturing, laughing, Aggression, Self Injury, Destructiveness, Over activity, etc.

- b. Measurable Behaviour: Behaviour that cannot be visible but measurable only.

Fear, depression, anxiety, sexual disorder, Ego impairment, damage self-image (personality, character, self esteem), hostilely (bitter), etc.

- c. Desirable behaviour: The behaviour is acceptable or tolerable by others
- d. Undesirable behaviour: Behaviour, which seriously interfere with normal life of a person or with whom he or she lives or works.

### **How to identify Behaviour Disorder Observable Behaviour/ Events:**

- a. Any behaviour that can be observable. eg. aggression, self injury, destructiveness, over activity, etc Un-observable Behaviour/ Events:
- b. Through measurement
- c. Eg. Fear, depression, anxiety, sexual disorder, Ego impairment, damage self-image (personality, character, self esteem), hostilely (bitter), etc.
  - b. How can we Determine Undesirable behaviour?
    - a. Behaviour which seriously interfere (obstruct) with normal life of the person or with whom he / she lives or work What is Behaviour Modification? It is a form of Intervention.
    - b. Modification means - Change, Adjustment, Adoption or Altering of Behaviour

## Unit 4

**Tools and Techniques in working with Individuals****Interviewing in Casework**

By interviewing, we mean a meeting or conference (may be formal or informal) between two or more persons for specific purpose. It is an art which is used in every situation for better understanding and better relationships between the interviewer and the interview. Interviewing is the foundation on which theory and practice of social case work is based because without interview, the worker cannot get all the possible information about the client nor can the client gain any confidence in the worker. The purpose of an interview is, therefore, three-fold

1. To obtain knowledge of the situation.
2. To understand another person.
3. To make the person understand you.

Note: the word client used here means any person who is seeking help or is being offered.

**Tools /Techniques of case study Interview and observation Interview** means face to face conversation, or questioning, for the purpose of eliciting information to understand and analyze issues /problems in question **Format of interview schedule** 1. History of the problem 2. Personal history 3. Habits 4. Occupational history 5. Income 6. Sex experience (if it is needed) 5. Income 6. Sex experience (if it is needed) 7. Family details

**Home visit case work**

1. 1. Home visiting involves a process of initiating relationships with family members, negotiating & implementing a family-focused plan of care, & evaluating health outcomes & family satisfaction

Each home visit involves several phases or steps: preplanning the visit, traveling to the home and initiating the visit, accomplishing the interventions, evaluating and summarizing the visit with the family, ending the visit and leaving the home, and conducting positive activities. • A home visit is a purposeful interaction in a home directed at promoting and maintaining the well-being of individuals and the family.

- Home visit is the process of providing care to the client's own setting. The setting may be in a single or multiple unit structure and may be located in a rural or urban setting.
- They also carry out assessments in the home and liaise with other agencies and service providers. They provide assessment, care and support for individuals and families of all ages,

Basic goals of home visit: —

Promoting support systems that are adequate and effective & encouraging use of related resources.

—Promoting adequate, effective care of a family member who has a specific problem related to illness or disability.

Encouraging normal growth and development of family members and the family and educating the family about the preventive and curative measures —Strengthens family functioning and relatedness  
Promoting a healthy environment

- Home setting provides more opportunities for individualized care
- most people prefer to be cared for at home
- environmental factors impinging on health, such as housing condition & finances, may be observed and considered more readily

- Information collection and understanding lifestyle values are easier in families' own environment
- Participation of family members is facilitated
- Individuals and family members may be more receptive to learning because they are less anxious in their own environment and because the immediacy of needing to know a particular fact or skill becomes more apparent
- Care to ill members in the home can reduce overall costs by preventing hospitalizations & shortening the length of time spent in hospitals or other institutions
- A family focus is facilitated

Travel time is costly

2. Less efficient for experts
3. Distraction
4. Clients may be resistant or fearful
5. Safety can be an issue

## **COLLATERAL CONTACT**

- Collaterals are those, who, because of their special association with the clients, in a position to furnish information to the caseworker about the client or to help the clients (in some way)
- Social casework makes use of document, case history, and agency reports, consultation with experts from other fields, tests and examination of all kinds as it requires an inter disciplinary approach. Further, the worker has to see that the clients get possible treatment for his problems and to this end, work closely together with the “Collaterals” such as schools, hospitals, employees, unions social agencies friends, etc.,
- A collateral contact is a source of information that is knowledgeable about the client’s situation and serves to support or corroborate information provided by a client. Communication with a collateral contact may be made in person, over the telephone, or by mail.

### **Resource mobilization**

This concept covers the following principles

- a) Resource mobilization is just a means to the end, the end being the fulfilment of the organization’s vision
- b) Resource mobilization is a team effort, and involves the institution’s commitment to resource mobilization, acceptance for the need to raise resources and institutionalizing resource mobilization priorities, policies and budget allocation
- c) The responsibility for the resource mobilization effort is shared by the board, the president or the executive director, and the resource mobilization unit
- d) An organization needs money in order to raise money

e) There are no quick fixes in resource mobilization

### **Concept of resource mobilization:**

Resource mobilisation is commonly used in similar meaning with fund raising. Fundraising is just a part of it or only an outcome of resource mobilisation efforts. Resource mobilisation includes building valuable contacts and networks, and garnering the interest, support, and contributions of people important to the organisation.

**Importance of resource mobilization:** The importance of resource mobilization can be stated for the following reasons.

- a) It diversifies, expand its resources base and develop new thinking and challenge the old traditions in supporting the achievement of integration agenda.
- b) It identifies and analyse the resources available for her program priorities, policies and efficient budget allocation as stipulated in the Development Strategy.
- c) It understands current donor funding landscape, resource availability and support commitment.
- d) It help to maximize use of domestic capital and skills to expand deep relations with stakeholder
- e) It provides continuity and stability to the organization and its work

### **Referral services**

The NASW Code of Ethics Referral for Services standard was revised in two ways.

It was modified to clarify that referrals for services in this context address situations when social workers identify new services to replace services currently being provided. The previous reference to “additional services” was changed to “other services” to specify that new services and not additional services are being referred.

For example, if the therapist determines that the client needs a higher level of care, the therapist should refer the client to another provider. The current reference to “other services” implies that the therapist would refer the client to another therapist for services. The previous language, “additional services” implied that the current therapist would continue with the client while referring the client for additional services with another provider. In situations that warrant the referral for services, this may or may not be the case.

### **Highlights**

The standard now reads: “Social workers should refer clients to other professionals when the other professionals’ specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that other services are required.”

### **REFERRAL**

Referral means the process by which: a client is made aware of another resource or service, and helped to make contact with that resource to receive a needed service. The process in which: a worker

directs a client to another resource (agency) for help with an identified problem or need is called referral. It is an art of knowing where, when and how to make a referral. Time, Planning and processing are needed for an appropriate match between the client (system) in need and Agency (available resources)

### **Types of Referral**

- 1, The case or problem should be referred by somebody [agency, institutions, family etc] (or)
2. Identified by the worker himself (or)
3. By the client himself to the worker or to an agency.

### **Stages of Referral**

There are six stages; if any one stage is overlooked the referral may lead to fail.

- i). Clarification or statement of the problem or need for which help is sought.
- ii). Exploration of appropriate and available resources
- iii). Discussion of options and selection of sources with the client
- iv). Planning and contact with the selected resources i.e. initial contact, sending information, providing transportation, client – resource (Agency) meeting.
- v). Meeting of client with resources.
- vi). Follow up by the worker to see the goal is achieved.

### **environmental modification**

In clinical Social Work environmental modification is an idea that has been a part of the Social Work profession since its very beginning. What environmental modification refers to a force that is directed at a client's social context in order to mobilise or restructure resources that in turn facilitate improvement in the client's functioning for some time now however the integration of environmental modification with clinical Social Work practice has been somewhat awkward at best in part of this may be due to inadequate conceptualization of environment and intervention in the Social Work literature.

### **COMMUNICATION**

Communication is a viable element that plays an important part in direct social work practice to promote, enhance and ensure social welfare services for individual, group and community clients



with diversity of problems across the societies. Purpose of the paper is to discuss basic forms, components, elements, and process of the communication with which social workers play a vital role in the helping process exchanging information related to client's needs, problems, contexts, environment, types of service, and about agency between social worker and client at individual, group and community level. In the light of communication an indigenous model developed has been discussed and applied for social work practice

Communication is one of our most pervasive, important and complex clusters of behavior. The ability to communicate on a higher level separates human beings from other animals. Our daily lives are strongly affected by our own communication with others as well as by messages from distant and unknown persons. If there is a need to know about the world, that need extend to all aspects of human behavior, especially communication. An understanding of methodical conception of communication is an important step toward becoming a more competent, adaptive individual (Littlejohn, 1983). Communication plays very important role in our lives. We depend on communication in every aspect of our lives, from our relationships with family and friends to our success in the workplace. The communication may take place between individual, group, community and within globe. The whole world is connected by network through communication.

Communication is a process in which one individual conveys information – either intentionally or unintentionally – to another. Communication is a form of behavior, but not all behavior is communication; it depends on whether a person perceives a message in the words or behavior of another. Communication occurs when one person attaches meaning to the verbal or nonverbal behavior of another . Communication has been defined as exchanging information, creating and maintaining relationships and sharing understanding with those around us. Because of its complex, multidisciplinary nature, communication is difficult to define. Human communication is essentially the process of exchanging our views or feelings with another person. In its basic form, the process of communication is to express thoughts, feelings or information. Numerous definitions and conceptualizations of communication found in academic and professional literature by various components, such components are, symbolic, verbal, understanding, interactions, process, behavior modifying response.



## Unit 5

**Case Work in different Settings and Recording**

**Case work in hospitals, schools, communities, institutional setting and industry; Types of recording-verbatim, narrative, condensed, analytical, topical, summary recording**

**INSTITUTIONAL SETTINGS**

1.School Setting

.2 Health Care Setting

.3 Corporate Setting

4 Correctional Setting

5 Government Setting

6 Non-Government setting

Institutional settings are the organizations, establishments, society or the like devoted to the promotion of a particular cause or a program, especially one of a public, educational, or charitable character. These Institutions are known as formal organizations which have hierarchical structures to provide various services, where professional social workers also become a part of those hierarchical structures. Various institutional settings of Social work profession are discussed below.

**School Setting**

School is an important setting for social work intervention. Most of the private and public schools today employ school social workers to assist the students to develop their personality. As a social worker in school setting you must understand your role. Social work intervention by applying group work and case work methods are very popular in this particular setting. Social work professionals know how to deal with an individual and with a group in a systematic way and help them to grow in all the aspects. The social workers in school setting basically deal with the students who fail to accomplish the developmental tasks and cannot fulfil the social expectations of parents and teachers as a pupil due to various reasons. Understanding the needs and the problems of those students in school setting, the social workers play different roles. According to the problems, challenges and issues of the students of various age groups and gender in schools, the role of the social worker may vary as a case worker or a group worker or a researcher. The social worker works with slow learners, demotivated students, drop outs, absentees, and the students who are very aggressive or who fare poorly in exams due to various reasons. He/ She interacts with the students, guardians, teachers and peer groups of students and try to identify the needs and problems of

them and intervene. The school social workers help the students to cope up with the school, social and family environment and help them to change their attitude and behaviour so that they may perform well in academics which will eventually reach their developmental tasks. The areas which are normally covered in social work in school settings are career guidance, counselling, motivation, awareness, value education, leadership building and team work. A school social worker also works with parents and significant members of the students in order to provide a better and congenial home atmosphere. Whenever required, the social worker also identifies with children with special needs and difficulties and makes appropriate referrals. Designations of Social Work Professionals in school setting are Social worker, Counsellor, Case worker and Group worker

### **Health Care Setting**

Health care setting is also an institutional setting of social work profession. In this setting, welfare services are provided to patients and his family members. Social workers in this setting have some specific roles to play. These are assisting the diagnosis by assessment of social and economic background of the patients, counselling the patients, providing moral support to the patients and family. Social worker can also provide group therapy to persons with mental illness, chronic illness and their families. Social worker also educates the patients and their caregivers about the illness and treatments. Many social workers in health care are specialized in a specific area. These include child care, the care of dying patients and counselling the terminally ill people. Social workers, like doctors and nurses, play an important role in health care settings. Social workers serve in hospitals (care facilities, hospices, and public health departments). In hospitals and care facilities, they may counsel patients and their families and are responsible for discharge planning, which include ensuring that patients have needed support services when they leave the medical facility to return home or to go to another care facility. Social workers in Health care settings also serve as liaisons between doctors and patients, advocate for patient needs, and conduct training programme for medical personnel. In medical as well as psychiatric settings, social workers are actively involved in the rehabilitation of persons with chronic disorders. Some social workers are employed by public health agencies, where they develop, implement and evaluate prevention programs. Psychiatric social workers help people through individual, family and group counselling. Although psychiatric treatment takes place in many fields of practice, psychiatric social workers can primarily be found in community mental health agencies, hospitals and private practice. The goal of the psychiatric social worker is to help people overcome or cope up with mental disorder such as depression or schizophrenia and/or to address emotional problems such as grief over the death of a loved one, work with

problems of day to today living, interpersonal relationship problems and work with available resources. The ultimate goal of medical and psychiatric social work is to help all such individuals' lead full and productive lives. Designations of Social Work Professionals in Health Care setting are- Counsellor, Medical social worker, Psychiatric Social Worker and Health Care Manager.

### **Industrial setting**

Social work profession has a special place in corporate setting. It is noteworthy that every corporate sector organizations carry out number of activities and programs to improve the overall condition of workers and their families, to improve the socio-economic status of different stakeholders and weaker sections of the society through CSR (corporate social responsibility) projects where they spend 2% of their average net profits. The concept of mandatory Corporate Social Responsibility is from the term "Good Corporate Citizenship" which connotes the extent to which businesses are socially responsible for meeting legal, ethical and economic responsibilities placed on them by stakeholders. Under CSR projects organizations adopt villages, then identify their needs and basic problems and try to minimise the problems. In this process, social workers are involved and help the organizations in different aspects right from need identification to monitoring and evaluation. CSR projects are also extended to various communities and different sections of the society. Apart from this, social workers in corporate settings help the individuals and groups towards better adaptation to work situation. The social workers deal with varied social problems of workers in industries. Individual problems of absenteeism, alcoholism and drug addictions, depression, stress related disorders among the factory workers are the concerns for the social workers. Social workers are also employed as welfare officers to provide the welfare and other facilities which come under the welfare provisions, health provisions of various Acts such as Factories Act 1948 and Plantation Labour Act 1951. Moreover social workers with specialization in human resource management are employed as Human Resource Managers to deal with the employees from recruitment to retirement. Designations of Social Work Professionals in corporate setting are: HR Manager, Personnel Manager, Executive Trainee, Labour Welfare Officer, Community Development Officer, Social Development Officer, Rural Development Officer and Welfare Officer.

### **Correctional Setting**

India is inhabited by persons of different racial, ethnic and cultural backgrounds who constitute themselves into castes, kinship groups and tribes; and live in rural, urban and metropolitan communities. The growth of urbanization and industrialization during the past four decades has clearly affected the traditional forms of socialization and social control. This

has led to increasing rates of all types of deviant behaviour, children in conflict with law and crime especially in large cities. Therefore the number of correctional settings has also increased. Correctional services have been started with faith in human kind that every human being must have a second chance to start life afresh. Social work professionals are engaged in many institutions of correctional settings such as remand/ observation home, prisons, probation hostels, beggar homes, protective homes, drug rehabilitation centres etc. Social workers fill a variety of roles in both the juvenile and adult correctional services. They are involved in juvenile and adult probation hostels and parole. Social work in correctional setting provides immense opportunity to examine and work with actors and institutions dealing with crime, law and justice from a rights-based perspective. The primary goal of the criminal justice system is to maintain public safety and punish lawbreakers by confining and controlling them (Miller 1995). Social workers specialize in juvenile corrections, rehabilitation in the adult correctional system, case management and counselling services in probation and parole, police social work and victim assistance services. They are most often employed by central and state governments, nonprofit victim assistance agencies or lobbies. Regardless of setting, criminal justice social workers advocate for public policies that address poverty, unemployment and hopelessness. Designations of Social Work Professionals in Correctional setting are Social Worker, Counsellor, Probation Officer, Superintendent and others

### **Government Setting**

Government is also an important setting for social work professional as social workers can engage themselves in various departments, projects and programmes of both state and central government. India remains as a welfare state since Independence. The continuous efforts made by the government to uplift the marginalised and weaker sections of the society through various schemes and programmes offers tremendous opportunities for professional social workers in this setting. The following programmes and schemes have been launched by the government to improve the quality of life. These are Integrated Rural Development Programme (IRDP), National Rural Livelihood Mission (NRLM), Rural Housing Indira Awaaj Yojana (IAY), National Rural Employment Guarantee Act (NREGA), National Health Mission (NHM), Swachh Bharat Mission (SBM), Integrated Child Development Service (ICDS), Integrated Programme for Street Children, Mid-day Meal scheme, Nutrition programme for adolescent girls, Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Integrated Housing and Slum Development Programme (IHSDP) under JNNURM for slum improvement and rehabilitation, Housing for all by 2022 etc. Designations of Social Work Professionals in Government setting are: Project Director,

Program Director, Program Officer, Program Coordinator, Counsellor, Project Officer, Community Mobilizer, Program Manager and others

## **RECORDINGS**

According to Kadushin recording can be seen as a part of the interview process, through the act of recording the interview, continues in the mind of the interviewer after it is terminated. It is a retrospective living of the encounter. As a consequence, the interviewer, of necessity, has to selectively decide which aspects of the interview were more significant. He or she has to systematically organize a somewhat chaotic experience.

Objectives ·

- To understand the purpose of recording ·
- To know the structure of recording ·
- To learn the types of recording ·
- To grasp the principles of recording, and ·
- To become familiar with the methods of collecting information.

### **Function of Recording Social Casework**

Recording in social casework serves as an aid to practice, administration, teaching and supervision, research, and so on.

- a) Recording an aid to practice refers to the fact that recording has improved the practice of social casework is now well accepted, and is considered as the most important device to develop caseworker's skills in this area. Records help in assessment and appropriate intervention. It enables the caseworker to analytically reflect upon and improve his or her practice thus enabling efficient interviewing and intervention. As the caseworker gives the information collected, as an organized and structured form, analysis and critical thinking becomes easier. Case records are essential for refreshing the memory, especially when cases stretch for too long and there is chance for the worker to lose the details. They help in preparing well for the next interview and provide the opportunity to rectify previous mistakes. This knowledge when passed on to a new worker ensures that the same mistakes are not repeated.
- b) Recording an aid to administration implies that records also serve as important tools of administration. They serve as an index for the correction of policies and practices. Further they also give an insight into the caseworker's ability and ensure continuity if the caseworker is transferred, or resigns. They help the agency in not only evaluating the caseworker but also in the evaluation and reappraisal of the existing and as well as future services. Records are also of great importance when client is referred from one agency to another for specialized services, as they ensure continuity. Further they allow sharing of information between agencies.
- c) Recording an aid to teaching and supervision means that recording as a teaching and supervision device is unavoidable. Records, teaching and supervision are very vital in that, they add to the body of knowledge of social work and make this knowledge communicable. They provide an opportunity to the students to organize and present information and observations, reflection and action in a systematic manner. It is useful for reflecting on one's role and reactions in an interaction. Recording serves as a tool for supervision and evaluation whereby a teacher can encourage students to analyze and interpret data, expressing their

individuality through it. Supervision encourages the cultivation of better recording skills and better casework as a result. It can be used in systematically training the students and is an important device to introduce students to practice. d) Recording an aid to research is possible, as the records can be used for social research and planning. They serve as the valuable sources of material for research on such important subjects as the effectiveness of casework as a social work method. Records contain accumulated experiences of social workers which can be translated into statistical form and thereby help in finding solution to social problems.

### **Advantages of Recording**

1. Recording of the process of casework helps in assessment and treatment.
2. It enables more effective interviewing and intervention in problem solving.
3. It contributes to analytical reflection and improvement in casework practice.
4. It is useful for organizing and structuring of information into orderly thinking which refreshes the memory of the caseworker and increases retrospective understanding.
5. It enables better planning for subsequent interviews.
6. It is useful as a guide to new caseworkers.
7. It serves as an index for correction of policies.
8. It ensures continuity if any caseworker discontinues the process with a client.
9. It helps to assess the ability of caseworker and to evaluate the agency.
10. It is useful for future reference.
11. Recording can provide statistical data on social problems and help in social research and planning.

#### **a. Process recording**

Process recording is a form of recording used frequently by the caseworker. It is one method by which the caseworker can record the content of an interview. It involves a written record of all communication both verbal and nonverbal based on the worker's best recollections, and a record of the worker's feelings and reflection throughout the interview. In this type, the process of interview is reported and is a rather detailed description of what transpired with considerable paraphrasing. It preserves a sequence in which the various matters were discussed. It includes not only what both the worker and the client said but also significant reaction of the client and changes in mood and response. In this method, the interview and observation go hand-in-hand. It may be verbatim or non-verbatim reproduction.



### **b. Summary Recording.**

Summary recording is a good device for organizing and analysing facts. It points to the meaning and the relative importance of the materials gathered. A careful summary made at appropriate intervals reduces any bulk writing, clarifies direction and saves the worker's time. Summative recording is a summary of all the formative assessment carried out over a long period and makes statements about the client's progress.

It is commonly assumed to be a review or recapitulation of material that has already appeared in the record. It may be either topically arranged or may appear as condensed chronological narrative. Mrs. Sheffield has defined summary in social casework recording as "A digest of significant facts in the client's history which has previously been recorded". A summary can be an assessment, a periodic summary or closing summary. The closing summary is a summary made at the time the process of casework is terminated.

To be most effective, it should be written by the worker who was responsible for the intervention at the time of termination. The periodic summary is simply the summary of information previously recorded and is made at more or less regular intervals or at the end of more or less definite episodes in the family history.

### **c. Verbatim Recording**

It is reproduction of factual data in the individual's own words. It is commonly used in casework because of its accuracy and objectivity. However, it should not become a mechanical reproduction of information because casework as an art requires an intelligent selection and rearrangement of material. As a part of training of the worker, verbatim recording may be of value in developing objectivity.

### **c. Non-verbatim /narrative recording.**

Narrative recording has been and still is a predominant style of recording. It is the style found in newspapers and magazines. It is the way we speak of the day's events; it is the way we write letters, and it is the ways we maintain diaries. The narrative recording is given priority or reporting acts of practical helpfulness, events and most collateral visits or conferences. It may be used for the contents of the interview in all instances except when the process itself and use of relationship have special significance.

### **d. Problem oriented recording**

Problem-oriented recording is a method that focuses on specific problems. The components of this method are

- (a) data base, which contains information required for each client regardless of assessment or presenting problems,
- (b) problem list ,which contains the major problems currently needing attention,
- (c) plan , which specifies what is to be done with regard to each problem,
- (d) progress notes , which document the observations, assessments, and future plans,

Record is a dynamic and flexible instrument, and therefore, no hard and fast rules can be prescribed. The casework record should reflect an orderly way of thinking which can be done through a flexible use of process, summarized and condensed recording so that the recorded material becomes a positive aid to the caseworker in his/her practice.

While in the field, the caseworker should carry with him or her field work diary. This diary is used for writing, events and incidences as they happen during the day. They may cover such things as names, addresses, dates, and details of interviews with the client and collaterals,

observations, inferences and any other such relevant information. From this jumbled up data the caseworker is then expected to organize systematically the available information into a formal case record.

The caseworker should conduct the interview, and write in narrative style the questions asked and the way they were answered. He or she should write about the interview as it took place. He or she should suitably record his or her observation that covers the client's mannerisms, expressions, gestures, hesitation, silence, resistance, discomfort, emotions expressed, refusal to answer, certain questions, and so on. The record should also reflect significant reactions of the client such as changes in mood and responses, body language, the subjects from which the client tends to shy away or finds difficult to discuss.

The caseworker should make home visits to collect extra information on environmental factors, relationships of the client with those around him or her. Letters or other such documents could be attached. At the end of the report, the caseworker should give his or her inferences and interpretation. The caseworker should conclude by briefly outlining his or her plans for the next meeting or the next steps he or she proposes to take. In other words, the caseworker's future plan with respect to that client should be written.

- Accuracy, objectivity, simplicity, clarity and brevity should be observed in writing records. Facts and their interpretation should be distinguished as it leads to objectivity. Inferences should be drawn in an impartial manner without attempting to influence the judgment of the reader.
- Record must be orderly in its arrangement and it is not possible unless the caseworker has thought out in advance what should be included and then has set out the material in a logical sequence.
- A long record is not necessarily a good record. Records should neither be too long nor too short.
- The casework records are not meant to be literary masterpieces; therefore, they should be written in simple language and simple style.
- A clear verbatim quote can sometimes depict a situation much better than a narrative description, and therefore, wherever possible reaction of the clients should be recorded in their own words.
- There should be certain degree of uniformity and standardization as to the form of observation.
- To maintain clarity and accuracy, it is better to avoid using words which are vague, ambiguous and likely to be misinterpreted by the readers.
- It should always be made clear who are involved in the situation, who is addressing whom and what are the sources of information. The details of every significant subject or situation should be given.

## **METHODS OF COLLECTING INFORMATION**

The caseworker can make use of the Face sheet or Intake sheet, Eco-map, and Genogram to collect the necessary information about the client.

### **FACE SHEET/INTAKE SHEET**

Face sheet or intake sheet as some prefer to call it is generally filled in at the initial phase of the casework process. Most of the social work agencies have a more or less standardized proforma which has blanks for entries to be made by the worker related to the identification data such as name, age, occupation, family profile and other such information. The purpose

of the face sheet is to give in a convenient form the objective social facts or situation of the client of a permanent character to particularize the case.



## **GENOGRAM**

A family genogram is the graphic representation of one's family tree. It gives a pictorial representation of the members along with a chronological statement of significant events. It helps in assessing a person's psychosocial characteristics or the interactional patterns of the family. The caseworker organizing the information can make it brief or extensive depending on the purpose it is to serve.

## **ECO-MAP**

Though family experiences are significant, people are also greatly affected by the social context in which they live. Our record will not be complete if we do not depict this social context. An eco-map is an effective tool for this purpose. An eco map is an extremely useful tool for portraying the social context, because it provides a diagrammatic representation of a person and social world and energy-depleting relationships between members of a primary social system such as family or household, and the outside world. The graphic nature of the eco-map highlights social strengths and social deficiencies and helps to identify areas of conflict. It lets us know where the changes are needed. The ecomap is a natural adjunct to the genogram.

## **SUMMARY**

The fact that recording has improved the practice of social casework is now well accepted and is considered as the most important device to develop social caseworker's skills in this area. v Recording in social casework serves as an aid to practice, administration, teaching and supervision, research, and so on. v A structure of recording could consist of statement of the purpose of the session, narration of his or her impressions or assessment, patterns observed out of the identified major themes or issues that emerged, significant interventions, professional use of self, plans for the next session and the areas the caseworker would like to discuss or explore further. v Process recording, Summary recording, Verbatim recording, and NonVerbatim or Narrative recording, problem-oriented recording, and summative recording are some of the methods of recording. v Accuracy, objectivity, simplicity, clarity and brevity should be observed in writing records. v Record must be orderly in its arrangement and it is not possible unless the caseworker has thought out in advance what should be included and then has set out the material in a logical sequence. v The casework records are not meant to be literary masterpieces, therefore they should be written in simple language and simple style. v The caseworker can make use of the Face sheet or Intake sheet, Eco-map, and Genogram to collect the necessary information about the client.

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