

PREFACE

In the curricular structure introduced by this University for students of Post-Graduate degree programme, the opportunity to pursue Post-Graduate course in a subject is introduced by this University is equally available to all learners. Instead of being guided by any presumption about ability level, it would perhaps stand to reason if receptivity of a learner is judged in the course of the learning process. That would be entirely in keeping with the objectives of open education which does not believe in artificial differentiation. I am happy to note that university has been recently accredited by National Assessment and Accreditation Council of India (NAAC) with grade 'A'.

Keeping this in view, study materials of the Post-Graduate level in different subjects are being prepared on the basis of a well laid-out syllabus. The course structure combines the best elements in the approved syllabi of Central and State Universities in respective subjects. It has been so designed as to be upgradable with the addition of new information as well as results of fresh thinking and analysis.

The accepted methodology of distance education has been followed in the preparation of these study materials. Co-operation in every form of experienced scholars is indispensable for a work of this kind. We, therefore, owe an enormous debt of gratitude to everyone whose tireless efforts went into the writing, editing, and devising of a proper lay-out of the materials. Practically speaking, their role amounts to an involvement in 'invisible teaching'. For, whoever makes use of these study materials would virtually derive the benefit of learning under their collective care without each being seen by the other.

The more a learner would seriously pursue these study materials the easier it will be for him or her to reach out to larger horizons of a subject. Care has also been taken to make the language lucid and presentation attractive so that they may be rated as quality self-learning materials. If anything remains still obscure or difficult to follow, arrangements are there to come to terms with them through the counselling sessions regularly available at the network of study centres set up the University.

Needless to add, a great deal of these efforts are still experiment—in fact, pioneering in certain areas. Naturally, there is every possibility of some lapse or deficiency here and there. However, these do admit of rectification and further improvement in due course. On the whole, therefore, these study materials are expected to evoke wider appreciation the more they receive serious attention of all concerned.

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Post Graduate Degree Programme
Subject : Social Work
Course : Social Work Intervention-I (Social Case Work)
Code : PGSW-II

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**PG : Social Work
(MSW)
(New Syllabus)**

**Course : Social Work Intervention-I (Social Case Work)
Code : PGSW-II**

Module 1 : Introduction to Social Case Work

Unit 1	❑ Historical Development of Social Casework : Global and Tradition Scenario	7-20
Unit 2	❑ Introduction to Social Case Work-I	21-66
Unit 3	❑ Introduction to Social Case Work-II	67-82
Unit 4	❑ Some Key Concepts in Social Case Work (Self, Communication, Accountabilty etc)	83-108

Module 2 : Case Work Practice - Process, Tools and Technology

Unit 5	❑ Case Work Process	109-148
Unit 6	❑ Tools of Social Case Work	149-159
Unit 7	❑ Techniques of Social Case Work	160-186
Unit 8	❑ Skills and Attitudes of Case Worker	187-191

Module 3 : Casework Theories-Approaches and Applications

Unit 9	□ Theoretical approaches in Social Casework	192-208
Unit 10	□ Casework in Various Settings and Role of Social Worker	209-230
Unit 11	□ Recording in Social Casework	231-245
Unit 12	□ Review of Casework Record	246-252

Unit 1 □ Historical Development of Social Casework : Global and Tradition Scenario

Structure

- 1.1 Objective**
- 1.2 Introduction**
- 1.3 Growth of case work in USA**
- 1.4 Early beginnings**
- 1.5 Friendly Visitors**
- 1.6 Socio-Economic Phase in case work**
- 1.7 Many Richmond's Contribution**
- 1.8 Psycho logical phase in case work**
- 1.9 Case work in India**
- 1.10 Special Contribution**
- 1.11 Partner in the process of developmental change**
- 1.12 Application of developmental case work Method**
- 1.13 Summary**
- 1.14 Exercise**
- 1.15 References**

1.1 Objective

In this Unit, we have focused the historical development of case work in west. It starts with concept of charity, then its journey from friendly visitors to modern professional case workers. Then we have tried to focus the development of Case Work in India. In British period we studied the development of case work and starting of professional Social Work with establishment of schools of social work in India. We also pointed out the impact of world wars, friendly visitors, contribution of Marry Richmond in the history of case work development. More over tried to find out about the problems faced by individuals and families in their day to day life and

the role of case worker in resolving the problem and finally. How the case work developed as a tool of dealing with individual in coming days.

1.2 Introduction

Case Work is a primary method of professional social work. Elements of case work, have been present in every society from time immemorial. There has been a natural way of helping a person who have difficulties. This individualised help often taken the form of doing something for the individual as well as helping him/her by the wholesome influence which one individual can have upon another. This is a fact that psychologists and professional social workers are not the only ones who are able to influence others in a helpful way. Very often a family friend or a relative may have a great helpful influence on the individual, though none of them may be aware of the factors responsible for the same. Much of this influence is intuitive and neither person is aware of this factors at work in the relations help that exists. This method is being practiced by social workers across the globe. This is one of the primary methods that enhances the social functioning in individuals. It is a method which is based on one to one relationship.

A method is well understood to be an orderly way of procedure and therefore it is always carried out towards achievement of a specific aims. Case work is one such method that social workers use to help people of all ages and from various sections of society to enhance their social functioning and to cope more effectively with their problems.

When one talks of case work as a method one implies, that a scientific body of knowledge has developed regarding this particular individualised way of helping people and that this knowledge is transmissible. In other words it is a professional way of helping people with awareness of the factors involved in the help giving process.

1.3 Growth of Case Work in USA

The focus of charity throughout the countries has always been that of services, care given by individual to an individual. This specific association of relief given with the idea of charity is of long duration.

The individualisation of social case problems began almost wholly with individualising persons on relief situation. The work of st. Vencent de Paul in the 16th and 17th centuries and of Ozanam in the 19th century through the art of friendly visiting helped to individualised people at home; directed perhaps more to the control of mendicancy than to study of individuals, social conditions and on behaviour. Edward Denison, Sir Charles Loch, Octavian Hill, to name a few of the ENGLISH leaders, developed to a high point the theory and practice of personal service, personal responsibility, and in depth study of each case. Finally Mary Richmond set up the first rational and systematic approach to the analysis of individual social situations. All religions encouraged the helping of poor and helpless people. However it took professional shape in the late 19th and early 20th century. To date the actual beginning of social case work in the west growth are given below.

1.4 Early Beginnings

The Association for improving the condition of the poor (AICP) formed in America in 1843 approached the problem of poverty more individually than had been previously handled. The aim of AICP was to visit the poor at homes, to give counsel, to assist them particularly in obtaining employment, to instill self-respect and self-reliance within in them, to inculcate the habits of economy and whenever absolutely necessary to provide such relief according to their needs.

Charity Organisation Society :

The earliest organised effort in USA was the establishment of Charity Organisation Society in 1977. One as the aims of the Society was to find out the ways and means of helping the poor and needy and thus to organize, individualised service. This organisations work included the investigation of applicants to assess the need, central registration, recording and relief giving to the poor and needy. The society used volunteers called "friendly visitors". They were kind hearted volunteers who visited poor families to assess their needs and to provide help, guidance and advise. They made their visits in act of charity and not and not expecting any money lay reward. There were hundreds of volunteers who made their visits to the home of the poor and brought whatever they could in the way of understanding, sympathy, encouragement

and general good will. However there were comparatively little consciousness or the analysis of factors about social relationship. At the same time it was probably through the efforts of friendly visitors that the concept of scientific charity evolved and the seeds of social case work were sown. The visitor found the problem of all poor people is not alike and they should not be treated in the same manner.

1.5 Friendly Visitors

Mary Richmond, who was intimately connected with the charity organisation movement, in her book on "Friendly visiting among the poor" published in 1899, made an interesting statement of the relationship of the friendly visitors with the poor family—friendly visiting meant intimate and continuous contact with the poor families knowing their joys and sorrows, opinion and entire outlook about life. Here again one sees the recognition of the principle of relationship as the most fundamental and important factor in treatment in modern case work. The terms friendly visitors was supplemented by the terms "Paid Agents". These paid Agents developed to perform their task. They collected data about the needy individuals and families and helped them after assessing their needs. Paid Agents also maintained records including personal data and the type of help given to the clients. The collective experience of 'Friendly Visitors' affiliated the understanding of human behavior. With the development of schools of social work, friendly visitors received training and instruction about the method of investigation, diagnosis and treatment from experienced social workers.

The first training programme for the case work started at this time. Case work at this time was based more on medical model. For sometime case work was only confined to sick persons, a sick person to be treated was the priority. The term "work with case" was used for the first time in national conference in USA. The first professional training programme especially for the case work was started in the form of summer training. The impact of this training programme resulted in the need for more substantial training and School of Social Work attached to the agencies came into existence. When these schools attained a certain standing in the community, they were recognised as professional schools under the administrative authority of Universities.

1.6 Socio-Economic Phase in Case Work

Within a quarter of a century of the charity organisation movement in America two well defined divergent trends could be identified. First there were people who held that the major efforts of the charity organisation movement should be to correct the external factors in the social organisation responsible for poverty lack of opportunity and individual and family disorganisation, second, there were those who restricted their efforts to the individual client with the aim of effecting a change within the individual which would enable him to utilise to the full of his own potentialities. This latter group developed a more intensive approach to the individual client and gave shape to the specialisation of case work within the larger field of social work in the U.S.A.

The social workers were concerned with improvement of social conditions and worked with individuals or families who sought assistance. Manipulation of situations and people was the accepted mode. The social worker individualised the family, studied its needs and gave a plan of treatment which the family was to follow. If a bread winner of the family lost his Job, it was regarded that the best way was to help the individual or his family by finding a job. If children were delinquent, they could be sent to the court, settlement house or church. Everything had its 'cause' and the cause so often lay in the environment. Thus removal of the cause meant changing the environment. Case work service was given in terms of a plan, brought out by the worker after studying the situation, which the client was to take up, even if it was not a plan evolved after discussion with the client. This period is spoken of generally as the sociological phase, because it embodied the conviction of students of society of that day that much of what people were as individuals was deformed by the kind of social order in which they lived.

1.7 Mary Richmond's Contribution

In Mary Richmond's book named "Social Diagnosis" social workers found for the first time a framework for carrying out case work services. The book emphasized the need for gaining a full knowledge of the individual and the family by an intensive

inquiry into past history and the present situation. Investigation was to be carried on for the purpose of establishing facts of personality and the situation, upon which a diagnosis was to be made. The end of diagnosis was treatment, which consisted of a plan that took into consideration the entire social setting of two family. The investigation, diagnosis and treatment were to be on a friendly basis. Mary Richmond describe the processes or sequence of steps for making investigation. She set forth a method to replace indiscriminate investigation. There was an effort to arrive at an understanding of the social problem through an orderly and logical procedure.

Even though Mary Richmond realised the necessity of studying the personality of the client in arriving at the diagnosis of a social situation, her focus, in diagnosis, was upon factors outside the client. There was less reliance on the participation of the client and more on social evidence from interested people as to what the facts were. Secondly, the client was brought into planning only when the social worker was in possession of all the relevant facts obtainable and decided upon a time of treatment which the client was asked to carry out or was carried out by the social worker on his behalf. To the workers of the prewar period the above summed up the casework philosophy and practice.

1.8 Psychological Phase in Case Work

During World War-I the impact of new thinking in the field of psychiatry brought about a marked shift from study and treatment of social factors as the basis of the individuals mal adjustment to the study and treatment of psychological factors. Several decades of sociological and economic emphasis were thus followed by an era when workers became very receptive to the psycho analytic thinking as formulated by Segment Friend. Social case work has continued to be influenced by the followers of friend. The psycho analytic orientation has helped case work to become more scientific in its approach. Charlotte Towle in her article, social case work in "Social work year Book". (USA), 1947 says "Since the capacity for scientific thinking is dependent in large part on recognition of bias and a capacity to control one's relationship to the information revealed and to the individuals concerned, Psycho analytic orientation made a contribution in giving the worker awareness of how identification and projection may defeat objectivity in each phase of case work—

investigation, diagnosis and treatment. Further more, psycho analysis, brought deeper insight into human behaviour, among which were an enriched concept of individual differences, heightened appreciation of the family as the unit of society and an understanding if the importance of the emotions in the motivation of human behaviour, together with a content of knowledge in this area. It also contributed new ways of working with people. Not able among these the value of catharsis, and the possibility of developing insight—through the free association implicit in this process. Not able also was the understanding it contributed to the worker-client relationship as a dominant element in the in the clients response to help. In all these area, social case work had a body if force knowledge which made for relatively rapid incorporation of psychoanalytic content. This integration is not complete nor has if occurred without lags and phases of distorted emphasis. There were periods of over-emphases for example, on the study and treatment of psychological factors to the exclusion of social factors as the basis of the individuals problems all social adjustment".

1.9 Case Work in India

In India, development of case work has a variegated history. As stated before, elements of case work did exist in the "One to One" help giving process in this country as had been the case in other countries, long before professional practice of social case work method came into existence. It was in 1936 that the first step in the direction of importing professional training in social work was taken by the establishment of Sir Dorabji Tata Graduate School of social work in Bombay, now known as the Tata Institute of Social Science. Case work was offered as one of the courses and the emphasis was on socio-economic factors being responsible for the causation of a problem.

By 1950 i.e. after World War-II when new psychological thinking and in particular, pychonalysis made much advance in the west and when some of the schools of social work in India, including the Tata Institute of Social Sciences, had on their staff teachers of social case work trained in the USA, Psychoanalytic orientation was gradually brought to this helping method of social case work. However since environmental factors, mainly loomed large in social problem in India, specially after the partition of the country in 1947, great emphasis in the

practice of case work had to be laid on environmental factors, mainly economic factors. Prorestry was regarded as the main cause of varied problems and there fore, case workers tried to help their dainty by pooling together resources like institutions Orphanages, work centres, employment agencies etc. In order to gain acceptance in this country, where professional social work was of recent origin, case work practiced by trained workers in the beginning had to limit it self to environmental problems mostly as voluntary social work was going ahead first in this area.

1.10 Special Contribution

Days and years are going on, however experience gained over a period of time, the case workers have been able to day more attention than before to psychological factors involved in a problematic situation. A certain section of the public also was been able to accepts of the problem on the part of a trained case worker as his special contribution— something which on untrained voluntary worker can not bring. There have been always in every society though in small numbers, people who were interested in helping others. There were individuals who were known to be receptive and responsive to the needs and the general term " Social Worker" is used irrespective of the specific method he or she in using.

In India social service as a helping activity existed in one form or other through the ages. Gouri Rani Banerjee, one of the pioneers in professional social work and social work education in India, has written lucidly about social welfare in ancient India and the various forms of service that were adopted to help the people in distress (1967). However even before the year 1936, Bombay city had short term training programme in Social work. N. M. Joshi, one of the founder of the trade Union movement in India, had established in 1911, an organisation called the Social Service League in Bombay. The Social Service League conducted training programme for volunteers, whose services were later utilized for relief work among people suffering from famines, epidemics, flood and such other disaster and also for welfare programmes among the poor and the destitute (Kasnik, V. B. 1972). Case work figured both as a Theoretical course and as a method of practice in the academic programme from the year 1946. The other methods of social work were incorporated into the curriculum later than Case work.

It is being recognised more and more that case work is not limited to bring about a change in the outer conditions of the client (environmental Therapy), but tries to determine the influence of the personal attitude of the client and the changes in that attitude necessary for the solution of the problem.

Agencies employing case workers are releasing that many social difficulties have releasing that many social difficulties have their emotional components which in daily practice are often overlooked and seldom effectively treated. Secondly a good interviewing technique and a capacity to diagnose are need to get a picture of the real causes of the difficulties as well as to make a good treatment plan. A worker without any training in case work in hardly aware of the influence of his own attitude on that of the client or of the fear of the client whether hidden behind some aggression or not. Such a worker can take what the client say or does mostly at its face value. Another important factories diagnostic capacity. It is not only necessary to carry on the interview in such a way as to give the client confidence and to let him disclose his real problems but it is important that the social worker be able also to interpret the psychological data disclosed in the interview.

If a case worker does not have pychanalytic orientation he will often do a therapy of symptoms with an emphasis on environmental changes. Later he may realise (and then mostly with some resentment) that the client in his new environment has similar problems the consequences may be either that the case will be 'treated' endlessly or that the case be closed because of its being considered hopeless. During the last five decades, social work as a profession and as an academic programme has been enlarged and enriched by new perspectives ideas and theories. Case work will continues to be taught in schools of social work and used as a method of social work in different organisation.

Conscious use of Relationship

About the existence and the importance of the relation between the client and the social worker something was known in social work, but in modern case work this relationship is being used much more consciously, because it is exactly aware of emotional factors. It goes without saying that this conscious use will not be possible without deeper insight on the part of the case worker into the psychological processes involved. This insight the practitioner gain by under going class room trainers and supersized field work experience in Psycho analytically oriented case work in a recognized post graduate school of social work.

Case should, however, be taken that case worker in India do not commit the same mistakes that were committed by the case workers in the west a few years back by over emphasizing the Psychological aspects and over looking the social one—mistakes which they have struggled to ratify to a great extent since. While pulling emphasis upon the client as an individual, case worker should not overlook his as a social being. Insight into individuality and personal characteristics and ability to use direct influence of mend should be inculcated by social workers but at the same time insight into the resources, dangers and influences of environment, which are a essential part of a sociological approach in case work, should also be increased. In short case workers, with due recognition of Psychological factor need to look into social factors intensively. They should study the client as a person in his social content, find out what social factors (including cultural and religions factors) hamper his happiness, what he and his community can do about this matter and how case workers can help him if one aspect the fact that start a person is today is the result of all his yesterday, than it logically follows that to days experiences of social living will be a part of his Psychie experience of tomorrow. Since case workers can have first hand knowledge or direct information of social situations, they can be well equipped for their unique method or Psychotherapy (case work therapy) though deeper understanding of social factors as they affect the personality and they can also utilise their knowledge of social situation in the social readjustment of their clients. Their therapy needs to be more and more in the line of Socio-Psychie therapy and not the Psychotherapy of a Psychiatrist.

1.11 Partner in the Process of Development Change

Again in their country there is a general tendency towards conformity to group norm on the part of the people. Consequently the traditional case work situation, where the individuals adjustment to his reality is disturbed due to internal or external strains, will be comparatively few. However case work service will be of value also in helping the individual, whose adjustment to his reality is not disturbed at all, to reach a new level of integration by introduction of new ideas and new ways of living. Case work should not be confirmed only to helping the client to adjust to the existing

reality but also to become an active partner in the process of change for betterment of society. An Indian case worker should not be solely tied to the agency set up, but be instrumental in bringing about a change in the individual as well as in the society. He should play an increasing part in community life and be in contact with conditions that affect groups as well as individuals. Case work should be curative preventive and promotive.

In India, development of case work perhaps be described later as an important method of social work processing a composed body of knowledge based on Principles drawn from the Psychology, Psychiatry, Psychoanalysis, sociology, biology and medicine etc. This method can be used to help people, individual by individual, when they experience some breakdown in their capacity to deal with their affairs by themselves (curative aspect) or when they need assistance for conservation of their inner strength to avoid a breakdown and to lead a socially and personally satisfying life (Preventive and promotive aspects). The help may be rendered by posting together resources in the community and/or by enabling the person in need of help to make maximum use of his capacities, so that he can adjust better to his total or partial environment and/or modify the environment when necessary.

In the context of development of case work therapy in India, it may be mentioned that in India people stay close to their family and the community. The case worker therefore, should not fail to work through friends or relatives of the client. It stands to reason that those whom the client accepts as friends or for whom he has respect or whom he regards as a member of his own social group have greater influence on him than the case worker coming in from outside can have. Therefore this resource has to be considered and should not be overlooked.

Further, development of the working process with the community, it implies pooling together resources of the community like schools, employment exchanges, hospital, trusts, charities etc. to secure specific did like financial assistance or job or artificial limb, and developing new resources in the community to help the client to meet his unmet need. The case worker also tried to work to their best towards modifying community attitudes to enables the client to adjust better and often has to help the client to become an active partner in the process of change for the progress of the community.

1.12 Application of Developmental Case Work Method

By and by case work is practiced in variety of agencies or organisations. It is practice in Primary Setting (like family service agency), they are primary or main function of which is to help people with social problems. It is also practiced in secondary setting settings i.e. agencies and institutions such as hospitality, Schools, Courts etc. which have some other primary function but in which service to people and the promotion of human welfare are the key note if work.

In India case work is practiced in some places in connection with medicine - medical social and other private bodies. In the field of Psychiatry case work is practiced in the child guidance clinics, mental hospitals and Psychiatri departments in general hospitals as a part of Psychiatic social work. In family case work, efforts are concentrated upon family as a social unit and the individuals as members thereof. The problems centre around family relationship or adjustments and/or any aspect of a family life. Family case work can be said to be basic to all case work, for in the practice of case work in different settings the individual as a whole is taken into account and this concept includes his family relationships. However, in family service agencies where case work should be practiced. There is today an effort to limit the scope of work to certain family problems such as child placement, marriage counselling, meeting problems of unmarried another, etc. instead of dealing with all problems relating to the family like unemployment, family indebtedness involving financial relief, parent-child relationship and marital disharmony.

Case work has also entered the field of criminology and in some places is practised in the cases of Juvenile courts, adult courts, probation and aftercare work.

In some institutions for woman and children also case work has been recently started.

In the field of labour welfare. There is a great need for introducing case work to deal with varied social problems of workers in industries. Case work service case work service in schools and colleges is still in its experimental stage in India.

In the end it may be started that a human being, be he a patient, mill worker, a student, a probationer or a prisoner, if his problem is of social adjustment (either because his personally adversity affects the environment and/or because his

environments create problems of adjustment for him) deserves help through the case work method. This method in its truth, with its ever widening horizon, needs to be in search of numerous and novel skills to be of service to the suffering.

We know that American case work did influence the use of case work in India as the first professional social workers that did case work in India setting were trained in the American schools of social work. Case work was one of the courses taught when the Sir Dorabji Tata Graduate School of social work, currently known as Tata Institute of Social Sciences was started in Bombay in 1936, and it became a method of practice in helping people with their problem of social functioning. Later some social welfare agencies employed case workers particularly with the purpose of helping their clients in a one-to-one relationship. Currently the so-called case workers attached to some welfare services are not trained social workers who used the method of care work considerably in their work are not given the designation of case workers as they are likely to use other methods as well.

1.13 Summary

The case work method is the pioneer to social work method. This method emerged in the west with its roots embodied in charity. The individualization of case work persons in relief. Situation, Gradually it was realised that helping people in need was a skill oriented process and hence the volunteers who are involved in this helping process require some sort of training. Mary Richmond offered specialized services to thousand of clients and many men and women came to know the meaning of social case work for the first time. The World War made a wide impact on social case work and Psychiatry in this period become important. Child guidance clinic movement and treatment, prevention of mental and emotional and delinquency strengthened the Psychological orientation to this approach.

In India culture and religion advocate the need to help the poor and needy. But the efforts were paternalistic in nature and did not aim at making the individual independent. Thus there exist an important difference between modern professional case work and traditional helping of needy individual. The first professional social workers, who did case work in the Indian setting were trained in the American school of social work and later in 1936 Sir Dorabji Tata Graduate School of social work, now known as Tata Institute of Social Science (TISS) started to impart training where

case work as a theoretical course and as a method of practice in the academic programs. Initially case work was practiced in relatively few agencies but now a days social case work is practiced in many organisation and institutions such as hospitals, clinics, courts, industry, military organisation, family welfare agency, child welfare agency, correctional settings, agency for aged, destitute, orphan etc.

1.14 EXERCISE

1. Development of family case work is said to be basic to all the case work practice—why.
2. Why after the partition of our country in 1947 emphases on development of case work practice laid on environment in India?
3. Discuss briefly the contribute on Mary Richmond to develop the case work in west.
4. Why Sir Dorabji Tata established Graduate School of Social work in Bombay in 1936?
5. Discuss briefly the historical development of social case work in India.

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Unit 2 □ Introduction to Social Case Work-I

Structure

- 2.1 Objective**
- 2.2 Introduction**
- 2.3 Place of Case Work in social work profession**
- 2.4 Components of Case Work**
- 2.5 Principles of Case Work**
- 2.6 Summary**
- 2.7 Exercises**
- 2.8 Reference**

2.1 Objective

The basic objective of this unit is to know the place of case work in social work profession and different components of case work and relate to the role of a social worker in each of its component. Also to understand the seven principles of case work and the practice of social case work in India and the various fields of practice.

2.2 Introduction

Many people have imagined that social case work and social work are co extensive, but they are to understand and look into its objectives. This enormous work can be encompassed into two major objectives i.e. improving physical quality of life that in socio-economic development and satisfying social relationship, social work profession aims at the social betterment of the society there by aspiring for the fulfillment of highest need of self-actualization. Social case work as a method of social work helps the individuals to solve their problem in the society to perform in a better way and to enhance their own capabilities. Social case work is indispensable as a foundation for social planning and social action.

At the door of the agency a person with some problem (client) comes to seek help from a social worker to cope with the problem through a process. The case worker must not be a listener only but also an active agent in helping the client to

communicate about his/her problem. Problem solving implies that both the case worker and his/her clients are simultaneously and consciously, though differently, engaged in problem solving from the beginning. Diagnosis must result in a "design of action". Probably no process has been as troubling to case workers as diagnosis. Principles of case work are principles of action, based upon a fundamental which influences, guides and directs. The principles are also referred to as qualities or elements as they are present as every case work is a part of relationship. The relationship between the case worker and the client is of utmost importance. In a case work relationship however, case worker is on the role of a professional helper while client is the person who needs help. In the Indian context, the concept of self fulfillment and self-expression go hand in hand with the concept of conformity to the group norm. In practice of social case work time and again, one see that the needs of the clients are not limited to their material needs only but mental and emotional needs are there. An active approach can geared to suitable solutions. Case work is now practiced in a variety of agencies or human service organisations.

2.3 Place of Case Work in Social Work Profession

The individual is the basic unit of the society. If the individuals are satisfied in their life and efforts are made to minimize the mal adjustments, then it leads to formation of peaceful society. Like any other profession, social work as a profession has developed a body of knowledge, which include methods, tools and terminology of its own. Social work profession aims at the social betterment of the society there by aspiring for the fulfillment of high need of self-actualisation. Esteemed goals of self-realization are embedded in the theory and practice of social work, exemplified by the traditional social work method, social case work. Social case work as a method of social work aims at helping individual to solve his/her problem in the society to perform better and to enhance his/her own capabilities. In the sphere of social work, case work as a method demands a dual orientation, firstly, orientation in human Psychology and secondly, orientation in knowing cultural force of the society in which he works.

In organising it self to play a professional role in forwarding the above said objectives, social work has identified a set of methods to cater to mass needs, community needs, group needs, and individual needs. It is these individual needs that

are being addressed by case work method. It becomes possible to arrive at a definition to social case work without confusing it with the total process of social work. Some of the criticism leveled at the case work in the past has been because the part was mistaken for the whole case work is indispensable as a foundation for social planning and social action.

Case work is recognizable, according to Richmond, by its aim of social betterment and its method of differential treatment. Case work is concerned with the release of resource in the immediate environment and capacities in the individual which may give him fuller and more satisfying life, both economic and personal. The case worker deals with people and situations one by one. Case worker is a retailer and not a wholesaler.

It is easy to underestimate the importance of what case workers know—Just homes, parents, children, school play and people at work—because every one has these experiences, but to have experiences does not mean to be aware of them in all their implications, and certainly having them does not necessarily translate them into the war of social programmes. In case work situations, one by one, can be found the needs of a complete educational process. Just as individual is the part of family, so the family is the part of the community and so outward into national and international fellowship. Society would wage no wars if it really remembered the individual and its family group. In the same way the unit personality has the power to socialize the community, for quality of attainment rests ultimately on the development of individual personality. So, case work makes no confession for being interested in the child at home or foster care, in the trouble adolescent, the transplanted alien, the disabled person or the frosted and abused housewife, but at the same time it makes no pretense that treating cases one by one is a substitute for changing the broad environmental systems which may fundamentally cause the mal adjustment. The idea that the case work always trying to convey is that differences and unlikeness must be considered in forming the pattern and changing the pattern. There is always a polarity in social planning—to look at society from the basis of whole and from the basis of the individual. Social institutions must be based on the relevant interconnections, which means that the properties of the things themselves must be understood. It is equally fallacious to think one can solve the problems of the social

order by the case work method, or to think that one can solve the problems of an individual with mass formulas. The case method address itself to individual adjustments and the solutions that the meaning of these cases taken one by one may prove to be of for reaching significance.

Social workers have begun to develop a differential approach to those socio-economic needs, which require control of the environment in a rational way and those needs which in any Socio-economic system will require individualised or so called case approach. For example it does not mean that one can divide cases into pure unemployment and personality cases but the cause of maladjustment, which are broadly socio-economic will be seen as such, while stress is which lead to more personal search and action whether or not the economic factor is involved, come within the case work objective. Case workers treat many people whose problems of social relationships have nothing to do with their financial status.

2.4 Components of Case Work

Social case work is a phenomenon at once complex, dynamic and in evaluation. It is complex by virtue if varied knowledge which feed it, the ethical commitments which infuse if, the special auspices and condition of its practice, the objectives and ends which guide it, the skills which empower it. It is complicated further by the fact that it deals with materials which are in interaction and change among themselves and also in response to the injection of case work itself. As it is experienced, practiced, or thought about, the social case work situation is a living event. As such it almost can not be contained within a definition. This definition, therefore, is ventured herewith :

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.

Whatever the imperfection in this definition, it has this small merit if embodies the four essential components of case work in their relationships to one another. 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.

Who is a person ?

The person is man, women or child any one who finds himself, or is found to be, in need of help in some aspect of historical—emotional living, whether the need be for tangible possessions or counsel. As he begins to receive such help, he is called a "client".

What is the Problem?

The problem arise from some need or obstacle or accumulation of frustrations or maladjustments and some times all the these together, which threatens or has already attacked the adequacy of the persons living situation or the effectiveness of his effects to deal with it.

What is the Place?

The place is a social service agency or a social service department of another kind of human welfare agency. It is a particular kind of social agency and department in that it is set up to deal not with social problems at large but with human beings who are experiencing such problems in the management of their own personal lives. Its purpose is to help individuals with the particular social handicaps which hamper 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 purpose and functions comes to life in the person and professional performance of the case worker.

What is the Process?

The 'Process' named 'Social case work' to denote its center of attention and its individualized aspect is a progressive transaction between the professional helper (The case worker) and the client. It consists of a series of problem—solving operations carried on with in a manage full relationship. The end of this process is contained in its means to so influence the client-person that he develops effectiveness in coping with his problem and/or to so influence the problem as to resolve it intalate it effects.

The Person :

The client of a social agency is like all the other persons we have ever known, but he is different too. In broad ways he is like all other human beings, in a some

what more limited way he is like all other human beings of his age or time or culture. But, as we move from understanding him simply as a human being to understanding as this particular human being, we find that, with all his general likeness to other, he is as unique as his thumbprint. More over, the person is a man, women or child or any one who find 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 prosiness or counsel. As he/she starts 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 :

1. The help seeker must decide something is wrong in him/her.
2. The help seeker must face the probability that family friends and neighbours will know of his disability.
3. The help seeker must decide to admit to a helper that he is in distress, failed or is not capable of handling his own problem.
4. The help seeker must decide to surrender enough sovereignty and autonomy to place himself in a dependency role.
5. The help seeker must decide to direct his search for help among persons and resources known to him.
6. The help seeker must decide to take time off a job or from other responsibilities to receive help.
7. The job 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 problem. The person comes with concerns, unmet needs and problems of social functioning. He/She comes from a societal and cultured milieu, a set of life experiences and a set of transactions with other persons that make the person unique yet sharing commonalities of human kind. The client of 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. 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 decision making progress. Participation in the decision-making process to the limits of the client ability and capacity and the carrying put of the mutually agreed upon tasks.

Clients are of Serveral 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 neglect ful 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 in appropriate goals.

Indification of clients type is the first step in the delivery of service, for the worker-client relationship and interaction will very depending on the types of client and the nature if help sought.

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

1. To deal 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 self as secret as possible.

The client is a person with both needs and problem(s). The problem may be related to a client. No one can ever knew, the whole of another person, though may sometimes delude himself/herself to that effect. The reason for this lies not only in the sublet disentions and interlocking of any personality but also in the shift and

reorganisation 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. Never the less, 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 make up, his/her physical and social environment, his/her past environment, his/her experiences, his/her present perception and reactions, and even his/her future aspiration. It is this physical-psychological-social-past-present-future configuration that he/she brings to every life situation he/she encounters.

The person's behaviour 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 (inconscious, ethical values and principles) which have an important role in governing his/her behaviour.

Whether a person's behaviour 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 function. (1) The life energies that seek satisfactory outlets; (2) The check system automatic or voluntary, that halts, modifies or rechannel these drives to make their ends acceptable to their owner and his/her environment and (3) The organising and governing operations that controls the negotiations and balance 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, Psychologist defined them as id, ego and superego. The harmonious concerted action of these forces in one make for personal and social balance and competence; their discord of faultiness is revealed in behaviour that is personality 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 bringing 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/she 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 person "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 caused 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, psychological, cultural and spiritual being. This includes 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 client's present need and or/problem is affected in part by the developmental needs that have been met and by needs arising from the diverse aspect of the client's life-style and from the expectations of the client's environment.

One of the major tasks of the worker is to understand the client as an 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 reductions of tension and anxiety. If the coping is not successful, a person may then turn to his/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 problem.

The Problem :

There is probably no problem in human being living that her not been brought to social workers in social agencies. Problems of hunger for food and of hunger for love, of seeking shelter and of wanting to run away, of getting married and of staying married, of wanting a child and of wanting to get rid of a child, of needing money and of wasting money, of not wanting to live and of not wanting to die, of making enemies and of needing friends, of wanting and of not wanting medication, of loving and of being unloved, of hating and of being hated, of being unable to get a job and of being unable to hold a job, of feeling afraid, of feeling useless—all these, and many other problems of physical and emotional survival as a human being, come to the door of the social agency.

Problem, according to the America Heritage dictionary is a "question or situation that present uncertainty, perplexity or difficulty". This definition is rather inadequate with calibration for defining this unit.

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

Clarification of the term becomes some what easier if one looks at problem interns of both need and social functioning. Concern for all need of human systems is the basis of the social work response. When the need is seen is mitigating a block to social functioning, a problem is 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 concern. For problem solution, goals are related to need fulfillment. But even with in a given agency and within specific categories of problems, it is helpful to recognize that there are certain characteristics of human problems as viewed by case worker.

The problem may be one of 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 in effective or disturbed in carrying his social roles. Whether such needs and stress occur singly or in combination, it is the person's inability to master the means by which to maintain or achieve social

comfort and adequacy which brings the problem within the locus of case workers concern.

The focus upon the problems a person is encountering in his social secureness and his functioning adequacy is one distinguishing mark of social case work. It implies that the primary focus of the social case workers help is upon the difficulties the person is having in behaving in socially accepted or constructive ways or upon the assaults he is expiring from circumstances impinging on him. The client of the case worker typically sees his problem's as lying in some interacting relationship between himself and some other person or person's or between himself and his circumstances. The help he seeks typically, is for some readjustment of the self he is in relation to the demands and expectation of the social role he carries as spouse, parent, student, worker or he wants help in the readjustment of some parts of his social situation so that he can maintain or achieve the equilibrium necessary to his daily pursuits.

The importance of case workers orientation to the clients problem as lying in his inability to function satisfactorily in one or more of his major roles or in his inability to meet the deprivations and assaults of his life-circumstances is that it helps the case workers chart his focus, his work plan and his goals. It means that he will constantly keep before how the need to enable his client to cope with the frustrations and gain the potential gratification in the day-by-day living. And, since the living takes place in dynamic interaction with other person's social circumstances, culturally determined expectation and permissions, the case worker will take full measure of these forces in each case in order to know how they need to be influenced and utilized in the interest of the client's best social adaptation.

It is quite possible to understand the nature of a problem in the whole, but it is rarely possible to work on it in the whole. In case work as in any other problem-solving activity, the overt action must be partial, focussed, and sequential even though the mental comprehension and plan may be total. In part this is because perception is contained within the individual, but adaptation and overt action involve conditions and force outside the individual which complicate those tasks and in than selves pose problems. Therefore, faced with having to do something with his client about a problem, the case worker must ask and answer the question as to what part

of the problem should be placed in the centre of attention—what comes first, what is the primary importance, what is most accessible to modification.

The main considerations enter into the choice-of-problem focus. What the client wants and needs, what the case workers professional judgements points to as possible and desirable solutions; and what the agency is for and can offer. Each of these merits discussion.

1. The problem is the clients problem and his impetus is to get help with it as he sees and feels it. He may see it with perfect accuracy and he may see its solution possibilities clearly too. He may see it with clarity as one of a constellation of intimately related problems or as the end result of certain underlying problems, but he may be unready or unable to face up to it fully enough to want help with anything more than the resulting problem he presents. On the other hand, he may not see the problem correctly at all; that is, he may bring for help a situation which is really tangential or is secondary importance. This may happen when the real problem is too freshening to face or when the person is beset by so many difficulties at one time that, like a trapped creature, he seeks all and any exist. Sometimes the case worker is so clear in his own mind that the problem the client present is not "real" one or he is so eager to establish his own speculations about the problem's sources, that he start to focus upon the areas of his, rather than the clients interests. When this happens, he may find that he has gained full comprehension of the problem but has lost the person whose problem it is.
2. The leadership given by the case worker to help the client select and centre on one of his several problems or on some aspect of one of them is based and dependent upon his professional knowledge and judgement. Form the moment the case worker begins to relative a specific client, he views him in the light of his understanding of experience with personalities of this kind, with problems of this kind, with solutions or goals of his kind. Simultaneously, to be sure, he seeks to establish the uniqueness of this particular person in relation to his particular problem in relation to this particular form of help, but this judgement of specific qualities and his expectation of possible outcomes rise out of his professions accumulated experience who could get help in learning the first step in diabetic management.

The case worker managed this gentle but from shift of focus in ways that need not be delineated here, the basis of this shift was the case worker's general knowledge and preliminary appraisal of the situation. We may assume he saw the situation something like this: The basic problem in Mrs. Redd's possibly a neurotic character disorder. This is not amenable to change by the case work process, not can any therapy notably affect it in less than years. The casual problem probably lies in Mrs Redd's old and current parental relationships. These can not be undone. The precipitating problem is the baby's illness and all the normal and neurotic fears if excites. This is a reality with which the mother will have to cope. The pressing problem is the child's imminent release from the hospital to a helpless mother. The problem-to-be solved is this mother's insecurity in relation to her immediate handling of her sick child. This, then, is the first focus into which the problem is cost.

One further factor determined this case worker's focus, and that was the agency's function. The medical social work department of a hospital has as its purpose the helping of patients (or relatives) to deal with such social and emotional problems as interfere with medical treatment. This is its case workers directive.

If, for example, Mrs. Redd had proved so upset as to have been unable to relate herself to her baby's need, referral to psychiatric help might have been necessary, with the focus shifted now to Mrs. Redd herself. Or, if Mrs. Redd had been able to mobilize herself to take the child home and meet the child's special physical needs with some competence and with gratification at the results and if, then, she had shifted her complaints to the conflict with her mother, the medical case worker might well have considered whether or not a family agency should have been the more appropriate place for work on the newly emerging problem of the interfamily conflict. Had a referral to the family agency take place, it would hopefully, have followed on Mrs. Redd's recognition that her problem had shifted to another area of her living, on her wantry to be helped with it, and on her understanding, through discussion with the case worker, of the special relevance of the family agency's services to her new problem-solving task.

With this kind of person, problem, place and process. This is what enable the case worker to know better than the client not what problem seems most crucial or hurts most but what in general its significance is what in general can or can not be done about it. This is what justifies the case worker's taking responsibility to help his client more from, let us say, the peripheral problem he has put forth to its more vital care or, at other times, to more from what is a "hand care" problem to some outer aspect of it which in the case worker's judgement seems more mallcabli, in either case it is to give aid and direction to the client focussing on his problem. Except as the case worker helps to sort and select the problem to be worked on at a given time, the client may flounder endlessly among cause effect intricacies or the multitude of instances in which the problem is reflected but not taken hold of.

3. Each social agency or each social work section of another type of welfare agency (such as hospital) is set up to meet certain kinds of human problems and needs. Not only does an agency declare its special area of service in its name ("child guidance clinic", "family service agency", "Public assistance department", and so on) but in its interpretations of itself it makes its purpose explicit. Sometimes these purposes are quite specific and limited, such as those of a child placement agency that gives its help in relation to children who must leave their own homes. Sometimes purposes are more general, such as those of a family and child welfare agency where almost any problem which arises in family life might be considered for service, whether or not any agency in able to function in live with its avowed purpose depends upon whether it has the means, the services and resources, including skilled staff, by which to translate intent into action.

A brief illustration may be seen in Mrs. Redd's problem. Her fifteen month old baby was hospitalized in a diabetic come, and when Mrs. Redd presented herself to the medical social worker several weeks later, referred by the child's physician, she was depressed and in a panic. She was having a recurrence of old and fearful symptoms of emotional disorder—sleeplessness, weight loss, neurodermatitis. She felt she could not face the prospect of endless years of a diabetic regimen. The case worker, however, helped her to shift this focus to herself.

Dimension 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 on adolescent children 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 in appropriate role performance, for example, the parent does not meet the nutritional needs of the child or maintain a suitable home for the 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 child care may not be able to properly care for her child because she just does not know how to take care of small children.
6. May be due to disturbances or disorder resulting in intrapsychic turmoil, construction or distortion. For e.g. the person may be mentally ill or have some perpetual difficulties which result in using in appropriate or in effective means for coping with the life situation.
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 the social agency without work on his/her part, but the agency can only provide partially for those needs.

8. Problem may arise due to discrepancies between environmental demands and personal needs. For example, a teen age 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 perman, the social functioning focus of social work began to image when problems were seen not as pathological but as a part of life. Problems are frequent and unexpected in the human situation, and the 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 person or system involved is blocked or her a significant potential of blockage, and in which the person involved can not by themselves remove the block to need fulfillment.

Characteristics of client's Problem :

1. The problems within the purview of social case work are these which vitally affect or are affected by a person's social functioning. The problems may be some unmet needs—economic, medical, educational, recreation—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 him/her social role.
2. The multifaceted and dynamic nature of the clients problem make necessary the selection by the case worker and client of some part of it as the unit of work.
3. Problems in any part of a human beings living tent to have "chair 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 has both an objective and subjective finance. A problem may be seen and understood by an outlooker; it is self by its carrier, and it is experienced with the particularity of individual difference.

Two aged man 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 employees 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 preferred—he can not 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 to the external (objective) and internal (subjective) aspects of the problem co-exist, but either one may be the cause of the other. Everyone encounters situation in ones social living that, by his/her own momentary or chronic in ability to deal, with them, create internal problem in ourself case worker helps in problem solving, provide 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 said case worker must seek to understand his/her means and processes as astutely as is possible so that he/she may facilitate rather than complicate the clients 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 social agency. The term "agency" has a misleading American sound, but it was used in British case work literature in the late nineteenth country. Present day usage refers to the institution with which the case worker practices when such an agency gives services of material aid, situational change, counselling and psychological help or any combination of these on an individualized case-by-case basis it takes its designation from its working method. It is called a social case work agency. Its purpose is to help individuals with the particular social handicaps which hampers good personal or social family living and both the problems created by faulty person-to-person, person-to-group or person-to-situation

relationships. This agency's purpose and function come to life in the person and professional performance of the case worker.

Social case worker agencies differ one from the other in a number of ways, but there are three major factors that determine their classification :

1. The source of support—public taxation (child welfare, physical and mental health programmes etc.) or voluntary contribution.

Tax-supported agencies, called "public" agencies, include not only the great income-maintenance programmes such as Aid to dependent children, but also child welfare, correction and other health programmes. The so-called private agencies, private only in the sense that they are maintained through the voluntary contributions of individuals or groups, provide services of the same kinds. Both public and private agencies many use case work as the method by which their services are conveyed to the people who come to them. But their policies and procedures, and the range and flexibility of their programs and methods, will be affected in many ways by their sources of support. So for the voluntary agency—the sanction its supporting group, its charter, its discretionary rights, its applicant population and so on, all bind or release, shape and color, the kind of service it gives to whom and under what conditions.

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.

A second factor that classifies case work agencies, whether public or private is the source of professional authority. Some agencies carry primary and full authority and responsibility for their social welfare functions; others, because they are part of another human welfare organization, derive their authority and responsibility from the host agency. The former may be called "primary" the later "secondary" social agencies.

In the primary agency (family and child welfare agencies) the programme and resources available may be varied, ranging from those designed to cope with social maladjustments caused by physical and economic breakdowns to those

caused by personality disorder. Such agencies are manned by social workers, the identification of all the staff is with social welfare purposes of the agency and the basic method of giving help is by the case work process. Other professional persons are drawn into the primary agency on a temporary or permanent basis. Their services and skills are auxiliary or supplementary to these carried by the social workers.

Other kinds of welfare organizations—hospitals, schools, clinics, courts, nurseries—frequently incorporate a social case work agency i.e., they may have a social work department or a single case worker as a part of their structure and function. Many social case work by these organizations came about through the recognition of two facts. First, while a person's manifest problem may be one appropriately brought to the non-social work agency, as sickness is brought to the doctor or as truancy is brought to the school principal, the problem may be caused or affected by social or psychological circumstances which call for the particular knowledge and resources of the social worker. Secondly people are often unable to make use of the services that are available to them. Thus, the school child who is exposed to teaching but cannot learn, the hospital patient for whom bed rest has been prescribed but whose home does not permit this luxury—all these call for a function which will implement that for which the organization is set up. The implementing function has long been social worker's. It may be seen that what the social case worker will do—the range, focus and emphasis of his operations, the condition which may limit or enhance his service and the authority and responsibilities he carries—will be affected by whether his agency is primary or secondary as well as by whether it is supported by public or private fund.

3. Their special function and area of concern—primary agencies both public and private, may define certain areas of social needs 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.

The third characterizing feature of the social case work agency is the nature of its particular function. Primary agencies, both public and private, may

define certain areas of social needs as the particular field in which they give service and in which they develop expertness of knowledge and special problem-solving resources. Specialization in social case work occurs because in the secondary selling 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. Whether the agencies highly specialized or is multifunctional, however, the agency functions—what it is for, what it is set up to promote or prevent—will determine the case worker's focus and emphasis, the services he has to offer and the goals towards which he works.

These three factors, then—the source of support, the professional authority and the particular function—are the determinates of major differences among case work agencies in regards to the clientele they give service, the services they offer, the goals they set and the conditions and direction of their helping process. Yet despite their differences, there are generic ways of thinking about all social case work agencies which may help the case worker to know his agency more surely and to use it more effectively in the service of his client.

The characteristics of Agency according to Perlman :

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 human functioning.
2. Each social agency develops a programme to meet the particular areas if needed 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 as 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 delegate its responsibilities and tasks and governing policies and procedures by which it stabilizes and systematizes its operation-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 personal and demarcates the relationship agency various functions in the total agency body.

4. The social agency is a living, adaptable organism susceptible to being understood and changed, much as other living organism—it agency structure may be seen as its anatomy, its operations may represent its physiology and the purpose, attitudes and goal directions of its personnel and board are its psychology. The circumstance of its inception, the person who nurtured it and the social situation if encounter will have affected the agency's present behaviour.
5. 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 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.
6. 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 poling; 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 agencies provide environment of the worker-client interaction. This inter action often takes place in the office or building identified as the "agency". The influence of the agency is strong even when the interaction talks place else where 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 concerned. The form and content of the service offered must be with in the

agencies 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 case of hospitals, ensuring good parent care in the case of children department of the local authority and soon. The worker is expected to contribute to these objectives and to clarify and develop his/her own function within his broad social purpose. Yet, the most important aspect in 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 has also expectation for the nature and outcome of services. There are two kinds of expectation; the professional and the bureaucratic. The greater the organizations, the larger the differences. Bureaucratic expectation call for loyalty to the organization; acceptance of authority from the achievement of goals, on specialization and efficiency. Professional expectations call for commitment to professional values and to the service of the client; 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 the 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 workers not only need 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 client in order to use the resources and services of other agencies.

The Process :

The case work process is essentially a series of problem solving activity. Immediately it must be said that this idea does not imply that case work resolve the problem brought to it, nor does it imply that it is upon the problem as per the case worker bends his major efforts. It is an idea, that stems from a conception of human life as being in itself a problem-solving process, a continuous change and movement

in which the human being works on so adopting himself to external objects or them to himself as to achieve maximum satisfaction. This is the work in which every human being engages from the moment of birth to that of death. It is both unconscious and conscious. It is concerned with problems, some small, some large, of two kinds; of replacing dissatisfactions or discomforts with satisfaction or comfort and of seeking to achieve greater or more satisfactions.

Here, the process, is a progressive transaction between the professional helper (the case worker) and the client. It consists of a series of problem solving operation carried out within a meaningful relationship. The end of these 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 skills 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 Hofslein 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 these process: 1) recurrent patterning or stages, 2) takes place over a time and 3) in a particular direction (the process irreversible). Social work problems 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 can not 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 blocking which occur in people's normal problem-solving effort. These six are among the most common :

1. A problem can not be solved if the necessary tangible means and resources are not available to the person. A client for instance, may see and assess his problem and its solution accurately and many lack only the material provision for it.

Social agencies contain and supply many of these provisions. Sometimes, however, the use of them or their very nature may present another problem and the client may need the case worker's help to adapt. Compromise and come to terms with the differences between his ideas and the reality of the means of solution.

2. Sometimes people are unable to solve their problems simply out of ignorance or misapprehension about the facts of the problem or the facts of existing ways of meeting it. The father who looks on his son's suturing as just a bad habit or the youngster who believes that his masturbation will result in his insanity are examples of the former; the girl who finds herself pregnant and thinks only of a drastic way out or the woman who recently widowed, thinks she must place her children so that she can go to work to support them are the simplest examples of the latter. Missing knowledge and facts, like missing pieces in a puzzle, may make problem impossible of solution.

3. A problem is difficult for resolution what the person who has it is depleted or drained of emotional or physical energy. He needs to mobilize himself—"Pull himself together"—when he must plan and act according to plan. Energy is essential to such mobilization, where true is physical exhaustion, as may occur in illness, mal—nourishment, over work or emotional exhaustion, as may occur when a person has struggled with conflicts and has found them too much for him, the person's capacity is "see straight", to think clearly, or to organize himself to do something may be at low-ebb.

In these circumstances it may be necessary for the case worker to provide such physical or psychological supports as will restore the person equilibrium before he can being to face up to and tackle his problem.

4. Some problems arouse high feelings is a person—emotions so strong that they over power his reason and deft his conscious controls. Sometimes these feelings are realistically called for, as great grief at a death or great anxiety over serious illness. In other instances they may be "over reactions", caused by the problem's bringing to life old, dormant emotions that add their strength to the present one's. High and strong feeling disintegrates a person's capacities—"it pulls him to pieces", when the problem sets off a conflagration of feeling, a person's thought process, delicately alluned as they are to his emotion, become clouded and tumbled about.

In such instances the case worker needs both to relieve the person's feelings and to lessen the impact of the problem so that the person may begin, with case work sustainment, to try to "see straight", to analyze the situation in its effects upon him and his upon it, and to think of alternative adaptations.

5. The problem may be within the person; that is, he may have become subject to or victim if, emotions that chronically, over a longtime, have governed his thinking and action. In such instances the person's feelings are not necessarily, acute and high but may run long and deep—so deep, perhaps, as to be almost unknown to their owner. Yet they, remain alive and active, harassing about in the unconscious mind, vitally affecting what their victim sees".
6. Some people find problems difficult of solution because they have never developed systematic habits or orderly methods of thinking and planning. Such persons, characteristically impulsive or products of life experiences that have kept them constantly "running to stay where they are", tend to see living as a series of unrelated episodes, as "happenstances". In some instances, these blindness have become ingrained in the personality (again, neurosis); in others, however the difficulties chiefly in the person's lack of experience in organizing his powers to grapple with problems.

In the case work relationship, a constant medium is provided that is accepting, nurturing and supporting, at the sometime that the stimulus of problems-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 on going-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 the preliminary assumption 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 proceeding 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 the 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 of information should include a variety of perspectives that may be chosen historical, social, psychological, biological, economic, political, religions and ethical under stings. 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 person 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 plan of action interpretation of the meaning of the information gathered and evaluation. The cyclical nature of the process becomes apparent, for one returns of 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 fulfillment. 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 this action based on thinking that has its source in feelings about concern or head. In addition, it is action based on substantial knowledge from many sources that explains and predicts behaviour of persons in the situation.

7. Evaluation of the Plan : This step may result in redefinition of the problem, expanded information gathering and analysis, reformulation of the plan. If the goal has been reached, evaluation is an appropriate and necessary climax to the process. Regardless of the out come 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 his/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 effect the nature of his/her emotional relation to his/her problems.
2. The provision of 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 problem.

Three essential operations of problem solving proccss are :

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 intent of resolving the problem.

The process can be conceptualized as having four major components, assessment, planning, action and termination. All though assessment proceeds planning, proceeds action and action proceeds termination the process is cyclical in nature.

All four stages as well as the interactional process constitute intervention. All can influence changes in the transaction between clients and the systems in their environment. All can influence the social functioning of individuals and social system.

The aim of case work process is to engage the client with his/her problem and his/her will to do some 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, a fairly systematic one—as constant and as systematic as a process keyed to living, feeling, changing human wings 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 need full person and which he/she can be helped to use. Money, medical care, nursery school, schoolship, shorts day with ones, recreational facilities—these are the kind of resources that 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 rightness imaginatively in their relation to the clients problem.

2.5 Principles of Case Work

Principles are rule of action for guiding perform ance based upon a fundamental which influences, guides and directs. The principles are also referred to as qualities or elements as they are present in every good case work relationship and are the constitutive parts of the relationship (priestek). There are seven principles of the case work.

1. Principle of Individualization
2. Principle of purposeful expression of feelings
3. Principle of controlled emotional involvement
4. Principle of acceptance
5. Principle of non Judgemental attitude.
6. Principle of clients right to self-determination.
7. Principle of Confidentially.

Let us discuss one by one and get a clear understanding on their application in the Indian context.

1. Principal of Individualization : The first principle is that of individualization. Each client has to be perceived as a unique individual with a separate identity and not as one of a mass. Human beings are not born in a mass nor do they die in a mass, except in a catastrophe. Principle of individualization emanates from the basic recognition of each person as a unique entity. Individualization is one of the essential notes in the concept of a person who according to Bothus is "an individual substance of rational nature". Each person is individualized by his/her heredity, environment, innate intellectual capacity, strengths and limitation. Each person experiences unique life situation from birth, forms distinct inter personal relationships. The thoughts, feelings, behaviours and capacities each individual are distinct and differ from each other. Case work help, therefore, must be differentiated to meet the particular needs of the individual clients and to help the clients use their abilities and resources for self help in order to work towards problem resolution. The client needs the workers undivided and individualized attention to discuss his/her problem by gaining worker's respect for his/her as an individual with rights and needs, the client feels understood. The success of helping relationship depends upon the individualization of each case by the worker, treating each person as a unique individual having social problem rather than being treated as a case/category/patient.

Pre-Requisites for Application of Principle of Individualization

- **An open and unbiased attitude :** It is essential for the case worker to be aware of personal biases and prejudices and not to let them have an influence on the

case work relationship. Accurate assessment of the client's problem, his/her life situations requires the worker to be objective and free from pre conceived notions and Prejudices, if any. The Prejudices can pertain to diverse categories or groups like two caste, class or gender distinctions, destitute, drugabusers, alcoholize, criminals, sex workers, unwed mothers, people including in pre or extra marital relationships etc. A worker while handling cases must be honest and aware of personal feelings, needs and co-center transference tendencies.

- **Knowledge of human behaviour :** A knowledge of the patterns of human behaviour is necessary, however, as a framework within which the individual is understood and helped. It guides the case worker in securing the significant facts and in discovering the true situation. A case worker's own life experiences are helped but inadequate for effectively understanding the various people who come to social agencies. "Common sense" is a tremendous asset, but in the professional day-to-day service to people in needs to be supplemented by knowledge and insight derived from the sciences, principally from medicine, psychology, psychiatry, sociology and philosophy.

- **Ability to listen and to observe :** Hearing and seeing is one of the principal avenues of learning the individual. The client needs to talk and the case worker needs to listen. The more the client is enabled to tell his story in his own way, to tell of his own feelings, the more the case worker learns. The worker gradually comes to see the person as he more about in his family and community relationships. He sees the wholeness of the social situation, together with the individuals feelings and problem relating to this whole. The client wants and needs someone to listen to him, not just in a friendly way, but in a competent, professional way. This means that the worker is expected, to have.

1. **Thoughtfulness in details :** Thoughtfulness in details, such as making appointment is an indication of individualization. If the client is a mother of several small children and is asked for an appointment, hour would conflict with the map schedule or would see her to travel with the children in rush hours, she feels that his worker already understands her position to same context. If the client is a working man, he responds favourably to the worker who suggests a late afternoon or an evening appointment.

- 2. Privacy in interview :** The place of interview is important as a means of giving the client the sense that his confidences are being respected and of giving the case worker the opportunity to devote full and undivided attention to him. Privacy is the concrete manifestation of the agency's subscription to the principle of confidentiality.
- 3. Care in keeping appointment :** As maintained earlier, appointments have to suit both the client and the case worker. Case worker must keep a diary and promptly keep the appointment. If at all the meetings have to be rescheduled due to an urgent work, client must be informed in advance. A promptly kept appointment gives a feeling of reassurance and importance to the client.
- 4. Preparation for interview :** One of the best immediate preparation for individualizing the client to review the written case record. This helps in refreshing the details of the earlier discussion and enable the case worker to plan ahead for the next meeting.
- 5. Engaging the client :** If the client becomes engaged according to his present capacity in the study, diagnosis and treatment, he will feel secured that he is being dealt with as an individual. As he participates in presenting the necessary data, he can also be helped to understand the reason for the data and the fact that the data are collected purpose fully and in accordance with the clients problem or need. Enabling the client in selecting treatment goals and encouraging the person to make a choice stimulates client self confidence and demonstrate the principle of individualization.
- 6. Flexibility :** Although there is necessarily a certain degree of performance to the purpose of each case, there is also some change calling for flexibility. The treatment goals need to be modified with the constantly increasing knowledge of the client and his situation and of the continuous developments and changes in the clients life. The ability to adjust goals and methods calls for mature judgement. Objectivity, and the skill in the case worker. It is a specific way of individualizing the client to listen, but also to hear. The most vital concerns of the client may not be expressed loudly, explicitly and formally, but rather softly, hesitatingly and possibly hidden softly. Only careful listening to what the client is saying and to what he is not saying, can result in hearing the pertinent material.

● **Ability to move at the clients pace :** As the case worker sees each client, he must be able to begin where the client is and to proceed at the client's pace. This is a detail in individualization which can help the client participate fully in the study, diagnosis and treatment process; insensitivity to the clients pace can stall the entire helping process because the client feels that the case worker is "taking over". Correct pacing is the secret to the timing of every stage of the case work process, from the appointment for the intake interview to the terminating interview, it guides the fact gathering, the analysis and interpretation, the determination of the treatment goals and the use of resource pacing is the guide and the test of individualization.

● **Ability to enter into the feelings of people :** The feelings of the client are his most individual characteristics. Problems produce different feelings in different individuals. Individualization then requires a sensitivity and a response to these feelings. The principal quality of the response is warmth. "To be useful to another who is trying to change himself and his attitude, the social worker must have a gift for intimacy. He must be willing to enter into the feeling experience of the client, willing to listen to the view of his problem and of his experience, willing to go patiently along with him in his struggle for a solution".

● **Ability to keep perspective :** The emotional involvement, however, should be controlled and directed to the total situation, so that the case worker constantly maintains a perspective. This perspective helps him to see the feelings as they are related to the objective situation and the individual as he is related to his family and social situation. Having a holistic perspective helps the case worker to keep the focus on the client in his/her entirety and analyze the interplay of the psychosocial, conscious and unconscious factors affecting the client.

Means of Individualizing :

Although the internal conviction of the case worker that individualization is vital to effective helping and the real desire to live this principle in practice is paramount, individualizing can and should be externalized, so that the client can not fail to feel it. The following list of suggestions is only illustrative, but it contains a few practical means for individualizing and for transmitting the individualization to the client.

Principle of purposeful expression of feelings :

Man is rational cognition and volition, and he is animal, having drives, impulse, feelings and emotions. The emotions are an integral part of man's nature and their

healthy development is necessary for the development of the total personality. One of the greatest challenges in human living is to keep the emotions well ordered. In the modern helping professions the importance of well ordered emotional life has been eminently recognized. Both psychology and psychiatry have studied the normal, healthy role of emotional in the personality structure. The need for expression and for sharing experiences has been singled by social worker as a very pertinent dynamic in case work relationship. Purposeful expression of feelings according to Biestek in the "recognition of the clients need to express the negative feelings. The case worker listen purpose fully, nieght there neither discouraging nor condemning the expression of these feelings, sometimes even actively stimulating and encouraging them when they are therapeutically useful as a part of the case work service". The clients expression of feelings is not expression for expression's sake, but for a purpose. It is directly related to his need for acceptance, to his need to be treated as an individual to help the client in seeking from the social agency, to the purpose of the client worker relationship and to his need to participate in the solution of his own problems.

Purposeful Expression : The client's expression of feelings should of course serve a vital purpose in the case work process. The specific purpose in each interview may be single or multiple; it may change from case to case, from interview to interview and within the same interview.

The following are some possible purposes.

- **Relieving Pressure :** One purpose may be to relieve pressure and tensions and thus to help the client see his problem more clearly and objectively. Feelings are expressed not just "to let off steam" but to free client for positive, constructive action.

- **Assessment of Problem :** Another purpose may be to understand more adequately the problem and the person of the client for more accurate study, diagnosis and treatment. It helps the case worker form a more adequate evaluation of strengths and weaknesses.

- **Psychological support :** Listening to a persons feelings in relation to a problem is a form of psychological support. The client feels that he has shared his problem in a real way with the case worker and thus his burden has been lessened because he and the case worker are jointly carrying it.

- **Working towards negative feelings :** In some cases the negative feelings of the client may be the real problem. An expression of feelings, then brings them out into the open so that something can be done about them.

● **Stengthening case work relationship** : An important purpose may be to deepen the case work relationship. A deep relationship does not ordinarily happen suddenly; it must grow at an unforced pace, but its growth can be promoted by stimulating the expression of feelings that the client can comfortably and gradually express. The expression of feelings is a barometer of the depth of the relationship.

Purposeful Limitations :

Free association is not a case work technique; from the very first interview case work is focused upon the relation between the problem and the client, according to diagnostic thinking and treatment planning the focus is upon the purpose. This focusing means giving the interviews a direction and giving direction necessary mean operating with in constructive limitations. The limitations of the purposeful expression of feelings are as follows :

1. Agency constants : Agency function limits the expression of feelings to those which can be treated within the agency. It is obvious that in an agency which is not equipped to use intensive, therapy in deeply disturbing emotional problems, the case worker should not encourage the release of such intense feeling. In such an instance the case worker should limit his help with feelings to the kind of service the agency is equipped to offer.

2. Work Load : Work load with the case worker determines the amount of time a case worker can devote its each case. For example, if a case worker is handling fifty cases apart from regular agency work he/she may not have enough time to encourage expression of deeper feelings which require more time in each interview.

3. Premature expression of deep feelings : Case worker needs to be cautious in the early interview about client's premature expression of deeper feelings. For example, talking about intimate details of having undergone through a rape by a victim in the very first meeting may not be desirable. This may inculcate feelings of guilt and hamper the case work relationship. Case worker has to structure the entire case work process and slowly work towards building a relationship based on trust rather than allowing ventilation of deeper feeling at a premature stage.

4. Client engagement : Clients may have the tending to put the total burden of conflict resolution on the case worker. Case worker must ensure engagement of the client in the helping process right from the beginning to avoid undue dependence on the worker.

The role of the case worker :

The function of the case worker is principally to create an environment in which the client will be comfortable in giving expression to his feelings. This include gaining trust, confidence of the client. Most clients talk at a superficial level and do not disclose their inner feelings till they are sure of the worker's accepting and permissive attitude towards client as an individual. Secondly, the case workers real desire to help and feeling with the client has to be communicated to the client at the "feeling" level. Creation of a permissive environment is essential for purposeful expression of feelings. This may be done in the following ways.

- **Relaxed attitude :** The case worker should be relaxed in order to help the client feel fairly and comfortable. Ensuring privacy during interviews, having comfortable furniture in the room are some of the important steps to make the client feel comfortable and open up.

- **Preparation :** Although good case work requires a certain amount of preparation for each interview and prior to the interview, the case worker must go through the earlier case records. This would refresh the memory and prepare the worker in planning and structuring for the up coming interview.

- **Listening :** Probably the most important element in creating the permissive attitude is the case worker's ability to listen attentively and purposefully. When the worker gives his full attention the client feels his interest. By asking appropriate questions, making empathic comments, nodding and showing interest through facial expression, case worker can demonstrate active listening to the client.

Encouragement : The case worker may need to encourage the client to express his feelings. Even when provided with an atmosphere in which he feels free to express himself, the client frequently will not do so without help. Thus by asking non-threatening questions, repeating important phrases or words being said by client, making comments, expressing empathy; worker can motivate the client to talk freely. Statements like "I realize how difficult this must be for you. What happened thereafter?" "How did you feel when this happened?" Are open ended statements/questions that require elaborate expression of feelings by the client.

Pace of Process : A sensitive awareness of the client's rate of movement in each interview, toward his case work goals is very necessary. His motivation to work on his problem will be an indication of his need and desire to express feelings at any given time.

Being realistic : Unrealistic reassurance, too early interpretation and too much interpretation can block the client's expression of feelings. These are pitfalls into which a case worker who tends to over identify with a client is apt to stumble.

The principle of purposeful expression of feelings aids in study and diagnosis in case work. This principle helps the case worker to gain invaluable material for study and gain a realistic understanding of the client and his/her progress in totality. This helps in seeking the problem clearly and working towards the resolution.

PRINCIPLE OF CONTROLLED EMOTIONAL INVOLVEMENT :

Every communicating is a two way process, when one person speaks directly to another person, he expects some kind of a response; silence would indicate a disinterest in communication and equivalently, a disinterest in the person.

The content of the communication indicate the kind of response that is expected chorally speaking, the content can be classified into three categories; ideas only, feelings only, both ideas and feelings. When a person approaches the information desk at a railway station and asks the clerk about the departure time of the next train for New York, he is communicating in ideas only. He is seeking information and is expecting a factual response. When an adult daughter, during the wake in a funeral parlor for her deceased mother, says to a relative. "It will be hard to get used to the fact that mother is gone", she is communicating her feelings primarily. Only a feeling response would be appropriate. In case work interviews, the content of the communication most often is a combination of thought and feeling. The nature of content depends upon many things: the problem of the client, the function of the agency, the needs and feelings of the client in a particular interview, the changing moods of the client within an interview and the purpose of the case worker in the on going process of study, diagnosis and treatment.

The social case worker needs the skill to communicate at both the thought and feeling levels. Case worker has to gain factual information and at the same time study client's ideas, thoughts and feelings. The element of controlled emotional involvement in a case work relationship according to Biestek, is the case worker's sensitivity to client's feelings and understanding of their meaning and a purposeful, appropriate response to the client's feelings. There are three components in demonstration of controlled emotional involvement;

- a) Sensitivity
- b) Understanding
- c) Response

a) Sensitivity : Sensitivity means seeing and listening to the feelings of the client. Many times clients are unable to express their feelings verbally or are ready to divulge personal details. With the knowledge of human behaviour, observation and analytical skills, the case worker has to observe the minutest of the details and draw an understanding by putting them in proper perspective, language or the non-verbal communication can be effectively used as clues and indices to identify and interpret client's feelings. For example, use of hands, arms, and legs, pace, tone of speech, posture, eye contact, silence, repetitive body actions are important indicators of client's non-verbal feelings.

b) Understanding : As a professional helping person, the case worker needs to understand the meaning of the feelings in relation to the client and his problems. He needs to know what he is doing, what is going on when he stimulates the client to express his feelings, and how this expression is contributing to the goals in the case. The understanding is a continuous process; in each interview the understanding should increase and grow, but in many cases the case worker may have to be satisfied temporarily with a partial understanding and continue to strive towards a fuller understanding.

c) Response : Sensitivity and understanding are insufficient in themselves; they are means to the response. The case worker's response to the client on the feeling level is the most important psychological element in the case work relationship and it is perhaps the most difficult of the case work skills. It frightens the beginning case worker; it frequently mystifies and always intrigues the experienced practitioner because the response is individualized to each client and even to the changing moods of the client within a single interview. Essentially it is a response of attitude and feeling, guided by knowledge and purpose. It is primarily an internal response where the case worker consciously and purposefully identifies with the feelings of the client. It is a sharing of a warmly human professional person with fine sensitivities of another human being who needs help (Biestek, 1957).

The response of the worker should reflect the skill to probe in order to gather factual as well as feeling information from the client while verbalizing understanding. It should convey warmth and empathy to the client.

PRINCIPLE OF ACCEPTANCE :

One of the most commonly used terms in social work is "acceptance". Everyone seems to agree upon its importance, especially as it is lived by case worker in the relationship with the client but it remains one of the vaguest terms in our professional language. It is an important value in social work is that guides social workers to accept people as they are, with their strengths and limitation, potentialities and weakness, positive and negative feelings. In social work acceptance is related with "Quality of life" professional attitude, the central dynamic and a principle. According to Biestek (1957), action of acceptance is indicated as the therapeutic understanding, respecting, loving, perceiving, acknowledging, helping and receiving. It would seem that there are three steps in the action of acceptance :

1. **Perceiving** : The case worker must first see and see objectively what he is accepting;
2. **Therapeutic understanding** : The case worker must see the object of acceptance in relation to the causes which brought about the object, in relation to what is meant to this person, and in relation to the purpose of the case work process in each individual case.
3. **Acknowledging** : It as a pertinent reality. The purpose of acceptance was said to be "to respect his integrity as a fellow human being", "to help (the person) in need or trouble", "to add something to the comfort and happiness of the other person", and "in helping the person to get well.....to regain control of his own life and conduct." The purpose of acceptance in case work, all seem to agree, in therapeutic to help the client with his problem and needs. It differs, therefore, from acceptance in other interpersonal relationships, such as the acceptance of a social companion or a professional colleague or with spouse or siblings etc. Acceptance in case work process is therapeutic in nature as it aims at helping the client to deal with problems and needs.

Distinction between Acceptance and Approval : An important standpoint in case work is the distinction between acceptance and approval. Acceptance does not mean concurrence with or approval of client's behaviour. To illustrate let us take an example of a man who committed a murder and now seeking help from a case worker. In this case, following the principle of acceptance would not apply that the worker's approval of the crime committed by the client. The worker would objectively

study the client and assess the problem reasons that led the man to commit such a crime case worker would accept the client as an individual possessing all his dignity and worth as an individual. However, the worker would disapprove of the murder committed by the client. The worker should not verbally praise or condemn the act and show empathic interest in getting to know the client and his life situation better. It may be remembered that the client would not really be helped if his/her anti social behaviour (murder in this case) is apparently appreciated by the worker. The objective of acceptance is not the good, but the real. The purpose is to free the client from using defense mechanism and enabling him/her see the reality and realistically deal with the problem. Thus principle of acceptance as defined by Biestek (1957) is as follows : Principle of acceptance is a principle where the case worker perceives and deals with the client as he/she really is, including strength and weakness, congenial and uncongenial qualities, positive and negative, contractive and decontractive, attitude and behaviour, maintaining all the while a sense of the client's innate dignity and personal worth.

Understanding the client better : The client who come to the social agency with a problem is essentially a person who is dissatisfied with some aspect of his present living, sees the need for change, but can not make the change unaided due to environmental pressure or limitation within his personality. He is not happy about himself; or rather he is ambivalent himself. It is ambivalence extends to the case worker : he realizes that he must reveal some of his short comings to the case worker in order to be helped, while at the sanction he fears that the case worker, seeing him as he is, may thingless of him as a person. He fears disapproval. This fear may cause any one number of reactions, depending on the nature of the problem and the personality of the client. He feels the insecurity of approaching some one he has never met; he may fear that his request for help will be refused; he may feel resentment against the conditions that make it necessary for him to seek help; and he may fear the self-involvement with the case worker. Therefore, the constructs defenses, behind which he tries to hide a part of himself. He feels that it is unsafe for him to manifest something which he knows need to be manifested because they are pertinent to his problem. To deal with the insecurity, the client makes use of a defense mechanism that helps the client to hide anxieties and inner feelings from one's self and from the worker.

In such a situation by making the client feel accepted, showing interest and genuine concern, the worker helps the client in reducing the anxiety and lowering the defence mechanisms. The principle of acceptance is the case work process as the client begins to express feelings and open up to the case worker. However, the client constantly checks the reactions of the worker to his/her disclosure of feelings especially negative feelings.

Demonstration of Principle of Acceptance :

- Giving the client focussed response, directed to the needs of the client rather than worker's needs;
- Releasing client's potential for self help and exercising professional responsibility for the promotion of the growth of the client;
- Giving response that contain the elements of both thoughts and feelings; and
- Providing agency specific help to the client.

Limitations of Principle of Acceptance :

- Inadequate knowledge of human behaviour.
- Counter transference.
- Case worker being Judgemental about the client's situation;
- Case worker's personal biases and prejudices;
- Unrealistic assurance by the worker.
- Confusion between acceptance and approval.
- Lack of respect for the client.

PINCIPLE OF NON JUDGEMENTAL ATTITUDE :

One of the most talked about principle of case work that is also a difficult to practice is the principle of non Judgemental attitude. According to Briestek (1957), principle of non Judgemental attitude is defined as "Quality for case work relationship, it is based on a conviction that the case work function excluder assigning guilt or innocence or degree of client responsibility for causations of the problem or needs, but does include making evaluation Judgemental about the attitudes, standards or action of the client: the attitude which involver both thoughts and feeding elements, is transmitted to the client."

Case work is a helping process where judgement would imply blaming the client and make him/her responsible for causing problems in his/her life. Let us take an

example of a woman who has approached a child guidance clinic to seek help for her daughter who is showing symptoms of depression. Being Judgemental in this case would imply blaming the mother for her daughter's condition. Similarly, passing a judgement on a HIV positive person would mean blaming the for his/her physical condition and for contracting HIV. As maintained earlier, who listic understanding of the client and his/her life situation is necessary in the case work relationship. However, this does not give the case worker an authority to make Judgements about the clients.

Understanding the clients perspective : Seeking out side support for conflict resolution is not an easy task. The necessity to seek help from an agency can itself produce a host of painful feelings. One of these feelings is the fear of being judged. In the initial interview, the client looks at the case worker as one of the members of the larger society which is often judgemental with fixed standards of Do's and Don'ts. The client fears of being labeled by the case worker, keeping in mind the preset standards of the right and wrong. As a result of these feelings the client adops by using defense mechanisms and is hesitant to express inner thoughts and feelings. In such a scenario, demonstration of a non Judgemental attitude helps the client "feel" assured of the case worker's disinterest in making any kind of judgement, in praising or condemning the client. As the relationship gradually strengthens, the client grows in faith in the worker and begins to discuss needs and problems, develop objective analysis necessary for constructive change.

Evaluation of Attitudes, standards and action of the client : There is a clear cut difference between being non judgemental towards the client and judging clients behaviour which may mood immoral. When the case worker refrains from judging the guilt orinnocence of the client he/she objectively evaluates the attitudes standard and actions of the client. In order to understand this let us take the case of a women who is in a live-in relationship and seeking help to deal with problems with her lover. While dealing with such a case, the worker has no right to live the client a moral lecture on the grounds of her live in relationships, which is still not accepted in large parts of India. However the worker has to probe into her life situation in order to make evaluation of her behaviour. The purpose in this case would be to understand the client and this would aid in the treatment process.

There are strong and valid reasons for practicing a non-judgemental attitude. The worker being a social worker is a member of the larger society and his/her function

in the help of the client (and not condemn) with in the low and basic values of society. If the case worker is oblivious towards delinquent and immoral behaviour/ attitude of the client, the client would not feel understood and may underrate the worker's ability to provide professional help. Moreover the case worker has every right to have his/her own social, moral and spiritual values. The worker must, however, ensure that his/her personal values, beliefs, opinions and code of ethics are not imposed on the client in any way. The workers have no right to judge the client by personal standards.

Demonstration of Principle of Non-Judgemental Attitude :

- Encouraging the client to open up and express own thoughts and feelings.
- Being respectful and attentive to the client throughout the case work relationship.
- Being aware of personal biases and prejudices and not letting them influence the case work relationship. E.g. the worker might have been socialized to develop a dislike for certain castes/castes/categories like alcoholize, differently abled, sex workers schedule caste/tribes etc. while in case work relationship with such clients, worker must ensure not to let personal dislike interfere in the helping process. The worker must recognize and control personal biases and develop capacity to see people objectively and not subjectively.
- Treat the client as a unique person. Worker should refrain from making references to people who have faced similar problem.
- Understanding negative feelings of the client towards the worker should be related with the use of defense mechanism.

PRINCIPLE OF SELF DETERMINATION :

Case worker is not philosopher by profession and seems to have tittle inclination in that direction. However, since they enter in peoples lives in a very practical and intimate way, they necessarily become involved in issues which have an inescapable connection with the philosophy of human living.

Acknowledgment of the clients right to self determination is another principle in case work. Self determination refers to self direction and is a derivative of the philosophical assumption on the dignity and worth of the human being. The principle states that an individual has the right of making decision about matters pertaining to his/her life and that other people's decision about directing his/her life should not be

imposed on him/her. In the case work situation, the social worker should not make decisions, choices or plans for the client. The client, however, can be guided and enabled to make her/his own decisions.

Self determination like freedom, has its own limits. It is not an absolute right. The decision made by the client has to be within certain constraints imposed by the social obligation which states that the consequences of the decision should not be detrimental to others. Now should it be harmful to one self? Furthermore, the self determined act should be with in the socially acceptable standard of behaviour. In addition, every self-determined decision implies that the decision maker, the client, takes upon himself/herself the responsibility of carrying out the decision and handling the consequences. When the principle is viewed from this perspective, one can see that people vary in their capacity for self-determination. What follows in that the principle has to be exercised in accordance with the client's capacity for self-determination.

Closely associated with the principle of self-determination is that of client's participation in the handling of the problems that he is confronted with. In a way, self-determination is a form of participation as it entails decision-making the client. The process of helping and being helped does not stop at the point of decision-making by the client, but it goes much further in terms of plan pursued and action taken. According to the principle, the client becomes the main actor in pursuing plans and taking action, where as, the social worker is only an enabler.

PRINCIPLE OF CONFIDENTIALITY :

Social work touches human life more intimately in many ways than many of the other helping and healing professions. The case worker, either in a home visit or in an office interview, is frequently the observer and regularly the recipient of confidential information concerning the client and his family. It may be a series of facts, or situation in the client's life which he shares with the case worker or allows the case worker to observe, with the implicit or explicit understanding that the case worker preserve the information as a served trust.

Confidentiality in social case work can be considered from two points of view; as an item in the professional code of either and as an element of the case work relationship. The principle of confidentiality is very complex and difficult to apply concerned case work situation. Biestek (1957) has given the following definition of

the principle of confidentiality: "confidentiality is the preservation of secret information concerning the client which is disclosed in the professional relationship. Confidentiality is based upon a basic right of the client. It is an ethical obligation of the case worker is necessary for effective case work service. The client's right, however is not absolute. Moreover the clients secrete is often discussed with other professional persons within the agency and in other agencies; the obligation then binds all equality".

Ethical Obligation of the case worker : Confidential can be defined as a fact or a condition, or the knowledge thereof, pertaining to a person's private life which is normally hidden from the eyes of others. Biestek (1957) has given three classes of confidential information: the natural secret the promised secrete, and the entrusted secret.

The **Natural Secret** is information which, if revealed, would defame, injure or unjustly sadden the person. The obligation to preserve natural secrets binds everyone, regardless of the nature of the relationship. It may have become know by a relative, a friend, a stranger, or a professional person. It may have become known to a social worker in an unofficial manner, out side the professional relationship. The basis of the right to natural secrets is man's natural right to his reputation. The social worker, therefore, has the obligation to safe guard such information concerning the client even when the information become known to the social worker and private individual, provided of course that another person's right does not separate the client's right.

The promised secret is one in which the case worker gives an assurance, a promise, after he has learned the secret information, that he will not divulge it. The subject matter of the promised secret may include the defamatory facts of a natural secret or it may include non defamatory facts about the clients personal life which he does not want revealed.

The entrusted Secret is information which is communicated to a client with the precious explicit or implicit understanding that the matter will not be revealed. The subject matter may or may not include a natural secret. The entrusted secret implies a contractual agreement between two persons which bends the confident to secrecy even when the matter is not of a defamatory nature.

In case work relationship confidentiality includes all three types of secrets. There is always a presumption that the case worker should be ethically bound to keep the confidence of the client. However, since the case worker works with in an agency setup, the personal information shared by the client does not confine to the individual

worker but remains within the agency. The agency should not be able to, provide services unless the information is shared by the case worker with colleagues/team mates. The information also gets recorded in the case files of the client. However, all the persons in the agency are bound to guard the confidentiality of the client.

Limitations of principle of confidentiality : The human right is absolute. The client's right to confidentiality is limited by (1) a higher duty to himself, (2) the rights of other individual, (3) the rights of the social worker, (4) the rights of the social agency and (5) the rights of the community.

Since the natural law is the source of all rights and duties, there can be no real conflict between the client's right to confidentiality and the limiting duties and rights. The problem then, which is in some cases may be a very perplexing one, is to determine whether another right or duty is greater than the right to confidentiality or whether confidentiality supersedes then. In an actual case, however, the apparent conflict may be so extremely difficult to resolve that a consultation with persons specially qualified to assist in a solution would be necessary.

These are the following discussions of five classes of possible conflicts in the practice of social work where general principles are involved.

1. **Conflict within the client himself :** An apparent conflict may exist between the client's right to preserve his secret and another of his rights or duties. The solution of the conflict requires a weighting of the rights involved. Care must be taken not to ex-aggerate either side. The presumption, however should always be that the right of confidentiality remains dominant until clear evidence to the contrary appears.

2. **Conflicts with the rights of another individual :** In some cases the client is so closely connected with another person that preservation of the secret would continue a serious harm or damage to the other person. In other words, the preservation of the client's secret may appear to isolate unjustly the rights of an innocent person. Here again an examination and a weighting of both rights is necessary.

3. **Conflict with the rights of the social worker :** When the client communicates a secret to the social worker, the latter becomes aware of an obligation to keep the secret isolate. Occasionally by keeping the client's secret, the worker may forfeit his own personal rights, which may be more important than the client's. The worker can not be expected to surrender his own rights in the performance of his personal duty.

4. **Conflict with the rights of the social agency :** Every agency, whether public or private, has been organized with a definite purpose; therefore it has assumed some

very specific duties towards individuals, families and community generally. These duties are specified in agency by the kinds of services offered and the conditions under which they are offered. Corresponding to these duties are specific rights, which are the necessary means for fulfilling the duties.

5. **Conflict with the rights of society as a whole :** There is a conflict between the individual good and public good, between the individual right and the common welfare. Society has the duty of promoting the public good of maintaining peace and good order and of building programs which positively promote the physical, intellectual and moral welfare of the members of the community. The general principle is that the obligation of the entrusted secret cases when the preservation of the secret would constitute a real and a serious damage to the common good.

2.6 Summary

The learner got an idea about the professional aspects of case work, they understood about phase & principles of this method. This will help us to know & understand the core concept of case work. We will now work with lots of professionalism & work more effectively with the client.

2.7 Exercises

1. What can be the role of Social Worker in understanding and dealing with the client.
2. At what stage can the Social functioning begin to emerge in the context of problem of the client?
3. What are the characteristics and functions of a social case work agency?
4. What are the stages of problem solving process?
5. What are the requisites the application of individualization?

2.8 References

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Unit 3 □ Introduction to Social Case Work-II

Structure

- 3.1 Objective**
- 3.2 Introduction**
- 3.3 Case Work-client Relationship**
- 3.4 Attributes of Case Work-client Relationship**
- 3.5 Use of Case Work practice**
- 3.6 Summary**
- 3.7 Exercises**
- 3.8 Reference**

3.1 Objective

Establishment of a good rapport or what is better known as the Client–Worker relationship is the pre requisite to initiate an effective and professional Case-Work practice. In this unit we shall try to understand the importance of the various attributes of Case-Worker client Relationship as well as find out the different fields in which Case Work may be successfully applied.

3.2 Introduction

The method of Case Work is an important tool for dealing with the individual problems. It is not only a way of finding out the problems of a client but also to discover the strengths of the client. Therefore without establishing a professional relationship, we cannot carry out case work practice fruitfully. The relationship between the case worker and the client is of utmost importance. In a case work relationship however, case worker on the role of a professional helper while client is the person who needs help. In the Indian context, the concept of self fulfillment and self-expression go hand in hand with the concept of conformity to the group norm. In practice of social case work time and again, one see that the needs of the clients are not limited to their material needs only but mental and emotional needs also. An active approach can geared to suitable solutions case work is now practiced in a variety of agencies or human service organisations.

3.3 Case Worker Client Relationship

Lives can not be lived with out relationship to other people. All institutions are built around relationship. Institutions minus relationship have no existence. Help or troubles emanate from our relationship with the fellow human beings. Whether one is troubled or helped by some one, relationship exist between them. Thus relationship is an "emotional bond" between people who interact with each other. It can be said to be a "transmission belt" of communication, a set of attitudes and response between the interacting units. According to perlman (1957), "it is a condition in which two persons with same common interest between them, long term or temporary, interact with feelings. Relationship leaps from person to other at the moment when same kind of emotion moves between them".

Coyle (1948) considers relationship as "a discernible process by which people are connected to each other and around which the group takes its shape and form" which Biestek (1957) consider as "the dynamic interactions of attitudes and emotion". Thus relationship is a natural phenomenon occurring between persons interacting with each other singly or in group. Relationship can be, then, shaped, manipulated or developed as we intend it to be.

How relationship can and should be used to help persons with problems has been a serious concern of not only social work but of other professions too like that of psychiatry, psychology etc. social work always recognized the importance of human interacting and attempt to use relationship in a conscious and deliberate manner to benefit the people it worked with social work literature is full of description of relationship from various angles only because of its great importance in a helping process. Richmond (1917), in her earliest work, has pleaded for an intensive study and use of social relationship in social case work. Social case workers focus should be on "skill in discovering the social relationship by which a given personality has been defined; an ability to get at the control core of the difficulty in these relationships; and power to utilize the direct action of mind upon mind in their adjustment."

None can deny the utility and importance of human relationship in promoting change and development. When relationship is established and used by a social worker consciously, purpose fully and deliberately to help client(s), it is called professional relationship. It is characterized by "conscious purposiveness growing

out of the knowledge of what must go into achieving its goal" (Perlman, 1957). It is the medium through which knowledge of human nature and social interaction are need and through which they are given the opportunity to make choices, both about receiving and using the help. Thus one finds that "relationship is the basis of all help."

Vital relationship between people arise out of shared and emotionally changed situation. Relationship is a catalyst, on enabling dynamism in the support, nurture and feeling of people's energies and motivation toward problem solving and the use of help. The climate for growth of human personality, the nutrient for its development and the stimulus for its subtle adoption are emotionally changed relationship with other human beings. The very first contact that most persons have when they are born is with their mothers. Parent child relationship is the most vital relationship that contributes in a major way towards laying the foundation for one's personality development, confidence, attitudes towards self and others. It would be no exaggeration to state that our very existence largely depends on relationship with people around us—our family, friends, colleagues, relatives and others.

Nature of relationship : According to Helen Harries Perlman (1957); Relationship is a human beings feeling or sense of emotional bonding with one another. It leaps into being like an electric current or it emerges and develop contiously when emotion is aroused by and invested in someone or something and that someone or something "connects back" responsively. We feel "related" when we feel at one with another (person or object) in some heart felt way.

Relationship may be "good" or "bad", brief or enduring, complex and heart felt or superficial and skin deep, swift and spontaneous or carefully built. But whatever be its nature and substance its dynamics are the presence, recognition, deposit, relection and responsiveness of emotion between individuals or between a person and an object or activity by which he/she has been moved. The emotions felt and shared may be joy as well as anguish, gratification as well as deprivation, hope and despair, merriment and despondency rage and gracefulness, guilt and hostility and any or all of these. To illustrate, a child who is extremely attached to his/her parents, feels joyous on meeting them. On the other hand, an abandoned child would react in a different way on meeting the family. The emotions felt in the latter case may range from hatred, anger to resentment. In most mutually reciprocative relationships, there is a hunger for emotional bonding and dependency like in parent child relationship. In the usual life of an adult, hunger for emotional bonding with others is gratified in

many ways—in love and friendship bonds, in marriage and in parenthood. The words used to describe a meaningful relationship are—warmth, love, care, acceptance, responsiveness, concern and understanding. It may be remembered that any relationship that seeks to enable a person, child or adult to feel secure and move forward, to risk new learning and new experiences combines a warm acceptance of the person in his/her uniqueness as a human being.

Relationship in case work : Relationship is termed as the soul of social case work. The relationship between the case worker and the client is of utmost importance. It is the principal of life which vivifies. The process of study, diagnosis and treatment makes case work a living warmly human experience. Social case work thrives in its belief in the basic worth and dignity of individuals and enhancing their capacities to reach their human potential to the fullest. Relationship between the case worker and the client is the medium through which the knowledge of human nature and of the individual is used. Knowledge alone, without skill in relationship is inadequate. Relationship is also the channel of the entire case work process; through it, flow of mobilization of the capacities of the individual and mobilization of the community resources; through it flow the skills in interviewing, study diagnosis and treatment (Biestek 1957).

Uniqueness of case work client Relationship : Case work client relationship differs from other relationships that exist in society at large like the parent child, teacher-pupil, friend-friend and colleague-colleague relationship. The case work relationships differ from the other relationships on a number of points. One needs to analyze and compare other relationships with case work relationship keeping in mind the levels of equality, mutual benefit being derived, presence and the level of emotional involvement in the relationship. **Firstly**, it may be borne in mind that case work relationship is temporary in nature. It begins with the referral of the client to the case worker with a problem and terminates after the completion of the case work process and treatment. Parent-child relationship or relationship between siblings are life long relationships as they are tied by blood and kinship. **Secondly**, the emotional component in the case work relationship is not very deep and penetrating. This is unlike the relationships that exist between the spouses, parent-child or siblings. Though case work process is an emotionally charged one, it is operationalism in such a way that the expressing of emotions is controlled and purpose full, focusing towards achieving clear-cut goals of clients well being and treatment. Such an approach is missing in the relationship cited above. **The third** difference between

case work relationship and others, is based on the levels of equality and mutuality. For example, friend-friend relationship is characterized by its equality, mutual help and sharing. The case worker and the client are fundamentally equal as human beings. In case work relationship however, case worker takes on the role of a professional helper while client is the person who needs help. Thus the grounds of equality are not uniform since in this relationship, case worker is the person having knowledge, skills and is assigned to help the client through a professional relationship. Thus, this type of relationship is not based on mutual help and equality. One can also compare the case work relationship with that of a teacher-pupil relationships, which is more on an intellectual level. However, in this relationship, there is hardly any intentional use of emotional involvement. If at all emotions do crop up in the teacher-student relationship, they are accidental and more on the part of the pupils rather than the teachers. Case work relationships are through out highly charged with emotions in a purposeful manner.

Case worker client relationship also differs from other professional relationships such as doctor-patient, Psychiatrist client. From an Indian perspective, health has become a serious area of concern. The medical sources available are insufficient and lack of adequate infrastructure, quality and maintenance doctor's is consider only next to god. It is not a custom to question the doctor about the nature of one's illness, leave aside inquiring about the line of treatment. Patients in most cases are the passive recipients of medical treatment being administered by the doctor. This is in contrast to the case work client relationship where client is an equal partner in the treatment process and is encouraged to open up and express inner thought and feelings.

The only relationship that case work is close to yet destine of in its finer aspects an with the psychiatrist-client relationship. In this relationship, client is encouraged to talk about his/her problem. However, the psychiatrist focuses on the unconscious mind of the client in contrast to the case worker who pays attention on the environmental manipulation and working on the personality maladjustment at the conscious level of the client's mind.

3.4 Attributes of Case Work Relationship

Case work client relationship goes much beyond merely a friendly relationship between the case worker and the client. Clients bring into the case work relationship,

their feelings, attitudes and behaviour which they have experienced with others. The client therefore tends to react to the case worker situation in a manner derived from his/her personal experiences. Case work focuses on understanding the client, his/her psychological needs and making a "contact" to build the relationship. If this contact is to be of any value at all, the client must have confidence in the workers good faith and the worker must have respect for the client as an individual. It is the responsibility of the case worker to establish this relationship. This professional relationship is formed with the purpose of developing in the client a personally satisfying and serially useful life. It is the individualized purpose which is unique to every relationship and is set to be achieved in each case. The conscious purposive and deliberate efforts to develop a helping relationship comprises of the following attributes :

1. Warmth : Warmth connotes some positive, lively outgoing interest in another person (or object or actively), for reaching out to take in another with pleasure or compassion (Perlman : 1979). By exhibiting open "Warmth" attitude, case worker is able to convey to the client his/her openness and concern to understand the client's problem, client's attitudes and sharing of experiences. Warmth is demonstrated by the worker when he/she attends to the client with attention, listens patiently, give confidence and conveys an understanding of the client's problem.

2. Empathy : Perlmen (1979) explain this as "feeling with and into another person, being able to get into his shoes". Thus, one tries to know what the client feels and experience without getting lost in the process. Rogers (1966) explain empathy as" the perceiving of the internal frame of reference of another with accuracy and with the emotional components which pertain there to, as if one were the other person but without ever losing the "as if condition". Empathy communicates that the worker understands the depth of the feeling of the client and that he is with him. It requires an imaginative capacity. Comments like the following communicate empathy "I understand that you an upset". It can understand how disturbed you are because of.....", "It must be difficult for you to.....". "Empathy does not mean the loss of objectivity. It can be learned and developed so that the therapist the world of the client as he sees it".

The helper can be effective in communicating empathatic understanding when he—

1. Contracts with intensity upon the helpee's expression, both verbal and non-verbal.

2. Concentrates on responses that are interchangeable with the helper.
3. Formulates his responses in language that is most attentive to the helper.
4. Responds in a feeling tone similar to that communicated by the helper.
5. Is most responsive (interacts with the helper)
6. Having established an interchangeable base of communication, moves tentatively towards expanding and classifying the helpee's experiences at higher levels.
7. Concentrates upon what is not being expressed by the helpee (the deepest level of empathy involves feeling in what is missing rather than simply dealing with what is present), and
8. Employ the helpee's behaviour as the best guide line to assess the effectiveness of his response.

3. Genuineness : To be genuine and congruent, the worker relies on his moment to moment felt experiences in his relationship with the client. Genuineness should reflect from the worker's behaviour and permeate his all interactions with the client. A genuine and congruent relationship consists of a consistent and honest openness and behavior matching with the verbalised intention and values of social work. Genuineness is the product of life experiences that makes it possible to be self-observant, self-aware and self-accepting of strength and limitations (Perlman 1979) : The worker should be consistent in his communications and behaviour towards the client. If he says that he is honest, he must accept it when he commits mistakes. Similarly, his claim to help the client must get expressed in his efforts. Congruence implies workers what he feels inside. If we are genuinely entered into the client's welfare, it is bound to show up properly. To be genuine and congruent, one must understand oneself in terms of one's capabilities, attitudes, prejudices, personal values, temperament, etc. Knowledge of agency and its policies, procedures, role, commitment to the client's welfare will facilitate being genuine. Rogers (1954) has emphasized this as one of the most important factors (others being empathy and positive regard) for effecting change in the clients. If possible, the worker may however, assure the client of making an effort to seek information about the agency and getting back to the client within a stipulated time. The worker must also then get back to the client or give a source of contact that may provide the requisite information.

4. Authority : Authority is an essential element of case worker client relationship. Authority has been referred to by Perlman (1979) as "ability" to be used for the

client and not over or against the client. Authority in a case work relationship does not mean domination or with full imposition. Client has the right to accept, reject or modify advice given by the worker. Authority rather conveys the meaning of carrying those rights and powers that are inherent in special knowledge and are vested in special functions (Perlman 1957). Social workers have always been concerned with the use of authority as a loop to help clients who need protective kind of services and whose ego functioning in poor. Authority is the power delegated to the practitioners by society (client and agency) because of his status and expertise in the field. Power denotes the inherent ability or the admitted right to rule, govern or determine. Authority refers to the power because of rank or office to give commands, enforce obedience and make a decision. Herein, the worker (practitioner) occupying a certain position in the agency is perceived as having power to influence to client to move towards the desired goal of change and growth. Having authority does not make the worker superior to the client. It rather implies that the case worker possesses the expertise in understanding, assessing and dealing with the problem faced by the client. Authority is that of knowledge and expertise. The client goes to a worker in need of help who has the authority of knowledge and skill, someone who knows more than him/her. Authority is always present in the worker-client relationship and the worker can not be divested of the authority and power as he is the provider/supplier of the services the client needs. This also means, therefore, that worker-client relationship can not be on equal terms. Power emanating authority becomes apparent when the worker gives appointment, includes other members of the family in the treatment process, explains him the dynamics of various situations and questions.

5. Transference and counter Transference : Transference is the tendency in every human being to relate the emotions and attitudes that have developed during his growth to those people in his immediate environment. The individual who brings to his object relationships his fantasied needs and who gives to the object fantasied qualities, is manifesting the phenomenon of transference. This means that he is transferring to a real person's feelings, attitudes and fantasies which come from his unconscious mind and which are residuals of his infantile experiences. The most frequently encountered necessity to "work" a relationship occurs with the phenomenon called transference or transference reactions. To any emotionally charged relationship, each of us bring conscious and unconscious feelings and attitudes that originally arose in or still belong to the earlier important relationship (Perlman 1957). For

example, in case work with an adolescent girl to help her regarding her career options, the worker listens to the girl's aspirations and dilemmas. The worker helps her to draw a choice of careers helping her to keep in mind her aptitude as well as preferences and also arranges for her visit to a nearby vocational training centre. In such a case, what may happen is that the girl may begin to feel towards the worker as she felt towards her mother/grand mother when she was young. The degree of emotional satisfaction which the client gets from such a relationship is far beyond the realistic limits of the case worker-client relationship.

These transferred elements could be affection, attraction or repulsion yearning or defensiveness, liking or disliking and may occur at any point in the helping relationship. **Transference** is said to have taken place, when the client reacts inappropriately, with excessive or distorted feelings towards the case worker. As seen in many case work relationships, clients often remark to the case worker, you are like a father/mother/sister to me or may say, let us be friends. Transference may also manifest itself in the way the client reacts towards the worker by being very obedient, helpless and approval seeking. The worker has to recognize these non verbal cues. The effort in the case work relationship is to maintain reality and to keep the client and the worker aware of their joint objective, their separate and realistic identities and their focus upon working some better adaptation between the client and his/her current problem. Transference manifestations need to be recognized, identified and dealt with as they occur. Every effort has to be made to manage the case work relationship and to give minimum encouragement to transference (Parlman: 1957).

The case worker may also be expected to unconsciously transfer into the professional relationship, certain positive or negative reactions that are realistically uncalled for, example, distrust and hostility or strong feelings of attachment. This phenomenon is called **counter transference** that is, transference on the part of the helping person. Any subjective involvement on the part of the case worker with the client or client's problem may be part of a real counter transference or it may represent only a single instance of loss of professional objectivity. To illustrate, let us take up the case of a medical social worker who worked at the emergency ward of the hospital and was handling a man who had brought his wife to the hospital in a critical condition from a road accident. The man was in a heightened state of emotional trauma while maintaining about the hope for his life and how the accident had taken place. The worker got so moved with the details of the case that she began to identify with the man and somehow related his life with her own. Finally when

his wife died, both the client as well as the worker sobbed. In this case, the worker got involved with his own personal feelings and lost the objectivity. She was unable to provide professional help that she ought to.

The case worker must remain objective through out the helping relationship and be aware of his/her own feelings. If at all, they do crop up, they must be handled and controlled.

3.5 Use of Case Work Practice

Fields of case work practice needs to look at the setting where the client gets help for his/her concern. Case work is practiced in variety of agencies or human service organizations. Various human service agencies which offer case work services to help people in distress are, social service departments of hospitals and clinics. Family counselling centres, residential institutions for children and adults, social institutions and mental health settings.

Though case work is a generic method, when it is combined with activities of other field or profession (other than social work), differences arise from the special contribution of that field be it medicine, psychiatry or criminology. The practice of case work is conditioned by the primary or major functions of a secondary setting for case work. For instance, one of the principles of the case work in that client should be helped to verbalize his difficulties, in medical setting which is a secondary setting for case work. This principle has to be modified in certain cases e.g. the patient's condition may not be such that medically it would be advisable to make the client talk. Under such circumstances the case worker has to modify his/her approach and find out how best without coming into clash with the practice of another profession. A case worker has also to see how the practice of case work in collaboration with other professions can make both the profession more effective so far as human welfare is concerned.

Case work practical in primary settings like family welfare agency, has the primary function to help people with social problems. In secondary settings like hospitals, schools, courts etc., the case work function is to facilitate people to make optimum use of the services and promotion of human welfare. Though case work is a generic method, which is combined with activities of other field or profession (other than social work), differences arise from the special contribution of that field be it medicine, psychiatry or criminology. The practice of case work is conditioned

by the primary or major functions of a secondary setting for case work. For instance, one of the principles of the case work is that client should be helped to verbalize his difficulties.

In a medical setting, which is a secondary setting for case work, this principle has to be modified in certain cases e.g. the patient's condition may not be such that medically it would be advisable to make the client talk. Under such circumstances the case worker has to modify his/her and find out how best he/she could be of service without coming into clash with the practice of another profession. A case worker has also to see how the practice of case work in collaboration with other professions can make both the professions more effective so far as human welfare is concerned.

In family case work, efforts are concentrated upon family as a social unit and the individuals as a member there of. The problem centre on family relationships or adjustment and/or any aspect of a family life. Family case work can be said to be the basic to all case work. For instance in the practice of case work in any setting like medical case work or psychiatric case work, family case work is included. However in family service agencies where case work should be practiced today an effort to limit the scope of work to certain family problems such as child placement, marriage counselling, problems of unmarried mothers etc., instead of dealing with all problems relating to the family indebtedness, involving financial relief, parent-child relationship and marital disharmony.

● **Medical setting** : In India case work is practiced in some places in connection with medicine, e.g. medical social work in hospitals and clinics run by government and other private bodies. In the field of psychiatry, case work is practiced in the child guidance clinics, mental hospitals, psychiatric clinics, psychiatry departments as general hospitals and crisis intervention centres as a part of psychiatric case work.

Social case work is utilized in the one patient of psychiatric case work, the wards and special clinics. The heavy work load of doctors in large government hospitals generally leads to lack of clear communication between the medical staff and the patients and their families. In such a situation, the main role expected of social workers are those of mediator, enabler, coordinator of services, case manager, mobilizer of the resources in terms of material and man power and a member of the team of professionals. The major task of the social case worker is to work with the patient and his family.

● **Case work is practiced in the institutions proceeding mental health service** for e.g. child guidance clinics, mental hospitals, psychiatric clinics, psychiatry departments in general hospitals and crisis intervention centres as a part of psychiatric case work. In this setting, psychiatrists and psychologists are the main professional group in charge of care and treatment of the mentally ill and or emotionally disturbed persons. The patients may be attending ODPS, day care or may be hospitalized. The main task of the case worker are to maintain constant contact with the family of the patient, mediate between the doctors and the patient are his family, provide counselling to the patient assist in discharge of the patient in order to rehabilitate him/her back into the society to which he/she belongs. The worker also provides necessary support to the family and helps the family members to understand the needs of the mentally ill person.

● **Social case work with chronically and terminally ill patients :** The patients who are suffering from chronic illness like diabetes, asthma and heart disease need help in understanding their illness and the demands of the treatment and adjusting their life styles to the limitation imposed by condition. The families of the patients also need support and guidance in dealing with the patient's condition that may have long term implications for the entire family. In some cases, specially among those belonging to lower income groups, the financial burden may need to be eased out by identifying and mobilizing resources in the kinship network or the community at large.

While working with the terminally ill patients, the first dilemma the worker faces is to inform the patient and his family about his/her illness. The patients suffering from a terminal illness like cancer, HIV/AIDs have additional stress factor. The stress is caused by the thought of death and the anxiety about the family after the death of the patient. The tasks of the case worker include :

- Ensuring palliative care to reduce the pain and discomfort.
- Taking about death and releasing the stress.
- Preparing and involving the patient in this future planning about the family after death and various unmet tasks.
- Providing opportunity and support to the family to accept the illness and talk about the consequences in the long run.
- Providing emotional and material support to the family.

- In case of HIV/AIDS the case worker need to handle the issues related to stigma and discrimination faced by the patient and the family at various levels.

CASE WORK IN RESIDENTIAL INSTITUTIONS :

- **Case work has also entered the field of criminology :** And in some places is practical in connection with Juvenile welfare board, adult courts, probation, parole and after case work. Case work treatment in institutional settings relies as heavily upon efforts towards role-adaptation in the client as upon role adjustment in the primary groups of which both the client and the persons who referred him are his members. In the correctional field, the probation officer interprets the delinquent's behaviour to the judge and to the police officers. The delinquent mode of adaptation to the combination of internal and external forces that directed him into the role of delinquent requires the some kind of study and assessment as pursued with case workers and clients. In the work with institutionalized delinquents and criminals, the case worker has ready access to those who define the social role of inmate and who observe the clients in their daily role performance. In such institutional settings, the case worker is part of the world to which he is trying help the client adapt more satisfactorily.

- **Case work with children's homes :** Children who are destitute, orphans, runaways, vulnerable to violence, abuse or moral danger are generally placed in children's homes. Most of these homes operate under the provisions of Juvenile Justice Act and therefore provide custodial care to children for specific time period. Social case worker is expected to help each inmate adjust to the life within the home and achieve psychological development. As the children have often gone through traumatic experiences before they are placed in homes it is very important for them to come to terms with their life, talk about it and get over the pain and the sense of betrayal. The worker is expected to provide pastoral care, liaison with schools where children go for education help, children develop positive relationship within the institution and prepare for life after their stay in the home is over.

- **Case work in homes for the aged :** The stresses of modernization and break down of joint family structures has led to adult children sending their aged parents to residential institutions. The residents to these homes need nursing, understanding and emotional support. The case workers in these institutions help the residents to cope up with loss of loved ones, illness, lack of energy, homeliness, loss of economic

independence and the thought of approaching death. The case worker enables the client maintain his/her self esteem, mobilize community resources like children and youth to spend time with the residents of the old age home, talk to them and offerr to their simple errands.

- **Case work in Education setting :** Case work practice is very popular in the school setting. The school case worker, working with the pupil in trouble in school setting, goes through a similar course of study and assessments, usually knowing through a referral statement from a classroom teacher or principal what social expectations the child is failing to meet. Case work in such situations may involve direct work not only with the child but also with his parents. The child's performance of roles in extra familial settings is related theoretically to current experience and probably the past experience in the control role relationships between parents and children. The goal of the school social work is to re enforce the child's potential strengths and capacities for satisfying, effective and acceptable performance in the role of pupil. To achieve this goal in an institutional setting like the school, the case worker directly works with teacher and also with other school personnel, in an effort to help them understand some of what underlies the child's behaviour and to adjust their expectations for the role of pupil, so that a given child's capacities for role adaptation to these standard may be understood and seen as falling with in a some what broadened definition of acceptable behaviour for the pupil.

- **Case worker's role in child welfare :** One of the important roles that child welfare agencies are suppose to play is foster care and adoption services. The case worker has a good idea about the chain that child is going to manifest in foster home and hence the case worker tries to mach the attributes of the child with that of family environment. Similar is the role of case worker in the adaptation services. The case worker sees to it that role demands of a family do not exceed the child's capacities for role adaptation. In the child welfare, the primary concern of the case worker is to keep the child in his home with his/her parents as far as possible. Otherwise the next possible thing that a case worker tries to provide an environment where the child's growth and development will occur in the desired direction.

- **Case work with diffently abled :** The main tasks of the case worker is to fulfill the objectives of the organisation such as :

- Care
- Rehabilitation—vocational training, education (depending upon their capacity)

- Offering services according to governmental provisions and special concessions.
- Advocacy to reduce and remove social discrimination against differently abled;
- Facilitating the client's acceptance and understanding of his/her situation and also recognition of his/her potential.

Giving support to the client (both emotional and action oriented) is an important intervention offered by the case worker. The case worker also works with the family of the client to cope them with the situation, to understand the needs of the client and to learn the home management of the client.

- **Case work in organizations working with women :** Social case workers are employed in family counselling centres, crime against women cells, legal aid cells, family courts and rape and crisis intervention centres. The role of the case worker is to help the victims to come out of the trauma and deal with the self confidence and self esteem of the client. They also work with the family so as to mobilize their support for the client so that the client can deal in a better manner with his/her problem.

- **Case work in organizations working with victims of disaster :** There is an increasing need for the individualized help for the victims of disaster—whether natural or man made. Some of the common experiences of most of the victims of the disaster are trauma, loss of loved ones, loss of livelihood or assets, homelessness, feeling of helplessness, anguish, hostility, lack of community feelings, sense of fatality and unrealistic expectations from the worker. In this situation, the client needs individualized care to overcome debilitating impact of the crisis. The first step of the case worker intervention is to bring them out of the trauma, then provide emotional support and build in them hope for a secure future. Once the client has emerged from the trauma, the case worker engages the client in the planning and implementation of the action plan to facilitate the rehabilitation process.

- **In the field of labour welfare :** There is a general need for introducing case work to deal with varied social problems of workers in industries, individual problem of absenteeism, alcoholism, depression, stress related disorders, drug addiction etc. among the factory workers are the concerns for the case workers.

3.6 Summary

In this unit we learnt the ways in which a case worker may establish rapport with their client. This unit will help to understand the importance of the professional relationship between the clients the case worker.

3.7 Exercises

1. Explain the term relationship. Why is it considered as ingredient for the delivery of case work relationship?
 2. How is the case work relationship is different from the other social and professional relationship?
 3. What are the attributes of case worker-client relationship?
 4. What is the scope of social case work in correctional setting?
 5. Family case work is said to be basic to all the case work practice. Do you agree? Show reasons.
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3.8 References

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Unit 4 □ Some Key Concepts in Social Case Work (Self, Communication, Accountability etc.)

Structure

- 4.1 Objective**
- 4.2 Introduction**
- 4.3 Knowledge of Self**
- 4.4 Professional Self**
- 4.5 Life style and Philosophy of Life**
- 4.6 Skills**
- 4.7 Values**
- 4.8 Accountability**
- 4.9 Communication**
- 4.10 Relationship**
- 4.11 Summary**
- 4.12 Exercise**
- 4.13 References**

4.1 Objective

1. Development of a framework for a continuous process of developing knowledge of self.
2. A beginning of the process of self-knowledge needed in the practice of social work.
3. Understanding of human need at various stages of the human development process.
4. Identification of personal needs that arise from human development, human diversity and membership in a social systems.
5. Identification of some of the helping skills that needed to be developed.
6. Understanding the concepts of authority and responsibility and their relationship to the values of self-determination and social responsibility.
7. Identification of the knowledge and skills that needed to be developed in order for the social worker to function in the multi person worker situation.

4.2 Introduction

In the interaction of generalist social worker and client, the social worker is first a person with life experience, human needs, and a personal life style and value system. The worker is also a helping person with skills for interaction with individuals and groups and for developing relationship.

The worker brings to the helping situation a knowledge base that provides understanding about persons in situation, knowledge of helping methods and of means for implementing those methods and knowledge gained from other helping situation. The worker also brings a value system based on professional values, agency and community values and his own personal values.

In complex society with complex social problems and multiple human needs, it is sometimes advantageous for the worker to become part of a multi person helping system. A multi person helping consists of several workers who are involved in providing the needed service in a collaborative manner. Each worker has special knowledge or skill that is necessary for goal attainment. To explore the meaning of the concept of the worker, three topics will be considered : (1) The worker as a person or knowledge of self, (2) The helping person and (3) The multi person helping system.

4.3 Knowledge of Self

It has been said that the most important tool a social worker possesses is herself. To use that tool skillfully and knowledgeably, a worker must have considerable self-knowledge. This calls for a kind of introspective stance that seeks to bring personal concerns, attitudes and values into the area of conscious thought. It calls for a continuous search for self-understanding and for a reasonable degree of comfort with the discovered self.

Social workers develop this self knowledge in a variety of ways. The process of suppression or discussion of practice situation and problems with peers has always been an important means of developing self-knowledge. Others can often see how our unrecognized concerns, attitudes and values affect our interaction with others and

our helping capacity. Social worker need to be open to help from others as a means of developing self-understanding. Another way social workers develop self-understanding is through the study of human behaviour. Psychological, Sociological, Anthropological and biological knowledge that explain human functioning can be the source of considerable self understanding. It is important to recognize one's self as having imperfections, but it is equally important to keep such awareness within the limits of reality. Medical students tends to believe that they have the disease they are studying. Social work students sometimes believe that the dysfunctional situation they are studying are operational in their own functioning and see symptoms pathology or a deviance in than selves. If this identification is realistic it can be helpful to self-understanding. Care needs to be taken, however, not to become overly introspective and to assume dysfunction that is not really there. A balance needs to be reached in which introspection is sufficient to gain needed self-knowledge but not so much as to become overwhelming. Self-knowledge can not be developed all at once; it needs to grow over a period of time. It is also important to learn to deal with the recognition of one's imperfection in a manner that supports self worth and dignity.

Another useful way for a beginning social worker to develop self-knowledge is to conduct organized self study. This entails thinking about one's life style and Philosophy of life, moral code and value system, rools, life experience, personal needs and personal functioning.

Meaning and concept of Self : It is a reflective state of self-focused attention in which a person evaluates himself or herself and attempts to attain correct and consistency in beliefs and behaviour. Each individual has their own unique pattern of abilities, interests and personality traits. Self-understanding pinpoints the likes, dislikes, strengths and other traits that inspires personal growth by helping people define their identity. More over one's self concept is a collection of belief about one-self. Generally, self-concept embodies the answer to "who am I?" Self-concept is distinguishable from self-awareness, which refers to the extent to which self-knowledge is defined, consistent and currently applicable to one's attitude and dispositions.

Definition of Self : A person's essential being that distinguishes them from others, especially considered as the object of introspection or reflexive action. "The self is an individual person as the object of its own reflective consciousness. Since the self is a reference by a subject to the same subject, this reference is necessarily subjective. The sense of having a self or self-hood-should, however, not be confused with subjectivity itself". [Wikipedia]

'Self is defined as the total being of a person awareness of the individual or qualities of the individual.'

4.4 Professional Self

The professional self is that part of the social worker that is guided and informed by the values, ethics and principles of the social work profession. It represents a way of conducting one self as a social worker. The professional self aims to be trust worthy, reliable, responsible and accountable.

What is professional use of self? The use of self means efficiently and rationally using the knowledge, skills and values of the social work profession to enhance the well-being of a client—whether individual, group, community or a society as a whole.

Definition of professional self : Professional identity is one's self as perceived in relation to a profession and to one's membership of it. Professional identity is created through one's beliefs and attitudes, values, motives and experiences through which individuals define themselves, in their current or anticipated professional life.

The use of self in social work practice is the combining of knowledge, values and skills gained in social work education with aspects of one's personal self, including personality traits, belief system, life experiences and cultural heritage. (Dewane, 2006)

Again the conscious use of self is the term. Used by social workers to describe the skill of purposefully and intentionally using "his her motivation and capacity to communicate and interact with others in ways that facilitate change". (Sheafor & Herijsi, 2003, P.69)

4.5 Life style and Philosophy of Life

People are different because of both heredity and environment. Such differences affect the manner in which life is lived and how life's problems are dealt with. Some people are practical and matter of fact; others are sympathetic and friendly; others are enthusiastic and insightful, still others are logical and well organized. Some people prefer to deal with technical facts and objects; others prefer to give practical help and services to people, some like to understand and communicate with people; others like to deal with technical and theoretical developments. Some people are physically strong with no disabling handicaps; others may have limited sight or physical stamina or other disabilities, people differ according to gender, socio-economic class, cultural group and religious beliefs. People differ in the way they learn and in their capacity for learning. They have different energy levels. All these factors effect life style. Life style is the number in which we function in meeting our human needs, in interaction with others and in our patterns of work, play and rest. His important not only to describe life style but also to be aware of why a particular life style is preferred.

A philosophy of life—which is related to life style in that life-style is affected by philosophy to life—is even more basic to self-understanding. One's philosophy of life includes beliefs about people and society and about human life, its purpose and how it should be lived. In identifying one's philosophy of life, some questions to be asked are: what are my beliefs about the nature of humanity? Is humanity innately good or evil? What should be the relationship between man and woman? What is the place of work, family and recreation in a person's life? When is dependence on another person acceptable? What responsibility does each person have for the well-being of his or her fellow human beings? What is the relationship of person's to a higher being to god? What is the relationship of persons to the natural world? One's philosophy of life affects all we are, feel, think and do. A philosophy of life is often strongly dependent on religious leaihings or beliefs to which a person has been exposed. The influence of these early beliefs can result in their rejection or in adherence or commitment to them. It is important that a philosophy of life be well thought out and reflect the person each of us is. One's philosophy of life changes with growth and experiences.

Moral Code and value system : A moral code and value system are closely related to one's philosophy of life. A moral code is a specification to that which is considered to be the right or wrong in terms of behaviour. One's value system includes what is considered desirable/preferred. The actions and things we consider valuable are also prioritized so that a system of values exists. A person's moral code and value system are affected by cultural heritage, family influences, group affiliations (including religions affiliations) and personal and educational experience. For some people, the moral code is prescribed and fixed regardless of the situation. For others the moral code is determined by a set of principles that guides moral and value decisions but that allows for some degree of flexibility; for still others, these decisions are dependent on the situation.

Florence Kluckholm and Fred Strodtback have discussed value orientations and identified several dimensions along which people develop a value system :

1. Human nature : Is it evil, neutral, mixture of good and evil or good.
2. Relationship of individual to nature; should it be subjugation to nature, harmony with nature or mastery over nature.
3. Time orientation : Is the emphasis placed on past, present or future?
4. Actively : Should activity focus on being, in becoming or doing?
5. Relationship : Should its nature be one of lineality, collaborative or individuality.

Identifying one's position on each of these five dimensions can give some indication of basic values—one's way of responding to needs and situations. For example : if a person sees people as basically evil, her response to behaviour she does not like may be to punish in order to exact "good" behaviour. Such a presupposition carries a belief that people's inclination is to be bad and punishment is needed to curb undesirable behaviour. On the other hand, seeing people as good carries a belief that people will try to do what is right, consider others and their needs and work for what is right. The stance that human nature is good seems more in keeping with social work values than the stance that human nature is bad.

Family and cultural Roots : As a person thinks about life-style, philosophy of life, moral code and value system, the importance of roots—cultural and family back

ground—should become clear individuals have different reactions to their roots. Some feel comfortable continuing the traditions and life style of past generations; others reject all or a part of that way of life. Many become confused and are uncertain about what should be continued and what should be rejected; others find a balance between using the part of their roots they find useful and making adoptions and changes necessary to function in their present life situation. One method of gaining understanding about one's cultural heritage is to spend time studying that heritage. This can be done through formal causes; by reading books about people who belong to that culture or about cultural heritage; and by talking with family members about family customs, life style and beliefs.

The genogram, a family tree that specifies significant information about each individual for at least three generation, is a useful tool for gaining understanding of one's family. From studying a genogram one can identify the effect of such things as death, size of family, birth position in family, naming patterns and major family behaviour patterns to name a few. This method of studying the family as a system can yield much previously unrecognized information and help person see not only the place she has filled in a family but also how she has been influenced by the family.

There are other ways of considering family influence that aid in the quest for self-knowledge. The study of the family from a sociological and psychological point of view provides insight into the family. Discussion with family member about important events in the life of the family are another useful method for gaining deeper understanding about the family and its way of functioning.

Life experiences : The study of family and cultural roots yields some understanding of experiences important in shaping the person. In addition to experiences with in the family, other experiences are important, including educational experience—The experience of learning, the knowledge learned and attitude towards learning. Other meaningful experiences include those with one's peers and those in one's community and neighbourhood and involve all kinds of people—those who are different because of age, race, ethnic background and mental or physical disabilities. Experiences in organized group situations and in religious activities and experiences related to illness, disability poverty or abundance of economic resources are also important.

Identification of life experiences that have significant personal impact is yet another way of developing self-knowledge. It is helpful to evaluate how each of these significant life experiences relates to other life experiences and how each affects ways of thinking, feeling and acting. Also to be considered is how an experience results from a particular set of previous life experiences.

Personal needs : Another area of knowledge is understanding one's needs and how they are dealt with. This includes personal needs as related to common human needs, that result from human diversity and needs that arise from relationships with social system.

In thinking about common human needs, the focus is on the need for food, clothing, shelter, care, safety, belongingness and opportunity for growth and learning. An understanding of personal need includes how needs are met and the adequacy of the need provision. It is also useful to consider personal development patterns in the area of physical development. An understanding of human development provides information about expected development at a specific age; it is important to consider the development expected in relation to preceding development. Also involved are biological needs, which encompass such issues as health and wellness, disease and disability, physical strength and limitation, changes in the body and its functioning due to ageing and the need for physical closeness.

Identification of the current development stage is necessary before consideration can be given to the needs of individuals. For example during the period of rapid physical growth and development in early adolescence a person has a need for additional food to support the growing body.

Eric Erikson and others have identified psychological need at various stages of human development. Identification of these needs give rise to developmental tasks that must be accomplished if psychological need during each stage is to be fulfilled.

Another dimension of human functioning from which common human needs arise is the spiritual dimension. Spiritual development has often been considered a part of religious development. Carlton Cornett defined spirituality as "the individual's understanding of and response to meaning in life; time and morality; expectations regarding what, if any thing, follows death; and belief or non-belief in a higher

power." It follows then, that spiritual development is the process a person goes through in developing as a spiritual being. Although social work has paid little attention to these area, it in one that is extremely important in understanding the formation of a value system and philosophy of life. It is particularly important to the self-knowledge a social worker needs to develop a professional value base.

A second area of personal need arises because of human diversity. Need because of diversity relates to how identification or affiliation with a particular group has affected the person. Diversity refers to differences related to age, class, gender, color, culture, disability, ethnicity, marital, family structure, race, national origin, religion, sex and sexual orientation.

A third area of personal need raised because of each person's interrelatedness with other persons—his or her membership in social system. Systems such as the family, peer groups, institutions of work and education, organizations, the neighbourhood and community, and cultural groups all place expectations and responsibilities on their members. People have a need to respond to these expectations and responsibilities. Individuals can accept expectations and responsibilities and can negotiate with the system to modify expectations and responsibilities.

Personal functioning : Self-knowledge includes identification and understanding of one's life style, philosophy of life, moral code, value system, roots, and personal needs. It also includes an understanding of how these factors affect day to day functioning. This involves identifying how one learns, how one shares self with others, how one responds to a variety of situation and how one's biases and prejudices play a role. Also important is how one feel about one self and this affect day to day functioning. Self knowledge includes understanding how one meets personal needs; how one deals with freedom and restrictions; how accepts change, both in on self and in one's environment; how one views one's responsibility towards the social system of which one is a part; and what one's role are in those system.

Fundamental to self-knowledge is a healthy self image or a sense of positive self-worth or self-esteem. When the worker is able to achieve positive esteem, self-knowledge in the area mentioned about become more accessible. Negative self-worth leads to defensiveness and a greater like. That both self-image and one's view of

others will be distorted. Positive self-worth is linked to the cardinal social work belief in the ingrate value and worth of all human beings. However, by making mistakes, we prove that we are human. Accepting one self as worth while in spite of one's flaws and mistakes allows one to view one self and others more genuinely.

4.6 Skills

Skill is the practice component that brings knowledge and values together and converts them to action and need. A sociological definition of skill is also useful in understanding the meaning of the term; a complex organization of behaviour (physical or verbal) developed through learning and directed towards a particular goal or centered on a particular activity.

The more recent literature seems to use the term skill rather than enterventive repolarize in discussing the action component of practice. Morales and see for state that "the skill of trial work requires both the appropriate selection of techniques for a particular situation and the ability to use techniques effectively." They discuss how this selection is based on a conscious use of knowledge and state that social work values filter this knowledge in determining appropriate skills for use in providing service. They believe that skill is needed both for the selection of appropriate techniques and for the ability to use techniques effectively. They define skill as the social worker's capacity to set in motion—"in a relationship with the client (individual, group, community)—guided psychosocial intervention process is of change based on social work values and knowledge in a specific situation relevant to the client. The change that beings to occur as the result of this skilled intervention is effected with the greatest degree of considerations for and use of the strengths and capacities of the client. This would seem to point to a consideration of how to enable the client to use these strengths and capacities not only in the helping situation but on other areas of human functioning.

Social work does not have one skill but a wide variety of skills useful for many different situations. It would seem appropriate to use the term skill for the action component of practice and to use the term skillful in discussing the component manner in which skills are used.

Several attempts have been made to identify the core, base or basic skills needed by all social worker. Betty Baer and Ronald Faderico have organized the skills component of practice into four areas; (i) information gathering and assessment, (ii) The development and use of the professional self, (iii) Practice activities with individuals, groups and communities and (iv) Evaluation they listed the needed skill cluster in each of these areas and translated these skills into ten competencies. Included in these competencies are skills in working with and on behalf of oppressed and disadvantaged population. This requires an appreciation for and valuing of diversity and an ability to see strengths in those who are different. Given the amount of prejudice in our society it takes a great deal of skills to over come the barriers among various groups. This includes skill at recognizing barriers with in our selves as well as those our clients may bring with them. It means being open and creative in building bridges and tolerating complexity rather than seeking simplicity. So social workers need to develop skills in self-awareness, empathy, and relationships, especially as these relate to race, culture, gender, age, sexual orientation and disabilities. Based in part on this formulation as well as numerous other statements about the nature of social work practice, other formulations have been developed.

Skillfulness develops over time as a result of practice in the use of various techniques and methodologies. The development of skillfulness involves not only the application of knowledge and the operationalization of values but also the use of the worker's individual attributes and the development of a personal style of work. A useful analogy in understanding the development of skillfulness (and thus competence and personal style) is the musician. Musicians develop their skills and competence only after long hours of practice. Practice that starts with learning such simple bases as fingering, note reading and time concepts over then progresses to more and more complex techniques and music. The musician's personal style develops in the interpretation of the music. Similarly, it is only the social worker learns to blend the cognitive and interactive skills that skillfulness develops.

4.7 Values

Knowledge and values are often confused. It is important to distinguish between these two important component, in social work practice. Knowledge in atleast

profitability probable; it is used to explain behaviour and to conceptualize practice. Values are not provable; they are that which is held to be desirable; they are used to identify what is preferred. This includes preferable assumptions about human behaviour and preferable ways of helping knowledge assumptions and value assumptions are used to different ways in the helping unclear or several definition of the term value are useful for developing an understanding of the term. Mariel Pumphney had defined values as follows. "Values are formulation of preferred behaviour helped by individuals or social groups. They imply a usual preference for certain means, ends, and conditions of life, often being accompanied by strong feeling."

A source from outside the field of social work is also useful in the search for understanding the terms value. The literature of value classification sees values as (1) guides to behaviour, (2) growing out of personal experiences, (3) modified as experiences accumulate and (4) evolving in nature. This literature provides additional understanding about the nature of values by noting that the conditions in which values operate often conflicting demands, that is, several, values are functioning in the same situation and each calls for conflicting modes of functioning or end states.

Milton Rokeach defines value as "an enduring belief that a specific mode or end state of existence is personally or socially preferable to an opposite or converse mode or end state of existence". He goes on to state that values, rather than standing alone, exist in systems that is individual values are organized in such a manner that they have a relative importance to other values. Values are being relatively enduring as belief upon which persons act by preference and as modes of conduct or end state of existence. Value beliefs are conception of what is desirable. There is an emotion or feeling aspect of it and thus lead to action.

Values originate in part from the society of which a person is a part. If individuals are thought of as evil it is difficult to believe that individuals have worth and dignity. Factors that influence the values individuals hold include. (1) Their cultural heritage, (2) Values held by individuals and groups with which they are associated, (3) personal experience and (4) the views they hold about human beings and the nature of the human situation.

Social workers have often ignored the importance of religious or spiritual values in the lives of people but religious beliefs and spiritual framework are important

sources for the development of beliefs. They strongly impact the value system of both individuals and culture groups

Value conflicts develop as individuals are exposed to the differing value systems upon which they are expected to act. The social value system contains values generally held by the dominant segment of society. Social work practice is based on a set of values that is often expressed in such principles as the worth and dignity of the individual, the right to self-determinations, and the right to confidentiality. Gordon expressed these values in the following manner. "He is good and desirable for man to fulfil his potential, to realize himself and to balance this with equal effort to help others fulfil their capacities and realize themselves." Aptekar has expressed these same ultimate values in a slightly different manner. Worth and dignity of a man as related to the well-being and integrity of the group.....progress and development of individual and society as related to the security of individual and the society". Armando Morales using Charles Levy's scheme for organizing values, have identified values held by the social work profession :

Preferred conception of People

1. Social workers believe in inherent worth and dignity.
2. Each person has an inherent capacity and drive towards change that can make life more fulfilling.
3. Each person has responsibility for himself and his fellow human beings including society.
4. People needs to belong.
5. There are human needs common to each person, yet each person is unique and different from others.

Code of ethics flow from values, they are values in action and as such they are preferred instrumentalities for dealing with people. Wermer Bochm has stated that values are behavioural expectation and preference in specific situations. Ethical codes specify what fought to be done in professional practice. Growth and change in the profession of social work as well as short comings in the old code made it desirable to develop this new code of ethics. 'The new code includes' issues such as use of electronic media and more specific guidelines for worker behaviour in relationships with client. It also ties ethical principles directly to social work values.

Valuing is a common human experience. It allows person to identify what they hold on high esteem—the objects, instruments, experiences, conditions, qualities and objectives that are worthy of human effort and interest. It is particularly important for the social worker to engage in the process of valuing. Each worker has developed an individual value system that at least in part is related to the society and cultured value system of which he is a part. The social work values are also similar to the social value system in same respect, but there are differences. Social workers must recognize these differences and develop ways of dealing with the tensions and conflicts that result from them. They must be aware of their own values so that unexamined values do not influence their practice.

4.8 Accountability

In recent years, more emphasis has been placed on accountability in the social welfare field. In its simplest form, accountability is a responsibility. However, the complexity of accountability begins to become apparent when one asks the question. Accountability to whom? The social worker is responsible to the client for upholding his part of any agreements for contacts and for providing the service agreed on. The social worker is also responsible to the profession for upholding social work values and the NASW code of ethics in delivering services. The social worker is responsible to the agency that employs the worker for delivering the service within guidelines, programmes and policies developed by the agency.

Concept of Accountability : Accountability is an assurance that an individual or an organisation will be evaluated on their performance or behaviour related to something for which they are responsible—corporate accountability involves being answerable to all an organisations stake holders for all actions and results. Accountability is the means by which individuals and organisations report to a recognized authority or authorities and are held responsible for their actions. Accountability, in terms of ethics and governance, is equated with answerability, blame worthiness, liability and the expectation of account-giving. As an aspect of governance, it has control to discussion related to problems in the public sector, non-profit and private and individual context. Accountability is when an individual or

department experiences consequences for their performance or actions. Accountability is essential for an organisation or society. Without it, is difficult to get people to assume ownership of their own actions because they believe they will not face any consequences.

Accountability definition : It is "The quality or state of being accountable, especially an obligation or willingness to accept responsibility or the account for one's action". Accountability is accepting responsibility and it can be personal or very public. A government has accountability for decisions and laws affecting. Accountability is an assurance that an individual or an organisation will be evaluated on their performance or behaviour related to something for which they assigned too. The objective of accountability is being accountable helps every one involved to learn from your current activities and work more effectively in the future. This is a very important aspect of accountability to beneficiaries, managers, trustees and donors. It is the engine that helps people improve how they work. Another objective of accountability programme (OAP) is a multi-phased process that creates a sustainable productivity culture in support of short and long term strategic in a plan period. Accountability eliminates the time and effort you spend on distracting activities and other unproductive behaviour. When you make people accountable for their action you're effectively teaching them to value their work. When does right, accountability can increase your team members skills and confidence.

Accountability is good for business in other ways as well. When leaders can own up to the mistakes they make, they can more easily find a way to fix the problem and move forward. On the other hand, a leader who is in denial, a mistake likely would not be able to work though it as quickly. Effective accountability requires not only clearly defining it, but also performing the following orienting, emoting, engaging and communicating. Accountability across a team or organisation is impossible if people are not oriented properly on what they are to focus their attention and efforts on action. Accountability was self driven skill one that made you feel good, accomplished and without boundaries. People learn to trust themselves and they trust their own process of acquiring informations, learning to apply that information to their job and owning the result of their work. Responsibility—being accountable not

only means responsible for something but also ultimately being answerable for action. Also accountability is something what hold a person to only after a task is done or not done. Accountability enables people to use their effort and time more constructively rather than focusing on unproductive actions. Accounting empowers people to be in control of their action in their personal and business life. People can create their own opportunities rather than availing any thing it is also empowers employees to not only recognize the critical gaps between current and derived results and take ownership for closing the same. It is important to establish a great level of trust at the work place.

Records : One important area of accountability regards maintaining records and the use of information about the client, social work has always placed considerable emphasis or recording. Process recording—a narrative report of all that happened during a client contact, including the worker's feelings and thinking about what has happened—is a form that at one time received great emphasis and was frequently used in the educational and supervisory processes. In recent years it has not been used as often in part probably because it is extremely lime consuming. Also, the intensive individual supervision of workers, which was once considered essential to social work and which made extensive use of recording important, is no longer considered desirable in many settings. Process recording, however is still a technique that has value for students as they and their field supervisors evaluate their work. Therefore, recording is important for Accountability.

4.9 Communication

Our very social existence is dependent upon the skill of communication. One communicates in order to learn the socially approved ways of acting, to know what others think of him, what behaviour please or displeases those around him, and to exchange information and ideas with then. One relates, influences and develops mutual confidence only through various skills of communication.

Definition and Principle of Communication : Communication is giving or receiving a message from to another individual with the conscious intent of eliciting and evoking a response and checking out its meaning. Communication refers to all behaviour both verbal and non-verbal, which occurs in a social context. Another

word for communication could be "interaction". Fabun (1960) puts it very simply, "The interactions between the happening" that is you and the 'happenings' that are not you, are the raw, basic stuff we try to communicate about."

Communication therefore, can be through words, the way we stand, the tone of our voice, the way we look another i.e., any behaviour that we use to express what we are experiencing. There is a message in communication, it may be expressed verbally, non-verbally or through posture or body language. Basic elements involved in the process of communication by message can be discerned as given below :-

1. The intentions, ideas, feelings of the sender, and the behaviour he selects to engage in, all of which lead to his sending a message which conveys some content.
2. The sender encoding his message by translating his ideas, feelings and intentions into a message appropriate for transmission.
3. The transmission of the message to the receiver.
4. The channel through which the message is transmitted.
5. The receiver decoding the message by taking the stimuli received and interpreting its meaning.
6. The receiver responding internally or externally to the interpretation of the message.

There is always some amount of noise in these steps. All our communications pass through these processes though we are usually not aware of it. The principles discussed below speak about the nature of communication which if assimilated will facilitate our communication and sender it effectively.

1. **Communication is an interaction situation wherein the participant are affected by each one's behaviour :** Every message is simultaneously a stimulus to new behaviour and a response to prior behaviour of the receiver. No message should be isolated for what has occurred before between the communicants if we really want to understand the message.
2. **One does communicate :** We do communicate even when we are ignoring the message of another or maintaining complete silence. An easy way to

understand this would be to think what you would do with some one. You did not want to interact with passed a smile to you. Even by ignoring him, you will still be communicating.

3. **The message received is not necessarily assessment :** We usually retake to others as if there was only one reality the way we perceive the world. We all leaves as separate individuals with different experiences and different views of reality. How we interpret verbal or non-verbal messages may be quite different from the meaning intended by the speaker.
4. **Communication occurs simultaneously at more than one level :** We communicate on the level of the literal constant of the information being conveyed as well as on the relationship level. In other wards, we do not convey information to the receiver verbally only. We are telling the other person how we see our relationship with him, how we see for selves and how he should interpret our message.

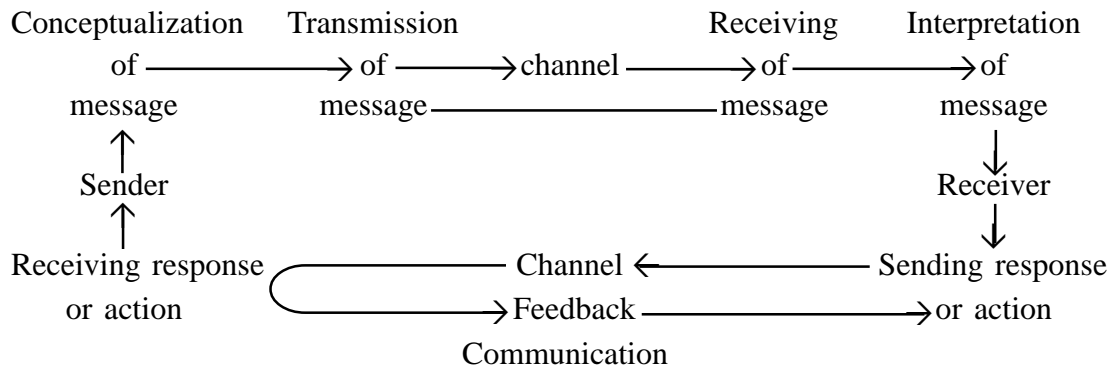
The effective communication is an impotant ingredient of the functioning action system. It is impotant for all social workers to develop good communication skills. Communication is the sending and gathering and receiving masseges between two persons. Effective communication occurs when the persons involved in a situation accurately perceive the messages of the other person and in which the messages are send in a way that allows the receiver to take action or respond to the sender in ways that facilitate. The purposes of communication in the social work interection include :-

1. Gathering information need for the helping endeavor including strengths and resources.
2. Exploring ideas, feeling and possible ways to meet need based on the strengths and resources with in the client and the eco system.
3. Expressing thoughts.
4. Structuring the work of the action system.
5. Providing support, informing, advising, encouraging and giving necessary direction.

Communication is a process. The sender conceptualizes the message and through a transmitter (voice or visual production) sends the message through a channel (sensory and modern technological means) to a receiver that interprets the message cognitively and effectively. This results in response, another message and or/an action. The response may result on feedback, a means for the sender to evaluate the effectiveness of the message. One other factor of the process is interference or noise interference consist of those influences from outside the process that affect the message while it is in the channel and cause distortion of the message as it reaches the receiver.

Each part of the process has a particular function and special problems that can interfere with the effectiveness of the communication. The sender must conceptualize the message in a way that is understandable to the receiver. This requires understanding how the receiver deals with and interprets ideas and information: The transmission of the message takes place not only through verbalization but also through non-verbal means. Non-verbal communication takes place through vocal tone and behaviours, such or gestures, facial expression etc. The motivation, needs feelings and attitudes of the sender influence the manner in which the message is transmitted. The message has content, the specific words used—and it has meaning—how the content is treated: The choice of words, the order of ideas and words, the use of human and silence all contribute to the quality of the message.

Special attention needs to be paid to cultural and personal differences in the meaning of words. Different culture can have different attitudes, values and beliefs that influence how words are interpreted. Beyond the cultural aspect, each of us has unique and individual life experiences. For example, take the word 'mothers'. For some one who has had a warm, loving relationship with his mother, the word will evoke positive feelings. However if a person had experienced the death of his mother at an early age, the word 'mother' will probably be associated with grief and loss. Even siblings can have different ideas of their mother based on their individual perceptions.



As the message travel through the channel, the possibility of distortion is great. The recognition of distortion and noise is a recognition of the transitional nature of communication.

The manner in which the message is received also influences the effectiveness of the message. The receiver may perceive or interpret the message in a manner different than the intention of the sender. The receiver may not comprehend the meaning of the message as intended or may receive only part of the message. Feedback is the means ascertaining if the message received and the message intended by the sender are sufficiently similar to make the communication effective. Feedback is sending a message about a received message to the sender of that message.

Effective communication is communication in which the out come is the accomplishment of the purpose intended by the sender. Message that have the best chance of being effective are those in which.

1. The verbal and non verbal messages are congruent.
2. The message is simple, specific and intelligible.
3. The receiver can understand what is meant by the sender.
4. There is sufficient repetition for the receiver to sense the importance of this message from among other messages being received simultaneously.
5. There has been sufficient reduction of both psychological and actual noise.
6. Feedback has been solicited from the receiver and sufficient time taken to ensure that the original message was received.

Effectiveness in communication is affected by the credibility and honesty of the sender of the message. The receiver who has reason to trust the competence and reliability of the sender will tend to be receptive to the message and its expectations. Effective communicators tune into and are sensitive to the feelings and situation of those they are communicating with. They are assertive without being overly aggressive or confrontational.

Often the one to one communication is not with the client but with other professionals with significant others in the client's environment or with people who may in some way be involved in a situation that one blocking client needs fulfillment. These relationships are particularly important when the focus is on organizational or community change. When social workers find themselves in situations where the view point of the other may be different from their own, clear communication is imperative. Sometimes the differences can be resolved through clarification of messages, other times a clear understanding of the differences allows work to progress.

Brett Seabury has identified several problems that confront social workers in their communication with clients and significant others.

1. Double messages—Two contradictory messages are received simultaneously or in close succession.
2. Ambiguous messages—These messages have little meaning or several possible meanings for the receiver.
3. Referent confusion—The words have different meanings to each person, or they may be professional jargon not understood by the other person involved in the communication.
4. Selective attention and interpretation—This causes distortion of the message or confusion as to meaning.
5. Overload—This is the receiving of more messages than a receiver can interpret and respond to at any one time.
6. Ritual or order incongruence—This is the failure of the message sequence to follow expected or habitual behavioural patterns.
7. Regulator incompatibility—The use of eye contact and pattern of speaking and listening that regulate the communication of one party in the

interchange are not known to, used by or are unacceptable to another partly in the interchange.

Other barriers to effective communication are inattentiveness assuming the understanding of meanings and using the communication for purposes different than those of others in the interchange (having hidden agendas). Cross-cultural communication is particularly problematic because the structure of messages differs from culture to culture. Even if the same language used, words are used differently or have different meanings. Each culture has its own idioms and expression and the syntax (form) of the language may be different. The differences make it difficult to listen to the messages and make it likelihood of misunderstanding great. The social worker must overcome the barriers of effective communication if the action system is to function to reach its goals. In social work communication is dialogue. The worker and client openly talk together and seek mutual understanding.

This is the essence of communication in its most effective form. This kind of communication adds vitality to, nourishes and sustain the process of working together, the interaction.

4.10 Relationship

Lives can not be lived without relationship to other people. All institutions are built around relationship. Institutions minus relationship have no existence help or troubles emanate from our relationship with the fellow human beings whether one is troubled or helped by some one, relationship does exist between them. Thus relationship in an emotional bond between people who interact with each other. It can be said to be a 'transmission belt' of communication, a set of responses and attitude between the interacting units. According to northern (1969), relationship consist "primarily of emotional responses which ebb and flow from person to person as human behaviour evoke different affective reactions." According to Perlman (1951), "His a condition in which two persons with some common interest between them, long term or temporary, interact with feelings." Relationship leaps from one person to the other at the moment when some kind of emotion mores between them. Coyle (1948) considers relationship as" a desirable process by which people are connected to each other and around which the group takes its shape and from" while Biestek

(1957) considers it as "the dynamic interactions of attitudes and emotion." Thus relationship is a natural phenomenon occurring between person interacting with each other singly or in groups. Relationship can be then shaped, manipulated or developed as we intend it to be.

The social work relationship is both professional and a helping relationship. A professional relationship is the one in which there is an agreed on purpose, one that has a specific time; one in which the worker devotes self to the interests of the client; and one that carries the authority of specialized knowledge, a professional code of ethics and specialized skill. In addition a professional relationship is controlled in that the worker attempts to maintain objectivity towards the work at hand and to be aware and incharge of her own feelings, reactions, and impulses.

The helping Relationship : A great deal has been written about the nature of helping relationship. The characteristics that appear are as follows.

1. **Concern for other**— An attitude that reflects warmth sincere liking friendliness, support and an interest in the client. It communicates a real desire to understand person in situation.
2. **Commitment and Obligation**— A sense of responsibility for the helping situation. Dependability and consistency are also involved. The worker must have a willingness to enter into the world of others, with its hurts and joys, its frustration and commitments.
3. **Acceptance**—A non judgemental, noncritical attitude on the part of the worker, as well as a realistic trust of the client and respect for the clients feelings. Belief that the client can handle her own problems and can take charge of her own life.
4. **Empathy**—An ability to communicate to the client that the worker cares, has concern for the client's is hearing what the client is perceiving, wants to understand and is hearing and understanding.
5. **Clear Communication**—The capacity to communicate to the client in ways that enable the client to fully understand the message being sent.
6. **Genuineness**—The worker is honest about self and his own feelings. An ability to separate the experiences and the feelings of the worker from

those of the client. Genuineness on the part of the worker allows the client to become what he wants to be.

7. **Authority and Power**—The expectation that the client will work to fulfil needs and responsibilities and will want to resolve the situation. This involves encouraging the client to go beyond the present level of functioning and providing guidance and resources so that the goals can be reached. It involves insistence that the client do what she can for herself. The worker's knowledge and skills are a base for authority and power.
8. **Purpose**—The helping relationship has a purpose known to and occupied by, both worker and client. According to Bewah Compton, this is the most important characteristics.

There is some disagreement about the place of advice giving in helping. Advice is tangible evidence of help. If advice is given, it should be done selectively and as a result of mutual problem solving by worker and client. It should be presented in a non demanding manner as some thing that might be tried, leaving the final decision for its use to the client.

Another characteristics of the helping situation is the help that can be given by the client to the worker. The client helps the worker understand the situation or culture or diversity. This is help and should be recognized as such. An interdependent relationship encourages growth rather than dependency and is more helpful to the client.

4.11 Summary

We learnt about the key concept of social case work which are required to work efficiently. These ideas will help us to know about the needs & problems of the client, & thus develop skills to carryout our professional activities with lots of responsibility & accountability.

4.12 Exercises

1. Why knowledge of self is important to a case worker?
2. What do you mean by the term 'self'.

3. What is the meaning of professional self ?
4. What areas of Self-knowledge should you examine in order to develop greater helping capacity?
5. What is the difference between a philosophy of life and value system?
6. What are the 5 dimensions which people develop in value system?
7. What do you mean by the term "Skill"?
8. What is the useful manner in which you develop skills in your daily living? How can you use this method in learning social work skills?
9. What values do you hold about people and their relationship to each other?
10. How will your values affect the manner in which you work with clients and others in social work situation?
11. How do you deal with situation in which your values and societal values are different?
12. Define accountability. How do you consider that accountability is important in social work practice?
13. Define communication. Discuss the purpose of communication.
14. Do you consider communication plays an important role in the lives of human beings? How?
15. Do you consider relationship is the key note of all types of work? Discuss.
16. Discuss the characteristics of relationship.

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Unit 5 □ Case Work Process

Structure

- 5.0 Objective**
- 5.1 Introduction**
- 5.2 System Theory**
- 5.3 Role Theory**
- 5.4 Intake**
- 5.5 Study**
- 5.6 Diagnosis**
- 5.7 Treatment**
- 5.8 Crisis Intervention**
- 5.9 Assessment**
- 5.10 Problem Solving Process in Case Work**
- 5.11 Termination**
- 5.12 Evaluation**
- 5.13 Summary**
- 5.14 Exercises**
- 5.15 References**

5.0 Objective

The objective of this unit is to impart knowledge about the casework process entailing its all components. The learners would get an idea about the various theoretical aspects which will help them to understand social conditions in which a social worker has to work.

5.1 Introduction

Social case work, a primary method of social work, is concerned with the adjustment and development of the individual towards more satisfying human

relations. Better family life, improved schools, better housing, more hospitals and medical care facilities, protected economic conditions and better relations between religious groups help the individual in his adjustment and development. But his adjustment and development depend on the use of these resources by him. Sometimes due to certain factors, internal or external, he fails to avail existing facilities. In such situations, social case worker helps him. Thus, in social case work one to one relationship works in helping the individual for his adjustment and development. To do case work, one has to understand the case work process, its tools and techniques along with the skills and attitudes of a case worker. This particular unit will reflect the same.

Before embark upon the case work process, it would not be irrelevant to gloss over very briefly the **system and role theory** which are the crux of social work practice vis-à-vis social case work practice.

5.2 System Theory

System theory first came to the full attention of the scientific community in the 1960s. It is not in itself a body of knowledge, rather it is content-free and is highly abstract set of assumptions or rules that can be applied to many fields of study to understand systematic change. Bertalanffy was the founding father of system theory, offered the following definition of a system as follows : *A system is defined as a complex of components in mutual interaction. Concepts and principles of system theory are not limited to material systems, but can be applied to any (whole) consisting of interacting (components).*

Every system has a unique, discernible *structure*. Structure refers to the pattern of stable relationships among the members in the system and is based on the functions that each person carries out. Every system has a *sub-system* (a component of a system that is a system of its own). A sub-system may be thought of as an entity that is simultaneously a part and a whole. It contributes to the understanding that system members operate or behave at more than one systems level. Subsystems are commonly formed in families by generation, by sex, by interest, and by function.

Role is the sum total of the cultural patterns associated with a particular status. All the systems have two interrelated systems of roles—the *instrumental*, dealing

with socio-economic tasks, and the *expressive*, dealing with emotions. Members of a system play both the roles at different times in their life. The establishment of a *hierarchy*, or the ranking, power, and control of the various members of a system, is another property of a system.

Energy is also another important property of a system, which deals with system's capacity to act, to maintain itself, and to effect change.

All the systems have the attributes of *morphostatic* and *morphogenic* dimensions. Morphostatic refers to the disinclination towards accepting changes in the system, which is taking place in the environment. On the contrary morphogenic implies that systems are always open to change. These can also be termed as *open* and close system.

Every system must maintain balance between change and maintenance. *Homeostasis*, the most commonly used term to describe a system's ability to achieve balance, is the inclination of a system to restore its balance when threatened. *Equilibrium* is a system's ability to maintain balance without input from the environment. *Steady state*, the most desirable term used when speaking about a system's balance, occurs when a whole system is in balance and is maintaining a viable relationship with its environment. *Entropy*, on the other hand, is the tendency of a system to run down or become disordered or disorganized. *Adaptability* of a system refers to the attainment of a dynamic steady state and demonstrates an innate capacity for growth and development. Adaptive system must manifest some degree of *plasticity* and *irritability* vis-à-vis its environment, to maintain an interchange, have a source of variety or a pool of potential response to meet the changing environment.

Isomorphism also signifies another property of a system which speaks about when two systems resemble each other. It can be best exemplified when two families have same value system and cultural background.

Some **basic assumptions** of system theory, which are very crucial for case worker to conceptualize are:

1. A social system comprises interrelated members who constitute a unit, or a whole.
2. A change in any one member of the social system affects the nature of the social system as a whole.

3. A social system is adaptive or globally oriented and purposive.
4. There is a high degree of interdependence and internal organization among members of a social system.
5. A system's environment is that which is defined as outside the system's boundaries.
6. All systems are subsystems of other (larger) systems.
7. Transactions or movements across a social system boundaries influence the social systems' functional capacity and internal make up.
8. There is interdependency and mutual interaction between and among social systems.
9. The organizational 'limits' of a social system are defined by its established or arbitrarily defined boundaries and identified membership.
10. Boundaries give the social system its identity and focus as a system, distinguishing it from other social systems with which it may interact.
11. Change within or from without the social system that moves the system to an imbalance in structure will result in an attempt by the system to re-establish that balance.
12. The life of a social system is more than just the sum of its participants' activities. Rather, a social system can be studied as a network of unique, interlocking relationships with discernible structural and communication pattern.

It is always perceived that every case worker while interacting with people has to come with close contact distinctly with six systems :

- **Client system**
- **Target system**
- **Action system**
- **Agency system**
- **Professional system**
- **Problem-identification system**

People may be considered to be a part of a *client system* when **(a)** they have either asked for or sanctioned the worker's services; **(b)** they are expected to benefit

from those services; (c) they have entered into an explicit or implicit contract with the worker. The change agents 'need to change or influence in order to accomplish their goals' is the *target system*. The target system and the client system often overlap when it is the client, or the client's part in an intersystem transaction, which needs to be changed. The term *action system* is used to describe those with whom the social worker interacts in a cooperative way to accomplish the purpose of the change effort. There are an endless number of different action system in which the worker may be engaged. Social workers may be viewed as *agency system* or *change agents* who are specifically employed for the purpose of planning and working with the six systems toward the planned change. The agency or organization that employs them or of which they are a part can be thought of as the change agent system. *Professional system* is made up of the professional associations of social workers, the educational system by which workers are prepared. The values and the culture of the professional system strongly influence both the required and the permitted actions of the worker as change agent. The *problem-identification system* is the system that acts to bring a potential client to the attention of the worker. At the initiation of its contact with the worker, or the change agent system, it might be considered the client system.

5.3 Role Theory

The structure of a social system may be described as a network of roles. The term *role* refers to the socially expected behavior prescribed for a person occupying a particular social status or position in a social system. Social norms for the position provide guides for the attitudes, feelings, and behavior that are permitted, expected, or prohibited for the individual filling that role. These norms will differ from culture to culture. In other words, the cultural environment in which the system finds itself will set different norms and expectations for role occupants. For example, all cultures have prescribed specific role behavior for a woman filling the role and status of mother within the family system. However, these prescribed attitudes and behavior may differ significantly depending upon the cultural environment of the particular family system.

Three related concepts relating to role are the notions of **role set**, **role complementarily**, and **role conflict**.

When a role is either **ascribed** or **achieved** it is often found that certain aspects of the self are developed and brought out and certain aspects are neglected and often very consciously repressed. However, the more rigid and circumscribed the notion or role behavior, and the more certain characteristics of the person are tied to role position, the more stress individuals may feel in being placed in, or even in self-selecting that role.

Role incongruity, another construct in role theory, has been defined as a situation in which one's own perception of one's role is defined from the expectations of significant others in the system or the environment. The example of role incongruity is often found in the differing expectations for the behavior of the client system held by social worker and the client system, or conversely, the difference between the client's notion of the role of the worker and that held by the worker.

To summarize, the **following concepts** from role theory are important to case workers who are intimately working with individual having various sets of problems.

- Certain behaviours are prescribed relative to our position within that system.
- Every role involves both our own expectations and abilities and one or more others.
- Social functioning may be seen as the sum of the roles performed by a human system.
- There are emotionally charged value judgments on how people carry out their roles both on the part of the person occupying the role position and others.
- The notion of the role expectation implies that there are certain social norms that set the outside limits for congruent, non conflicted interactions, and transaction between positions within the system and between systems.
- The concept of role, role functioning, role expectations, and role transactions may be used to increase the knowledge base used for the assessment of the problem situation. Role failure and/or role conflict will tend to follow such as,
 - The loss or absence of resources necessary to a system's ability to perform a role well.
 - When systems are thrust into new roles without knowing the role expectations.

- When there is a conflict in role expectation on the part of interacting system.
- When there is a conflict of role expectations within the cluster of roles carried by one system.
- When there is ambiguity on the part of other systems as to role expectations.
- When the individual as a system or as a member of a social system, is deficient or handicapped in physical, intellectual, or social capacities demanded by the role.
- When crisis situations suddenly and without warning disrupt previous role patterns.

5.4 Intake

Intake is an administrative procedure, and not a process of social casework but it is very crucial and backbone of social case work process, to take in the person with problem, i.e. admit him or enroll him as a client of the agency. This starts with first encounter and ends with usually the second interview with the intake worker (*sometime case worker is called intake worker*). This phase requires a very skillful probing into the client's problem, mopping up all the relevant areas of the person-in-his-situation.

During one or two skillfully conducted interviews with the would-be client, the caseworker is able to assess;

- (1) What are the needs/problems of applicant person, and
- (2) How and where his needs can be best met.

This obviously requires that the intake worker finds out the nature of need, if it can be met in the present set-up of agency's p[policies, procedures, services and personnel, and what sort of competence and provisions will be helpful and is required to tackle his problem.

How does the worker view the person and his problems diagnostically is also important to be mentioned. If his agency cannot serve the client's needs, which agency and which type of service are required to tackle his problems, and the need for referral are also decided at this stage by the intake worker.

Areas for probing for intake

- Appropriateness and intensity of feelings.
- Nature of defense mechanisms he frequently uses.
- The nature of request and its relation to his problem, and the cause of his problem, as the client sees.
- The stage of the problem at which the person, through whom, and the reasons because of which, comes to the agency.
- His personal and social resources including material and financial position.
- The state of his physical and mental health.
- Whether the request relates directly to his needs/problems
- His adjustment to his social functions in job, family, etc.
- Nature of family, its status, values, relationship pattern within the family etc.
- Reactions to the worker and seeking help from the agency and sex of caseworker who will be suitable to help the person.

5.5 Study

According to Richmond, the caseworker must secure all and every fact that taken together, through logical and inferential reasoning, would reveal the client's personality and his situation for appropriate intervention. An exhaustive collection of facts about the client and his situation is called study—the first step (process) in the continuum. Psycho-social study is an ongoing process which begins with the first knowledge of the case, takes place in every interview, and extends over the entire contact. It may be defined as that part of the casework process which brings together the facts about a case and is distinctly different from the assessment of the meaning of the facts. The study involves exploration, observation and documentation of both objective and subjective facts from a variety of sources.

In casework, the primary source of information is the client. One must learn when to go beyond personal report and seek data from collaterals, experts, significant others. Documents (records), psychological tests, and so forth. One must be careful to carry out this search acting in full respect for the client, maintaining confidentiality, and without violating the right of the client to participate in, so far as it is possible.

Mutual engagement in the process is essential. It provides the caseworker with the client's own view of the problem. It gives the client an opportunity to clarify the problem in its various aspects, permits him to air his feeling about his situation, and gives him a satisfaction that genuine efforts are being made to help him.

While fact-gathering proceeds until the case is closed, there is usually an emphasis on study at the time a case is opened. The extent and the breadth of the study depends on the situation presented by the client, the purpose and goals in seeking help, the situation as perceived by the worker, the range of treatment modes available, treatment potential and motivation for treatment, and on the agency structure and function. One needs to learn to determine the kind of study to be carried out in relation to these factors.

5.6 Diagnosis

Perlman (1957) has described three types of diagnosis that is carried on in social case work process. These are:

1. **Dynamic diagnosis**
2. **Clinical diagnosis**
3. **Etiological diagnosis**

Dynamic diagnosis

It gives an understanding of the current problem of the client and the forces currently operating within the client, within social environment and between him/his environment. It gives the answers of the questions—what is trouble?, what psychological, physical and social factors are contributing to it?, what solution is sought? What are the means available within the client, his environment? What are organized services and resources by which the problem may be affected?. The nature of such diagnosis is changeable because it is the beginning phase of social case work practice.

Clinical diagnosis

Under clinical diagnosis, the case worker attempts to classify the client by the nature of his sickness/problem. He identifies certain forms and qualities of client's personality maladaptation and malfunctioning in his behavior. The clinical diagnosis describes both the nature of the problem and its relation to the client and the helping

means and goals. Such type of diagnosis is useful only when it becomes apparent that a disorder of personality accompanies the social disorder, creating and complicating it.

Etiological diagnosis

It is concerned with the explanation of the beginning and life-history of problem of the client, basically that problem lies in the client's personality make up or functioning. The history of his development as a problem encountering, problem-solving human being may provide the case worker with an understanding of what his client suffers from and what the extent of his coping ability is likely to be (Perlman, 1957). Etiological diagnosis is more useful in explaining or rigid reactions. When in spite of the fact that the client's present problems are in the centre of attention, the client's responses are not in accordance with, the past history and its appraisal in the light of client's current capacities, goals and problems are used for the treatment. This type of diagnosis contributes to understanding the nature of the problem to be dealt with, the person who has the problem, and the ways and means that can be anticipated as helpful.

Methods of data collection for diagnosis

The data for diagnosis can be collected by at least **three** primary means :

Interviews—Interview guides are used for collecting information. There are a number of guides prepared by psychologists having the categories of information: client's behavior during the interview and physical description; presenting problems, nature of problems, historical setting, events etc.

Checklists and Inventories—The following inventories may be used: The Fear Survey Schedule , questionnaire on client's perception of himself , family functioning and marital functioning, sexual functioning and instruments for assessing environments.

Direct observation—Observation in those situation in which the behavior actually occurs, e.g., home or place of work makes the work of diagnosing very easy.

Steps in diagnosis

The following steps are taken while diagnosing a problem :

- The worker begins to focus on problematic behavior. He begins with the survey of both functional and dysfunctional behavior in the environment. He

classifies the various complaints and problems in terms of excesses and deficits. He evaluates client's personal strength as well as of his environment.

- He specifies the target behavior. This involves an attempt of breaking down complex behavior into their component parts, being as clear and precise as possible about them.
- Baseline data are collected to specify those events that appear to be currently controlling the problematic behavior.
- The collected information is summarized in an attempt to anticipate and major problem in treatment and as a way of beginning to establish objectives for treatment.
- Selecting priorities for treatment is the final step of the diagnosis. Concentration on one problem at one time makes treatment process more manageable and allows both client and worker to channel their energies into one area. It is the best of handling and proper use of available resources.

5.7 Treatment

Social case work consists of those processes which develop personality through adjustments consciously affected between men and their social environment. Generally, two types of efforts are required for social adjustment-environmental modification and/or change in behaviour and attitudes. Early case work treatment was placed on modification through the environment. Later on the development of ego psychology helped case workers to use intensive and direct treatment techniques. Now the aim of social case work treatment is to restore the individual to social functioning or to help him develop the capacity in order that he may achieve at one and at the same time his own and society's betterment.

According to Hamilton, treatment is the sum total of all activities and services towards helping an individual with a problem. The focus is the relieving of the immediate problem and, if feasible, modify any basic **objectives** difficulties which precipitated it.

The social case work treatment are as follows :

- To prevent social breakdown;
- To conserve client's strength;

- To restore social functioning;
- To provide happy experiences to the client;
- To create opportunities for growth and development;
- To compensate psychological damage;
- To increase capacity for self-direction;
- To increase his social contribution;

Thus the objectives are to alleviate the client's distress and decrease the malfunctioning in the person-situation system. It is to enhance the client's comfort, satisfaction, and self-realization. This may require enhancing the adaptive skills of his ego and the functioning of the person-situation system (1973).

Principles of treatment

The main objective of the treatment is of alleviating the client's distress and decreasing the malfunctioning in the person-situation system. The above objective is achieved by enhancing the adaptive skills of his ego and functioning of the person-situation system. It is based on certain principles.

- Change in the client is brought largely through a correctional emotional experience in the relationship and through stimulating growth experiences in the social reality.
- The success of the treatment programme is based on the utilization of the relationship purposefully.
- Nature and extent of both the social and psychological factors differ in each situation, treatment goals and techniques are planned after the careful study of the particular needs of the client.
- The focus of discussion in the interview is centered on the problem and ways of resolving it. Attention is paid to know the obstacles (both situational and behavioural) that stand in the way of solution.
- Social therapy and psycho-therapy are the two broad classification of social case work treatment.

Treatment process

Social case work **treatment process** begins with the initial contact with the client. The process of treatment passes through many phases:

- Initial phase
- Motivation and role induction.
- Primary contract.
- Diagnosis and assessment.
- Establishing treatment goals.
- Developing treatment plan.
- Preparation for actual treatment.
- Treatment in practice.
- Monitoring and evaluating the effects of treatment.
- Planning of follow-up termination of therapeutic relationship.

5.8 Crisis Intervention

Crisis

Caplan has provided various definitions of crisis. He considers that a crisis is provoked when a person faces a problem for which he appears not to have an immediate solution and that is for a time insurmountable through the utilization of usual methods of problem solving. A period of upset and tension follows during which the person makes many attempts at the solution of the problem. Eventually, some kind of adaptation and equilibrium is achieved which may leave the person in a better or worse condition than prior to the crisis. Caplan suggests that the essential factor determining the occurrence of a crisis is an imbalance between the perceived difficulty and importance of the threatening situation and the resources immediately available to deal with it; the crisis refers to the person's emotional reaction not to the threatening situation itself. Caplan's crisis theory is grounded in the concept of homeostasis. According to him, the organism constantly endeavours to maintain a homeostatic balance with the outside environment. When this balance is disturbed either by physiological or psychological forces, the individual engages in problem solving activities designed to restore this homeostatic balance. A crisis is considered an upset of a steady or homeostatic state.

Parad has also adopted Caplan's definition of crisis, but stresses the importance of the individual's perception of what constitutes a crisis. According to him, the crisis is characterized by the following phenomena :

- Specific and identifiable stressful event.
- Perception of that event as meaningful and threatening.
- The response to the event and
- Coping tasks involved in successful adaptation.

The event precipitating the crisis must be perceived by the person as a stressful situation before it becomes a crisis.

Sifneos has identified **4** components of a crisis which are :

1. The hazardous event that starts the chain of reactions which leads to the crisis. Sometimes it is a sudden unexpected event, while other times it can be a developmental change.
2. A vulnerable state of the individual which is essential for the crisis to develop.
3. The precipitating factor that is the final event or circumstance that makes the hazardous event unbearable and results in the crisis.
4. The state of active crisis.

Baldwin had talked about **six** types of crisis :

- Dispositional crises produced by problematic situations that can be remediated through an appropriate management such as making a referral, providing information and/or education, making administrative change, etc.
- Crisis of anticipated life transitions that reflect normal life transitions over which the person may have little control.
- Psychiatric emergencies, in which general functioning is severely impaired.
- Crisis reflecting psychopathology, in which pre-existing or current psychopathology complicates their resolution.
- Crisis resulting from traumatic stress, which are precipitated by external stressors or situations that are unexpected, uncontrolled and emotionally overwhelming.
- Maturational/developmental crises, that results from attempts to deal with interpersonal situations that reflect internal unresolved problems.

Lindemann, Caplan and other theorists have provided a firm theoretical basis for what has come to be known as **crisis intervention**.

Butcher, Stelmachers and Maudal have discussed the historical origins of crisis intervention. The high incidence of traumatic neuroses in World War II created a great need for expanded psychological services: as a result of it, new treatment approaches were developed to meet the needs of the soldiers who experienced stress related neuroses. The treatment was given to them in the Unit as soon as possible after the breakdown and its aim was mainly to relieve the symptoms.

Ewing has defined crisis intervention as the informed and planful application of techniques derived from the established principles of crisis theory, by persons qualified through training and experience to understand these principles, with the intention of assisting individuals or families to modify personal characteristics such as feelings, attitudes and behavior that are judged to be maladaptive or maladjustive. Hafer and Peterson, in a less formal definition, refer to crisis intervention as the kind of psychological first aid that enables to help an individual or group experiencing a temporary loss of ability to cope with a problem or situation.

Levels of crisis treatment

Jacobson, Strickler and Morley have discussed different levels of crisis treatment :

Environmental manipulation—In this case the helper serves as a referral source, getting the client in touch with a resource person or facility.

General support—It consists basically of active listening in a non threatening manner, allowing the person to speak in some detail about his problem without challenging him.

Generic manipulation—It is helping the person resolve a crisis by accomplishing certain psychological tasks that are the same for all the people experiencing the same crisis regardless of individual differences.

Individual approach—It focuses on the specific needs of the person in crisis and emphasizes the assessment of the psychological and psychosocial processes that are influencing the client. It looks at the specific psychological tasks and problem solving activities that each person must accomplish in resolving a particular crisis.

These levels of intervention are not mutually exclusive although there is usually one that is predominantly used in the treatment process. Therefore, it is possible to use an environmental manipulation and at the same time use a generic or individual approach or other combinations of treatment strategies.

Models of crisis intervention

Recompensation Model—It is a patient-oriented model, that is, it focuses on the patient exclusively. The main goal of the treatment intervention is to stop the decomposition, gets the symptoms under control and return the patient to his pre-crisis levels of functioning. The model does not aim at explaining the failure to cope nor at understanding the past dynamics of the person that led him to the crisis. Moreover, there is not much concern about the person's future adjustment. The military treatment of the traumatic neuroses is a typical example of the recompensation approach to treatment.

Stress-Oriented-Model—It takes into account the stress event. The goal of the intervention is to achieve successful resolution of the specific tasks posed by the stress event. It emphasizes the development of problem-solving strategies and coping skills and it is concerned with the future adjustment of the individual to other stressful situations. This model has been developed to great extent by Lindemann and Caplan.

System-Oriented Model—It is one advocated by Langsley and Kaplan; it takes into account the social field in which the person deals with the crisis. It is based on the belief that not only the development but also the outcome of the crisis depend in part on the social field of the person in crisis, and therefore emphasizes the system approach to intervention. Family- Oriented crisis treatment is an important development of this model, which is based on the assumption that the symptoms of the family member who seeks treatment are usually an expression of family conflicts.

These are the **three** basic models on which most of the crisis intervention strategies are based and the case worker has to adopt any one of these or combination of all. While all of them seek a resolution of the crisis state, they focus on different aspects, namely the individual, the stress event and the system, in their attempt to deal with the crisis situation.

Goals of crisis intervention

Although the goals of the crisis intervention have been stated in various ways by different authors, there seems to be some agreement with respect to the main focuses of the intervention. France (2005) states that restoring or improving the adjustment of the individual can be considered one of the main aims of crisis intervention. He

points out that crisis is distressing timelimited episodes, which mean that they end with or without outside help. Crisis intervention aims at limiting the duration and severity of these episodes.

Puryear defines the minimum goals of crisis intervention as alleviating the immediate pressure and restoring the individual to at least his pre-crisis level of functioning. He points out that ideally the resolution of the crisis should be a growth experience that leaves the person better equipped to cope with future difficulties.

Rapoport has discussed **4** main goals for crisis intervention :

- Relief of symptoms.
- Restoration to the optimal level of functioning that existed before the present crisis.
- Understanding of the relevant precipitating events that contributed to the state of disequilibrium.
- Identification of remedial measures that can be taken by the client or family those are available through community resources.

The process of crisis intervention

Various authors have attempted to describe the process of crisis intervention; some have focused in the succession of psychological tasks that the individual follows during the treatment, others on the problem-solving activities in which the person in crisis needs to be involved. Most authors cover to a certain extent the different functions of the crisis therapist during the treatment process :

Lindemann states the following :

1. Accept the pain of bereavement.
2. Review his relationship with the deceased and become acquainted with the alterations in his own modes of emotional release.
3. Express sorrow and sense of loss.
4. Find an acceptable formulation of his future relation to the deceased.
5. Verbalize his feelings of guilt and find persons around him who he can use as primers for the acquisition of new patterns of conduct.

According to Aguilera ;

- The client should be helped to gain an intellectual understanding of the crisis.

- The client is helped in expressing his present feelings towards the crisis.
- The client and the therapist explore alternative ways of coping with the crisis.
- Both of them work on anticipatory planning.

According to Kalafat;

- Establish a therapeutic relationship with the client.
- Define the problem.
- Explore the feelings associated to it.
- Review previous attempts to resolve the problem.
- Explore the alternatives and develop a plan of action.

Smith has also discussed about the tasks to accomplish during the process of treatment :

- Identify with the client the precipitating event.
- Discuss how the client feels about the crisis, allowing emotional catharsis.
- Explore with the client how he has tried to cope with the crisis that is the problem-solving activities and coping skills that he has used.
- Assess whether or not the client can be helped on an outpatient basis; this is particularly important in those crisis in which there is a suicidal and/or homicidal risk.
- Explain to the client why he is in a state of crisis.
- Discuss with the client tasks that he can accomplish in successfully resolving the crisis.

According to Butcher;

- Offering emotional support.
- Providing opportunities for catharsis.
- Listening selectively for workable material.
- Providing factual information and clearing up misconceptions when necessary.
- Formulating the problem situation.
- Being empathic and to the point.
- Predicting future consequences if the patient follows his present course of action.

- Clarifying and reinforcing adaptive mechanisms.
- Working out a contract with the client.
- Follow-up of the client's progress after termination of treatment.

Puryear and France have emphasized the focus on problem-solving during the treatment process. According to them problem-solving begins with the therapist recognizing the client's distressing emotions and seeking to clarify the reasons that led to the initial contact with the therapist. The release of tension is achieved through the client's share of feelings; relating them to conditions that influenced the development of their crisis, increases the emotional insight and control of the client. Considering the alternatives to the problem and developing an action plan that describes the behavior intended to alleviate the problem are the last steps of the problem-solving process.

Technical characteristics of crisis intervention

Promptness of intervention—It was pointed out the heightened susceptibility of a person to intervention during a crisis period. This has been one of the reasons for the emphasis on the immediate access to the person in a crisis. As Rapoport points out, that a little help rationally directed and purposively focused at a strategic time is more effective than more extensive help given at a time of less emotional accessibility. It is therefore important to take advantage of the person's readiness to work. The availability of crisis intervention within 24 hours of the client's initial contact has been regarded as optimal.

Present centeredness—Crisis intervention is focused on the client's present problems, particularly those that precipitated his request for help. It is important to maintain this narrow focus in order to utilize the treatment more effectively. Butcher and Koss consider that the achievement and maintenance of focus is one of the most important technical aspects of crisis intervention.

Time limits—It is important to set time limits on the treatment. As a result of the time constraints, the treatment goals are limited. Patterson and O' Sullivan have stated that the goals of most crisis intervention programmes can be achieved in 3012 sessions. The client's awareness of it enhances and maintains the client's motivation and speeds up their change process.

Preventive emphasis—Crisis intervention seeks not only to resolve the present crisis and to relieve the symptoms, but also help the clients develop new problem-

solving procedures and more adaptive mechanisms for coping with future problems and crisis. Sometimes crisis intervention may serve as a stepping stone to other therapeutic services, preparing the client for further treatment.

Reality orientation—It is helpful to confront the client with the unrealistic or maladaptive nature of his beliefs or behaviours and to point out the possible negative consequences of the perseverance of current patterns. It is important to help the client develop and maintain clear and correct cognitive perceptions of his situation and problems.

Family and community involvement—It has been noted that a crisis is usually also experienced to some extent by the family and social network of the referred person. Therefore it becomes very important to involve the family and the community in the treatment process as soon as possible, in order to facilitate not only the resolution of the crisis but also the post-crisis adaptation of the individual.

Therapist role—The time limitation of crisis intervention forces the crisis therapist to be much more active and directive than he would be in '*traditional*' psychotherapy. It has been noted that traditional attitudes of therapists such as objectivity, uninvolved and non-directiveness are not appropriate in the crisis context. The therapist must be able to actively explore areas of interest and to direct the conversation toward those topics that might help in the resolution of the therapist's flexibility, ability to use various therapeutic techniques and adapt his intervention to meet the patient's needs.

Therapeutic relationship—Developing a working relationship quickly becomes a critical aspect of the intervention due to the time limitation to the treatment. Therefore positive transference is essential in crisis intervention. The client should have at least a somewhat hopeful expectation that the therapist may be able to help him.

Therapeutic tools—The use of reflection is often helpful at the initial stage of the intervention, since it communicates understanding, gives the client and opportunity to clarify his feelings and keeps the focus of the interaction on the client. Interpretations aimed at the achievement of insight can be pursued but with caution. Problem-solving techniques are some of the most important tools used in the intervention process. Analysis, advice or interrogation can also be used in appropriate circumstances.

Selection of patients—France has noted that crisis intervention is most effective with essentially ‘*normal*’ people who are experiencing overburdening problems. Traditionally it has been considered that the clients’ best suited for crisis intervention programmes were: those in whom the behavior problem is of acute onset, those whose previous adjustment has been good, those with good ability to relate and those with high initial motivation. Duration and the severity of the problem, diagnosis and motivation for treatment are the criteria as being most often used in the selection process. Lang (1974), however believes that crisis intervention can be used with chronic or deeply entrenched problems too.

Use of lay therapists—There is a growing trend toward the use of para-professional and non-professionals as crisis therapists. While at one time their use was considered the answer to a critical manpower shortage, their contribution has proved to be extremely valuable. As McGee (2010) points out 80% of suicide prevention and crisis intervention centers are operating with non-professionals as their primary staff resource. Professional people are often used in the role of consultants. It is important to develop valid criteria for screening and evaluating the effectiveness of lay therapists in doing crisis work.

5.9 Assessment

The first step in the generalist social work process is assessment, sometimes referred to as diagnosis. Interviews are a very important source of information in assessing the problem. The assessment phase of the social case work process also includes the study aspect of “*study, diagnosis, and treatment*” the classic description of the social case work process. Assessment is the phase being discussed when the term analysis is used. The development of understanding about individuals, families, small groups, agencies, and communities an important aspect of assessment. The same understanding about any system that are requisite for professional interaction with that system are the core of the assessment stage of the interventive or service process. A social study is an assessment. The content of group meetings is another important source of information. Observations of individual and group behavior in the community are also important sources. Questionnaires and other research tools are sometimes used to gather needed information as are various psychological tests.

Assessment is an essential ingredients for the individualization of people and social systems. So, *assessment can be defined as a process and a product of understanding on which action is based. It is the collection and analysis of information, the fitting together of available facts so they yield meaning.*

Barker (2003) said “ Assessment is a process of determining the nature, cause, progression and prognosis of a problem and the personalities and situations involved therein: the social work function of acquiring an understanding of a problem what causes and what can be changed to minimize or resolve it.

Assessment is a complex process at the core of the service process. The need for development of an understanding of clients, whether they are individuals, families, or small groups, and of the system in the client’s environment in relation to the interactional process. These schemes are tools for gather information. They provide a structure for information gathering, but care must be taken that relevant information that falls outside the scheme is not overlooked. Assessment, although a creative process, is also scientific in that it is a manifestation of the problem solving process.

Some of the important characteristics of assessment are :

It is ongoing—It takes place throughout the life of the helping endeavour. During the early stage it is a primary focus. However, during later stage when the work of doing something about need, of solving the problem, of intervening into transactions among system takes place, assessment is also a concern. As the client and worker engage in their work together, new information becomes available and new understandings emerge. These then become a part of the ongoing assessment. The ongoing assessment process leads to greater understanding about persons and situations as the social case work process-the working together of worker and client-progresses.

Assessment is twofold, focusing both on understanding the client in his situation and on providing a base for planning and action—Information must be gathered about the people and systems involved, about their interrelationship and their environment. Information should be collected about the need, block to need fulfillment, the problem, and the people and systems significant to the need and problem. It is also important to determine strengths, limitations, motivation for change, and resistance to change that are applicable to the persons and the systems involved. When dealing with larger system, it is important to gather information

about the demography of the situation and the problem being considered. Also it may be important to gather information about interagency relationships, coordination, and cooperation; funding and other resources available or potentially available; attitudes, values, and cultural factors that may affect the problem solving work.

This information is gathered in many different ways. Of prime importance is the client's perception and feelings about the problem and the situation. The manner in which the client tells the story, including observation of nonverbal communication, provides important information. Judgments about the consistency of the story, pattern of interaction and behavior and the client's cognitive capacity, and coping mechanisms can develop from listening to the story. Other sources of information may be previous case records and reports, from other interested persons. When gathering information about large system such as community, both key persons in the community and those involved with the problem should be used as informants. The information being collected should always be connected to the problem being worked on.

Assessment is a mutual process involving both client and worker—The client is involved in all aspects of assessment to the maximum of his or her capacity. The primary content to be assessed arises from the worker-client interaction in the interview or in group discussions. Content also arises from the information provided as the worker observes the client in the interview or in group discussions. It arises from observations of the client in life situation. The worker discusses observations and other information and knowledge with the client in establishing the meaning of the facts or the understanding of client in situation. The client's response is an important part of the information to be obtained. The client is also made aware of the relationship of the understanding and the interventive planning, possibilities and limitations.

There is movement within the assessment process—The movement usually is from observation of parts of the service situation, to identification of information needed for understanding, to collect facts about parts of the service situation, to explanation of the meaning of the facts collected, to putting together facts and their meanings about various parts in order to understand the total situation. The initial observation is usually through the eyes of the client. As the client describes these observations to the worker, the worker adds additional observations. Together, the worker and the client identify the parts of the situation. The parts identified include

those that are impacting on the situation in any significant way. The worker and client then identify the information they need to understand the situation.

Both horizontal and vertical explorations are important—In early stages of assessment it is usually helpful to look at the situation horizontally; the situation is examined in breadth to identify all possible parts, interactions, and relationship. The purpose of this horizontal exploration is to determine the block to need fulfillment. Later, those parts identified as most important to the situation or to the solution of the problem are examined vertically or in depth. The information gathering process can move from horizontal to vertical and back to horizontal several times as the worker and client explore the need, problem, and the situation.

The knowledge base is used in developing understanding—The worker uses his knowledge base as one means for developing understanding of the client in the situation. The understanding of an individual takes into consideration factors of human development and human diversity. The understanding of a family is related to what is known about family structure and family process. The understanding of an agency considers knowledge of bureaucratic structures. The understanding of community functioning calls for knowledge of economics and political science. The understanding of a family with a retarded child calls for knowledge about mental retarding and family reactions to having a mentally retarded family member.

Assessment is individualized—Human situations are complex; no two are exactly the same. Each assessment is different and is related to the differential situation of the client. It takes into consideration the different parts of the situation and relates these to the unique whole that emerges.

Assessment identifies in life situations, defines problems, and explains their meaning and pattern—Assessment makes use of the problem-solving process in specifying the need and what is blocking need fulfillment.

Judgment is important—Many decisions must be made regarding each assessment. Decisions include what parts to consider, which part of the knowledge base to apply, how to involve the client, and how to define the problem. The kinds of decisions that are made greatly affect the content and interpretation of that content.

There are limits to the understanding that can be developed—No assessment is ever complete. Not only is it impossible to gain complete understanding of any situation but it is also undesirable. Understanding takes time. Clients in need are

seeking help, and this help often must be given quickly. The worker must decide what understanding is necessary to give that help and then be aware of new understanding that develops in giving the help. The worker also must be comfortable with the uncertainty of limited understanding.

5.10 Problem Solving Process in Case Work

The social case work process is carried out in interaction with individuals—worker, client, and significant others. The interaction may be person to person or any involve systems of people. Thus, it is important for the worker not only to have skill in the use of the process in her own thinking but also to be able to carry the process out in interaction with others. Indeed, her role is often to enable or teach others to participate in interactive problem solving. The outstanding characteristics of the problem solving process in social case work practice is the inclusion of the client as much as possible in the work at each step of the process. The client expresses the need of concern that is the source of the problem. The client also finds much of the information needed in the process, validated information sought from other sources, participates in developing the plan of action and in implementing and evaluating it, and develops problem-solving skills to use in coping with other life situations.

Problem-solving, a creative and cognitive process is used by the worker to think about a social work situation in order to develop understanding of the client in the situation, identify the problem to be worked on, and formulate possible plans and ways of intervention. Problem solving process is used with clients and significant other persons with the capacity to affect a client's situation in an important way to move through study, assessment, planning, action, and termination. Interaction in nature, it complements the cognitive problem solving process. **Further understanding of this process is gained by considering each step.**

Problem or concern brought to worker or agency—Usually the problem is not well specified when someone comes to an agency with a difficulty of their own or one about which they are concerned for someone else. Usually they are assigned to a worker to explore the concern, to identify the needs involved, to identify the blocks to need fulfillment, to formulate the problem to be worked on. Sometimes the concern is such that the worker goes out to a prospective client to determine if there

is need and a willingness to explore it with the worker. Occasionally, the worker and client have a mandate from a legal body to work on a need or problem.

Initial statement of problem and its possible causes by worker and client—

At this point the worker begins to determine with the client if the client sees the need and problem in the same way that the worker does. The worker asks what is the problem? Why does the problem exist? The situation in which the problem takes place and the seriousness of the problems are discussed. Necessary clarification and modification occur to see if agreement can be reached. With at least some beginning agreement about the nature of the need and problem to be worked on, worker and client begin to explore together what might be causing the problem. The worker's preliminary assumptions are considered together with the client's thinking about the situation. The client is asked to give feedback on whether these assumptions might be valid. The worker shares with the client what might be happening in the situation. The worker uses his knowledge base to explain the situation and to identify the underlying factors related to the problem.

Dealing with values is central to social case work practice. The social case worker must be concerned with both societal and personal values, with the client's and with her own. The worker also must function within the framework of social work values and ethics. The worker must be comfortable with discomfort as the search continues for congruence between believe and doing for resolution of conflict among values. This calls for tolerance and patience. When exploring causality, social workers look to the client's own behavior, the situation in which the client is functioning relative to the problems, and to environmental factors that may be contributing to the problem.

Determination of desirability of continuation by worker and client—Worker and client discuss the kind of the worker also discusses with the client the kind of help available and the worker's recommendations. They discuss whether the agency and the worker are the appropriate source for help. Sometimes all a person needs is something to help formulate their problem or to design the steps to be taken to unblock need fulfillment. In such situation the client may decide not to continue. In other situations the client does not want to use the help offered, which the client can choose to refuse unless she is mandated to receive service. Sometimes the worker or agency may not be able to provide the service that is indicated. In which case the

worker would refer the client to an appropriate source of help? If no appropriate help is available, the worker may consider some means of resource development for the clients help the client or for future clients.

Selection of information to be sought—If the worker and client decide to continue to work together, the worker discuss with the client the information he needs a an order to more fully understand the problem and the situation. The client is asked to suggest people who may be of help. Family and friends are involved if this is appropriate. The worker may also begin to obtain information about resources that may be useful in the given situation. The context of the problem is given particular attention. Problems arise in a particular context and must be solved in that context. Without a thorough understanding of the relationship of the context to the problem and how the context would affect any plan and its implementation, information of vital importance may be missed.

Collection of information—Once the necessary information is identified, worker and client carry out the tasks needed to collect the information. Wherever possible, the client is used as the primary source for the information. Sometimes clients do not realize the importance of a piece of information so the worker must take responsibility to explore the situation with the client. It is often advisable to collect similar information from several sources so the validity can be checked.

Assessment of person in situation by worker and client—After gathering necessary information, the worker uses her knowledge base to consider the meaning of the information, She compares information from various sources, considers the influence of values and biases that may be at work, and develops an explanation of what seems to be client's view of the situation given this assimilated information. Adjustments are made based on any new information the client may provide. The worker and client again determine the desirability of working together.

Determination of goals, outcomes, and constraints of any plan by worker and client—If the decision is to continue to work together, the worker and client discuss what the outcome of their work together should be. The worker shares his thinking about what might be accomplished together, based upon the worker's cognitive problem solving. They discuss what should be accomplished and how much time and energy both the worker and the client can give to working together on the problem. Any other constraints that may be at work are identified and

discussed. Preliminary goals for the work together are developed. A preliminary contract is also developed.

Determination of possible plans of action by worker and client—The worker and client now begin to discuss ways in which they may go about reaching the goals. The worker again shares responsibilities based on her use of the cognitive problem-solving process. The worker's knowledge of possible strategies and resources that might be available is most important at this stage. The worker discusses implementation of the use of the various suggested plans. It is also important to be sure the means of the plans relate to the goals to consider ends before means. Worker and client consider together what they know of the context of the problem and how each of the plans might work in that context. The client expresses reactions to and preferences for the various suggested plans.

Synthesis and choice of plan including development of detail tasks, techniques—Together the worker and client now decide on how they are going to proceed in working on the problem at hand. They specify what is to be done, with whom, and by when. Goals are modified if necessary. Usually the final plan is a synthesis of the suggested plans of both the worker and the client.

Contract between worker and client—When agreement is reached between the worker and client, a contract may be written or a verbal agreement made./ The worker should be sure that the client understands the various parts of the contract, what the client can expect of the worker, and the client's own responsibilities in this situation. The worker should also explore any negative feelings that the client may have about the contract before it is finalized.

Implementation of plan—The worker and the client now can proceed to do what it is that have contracted to do together. The worker only does for the client what the client cannot do for himself. The worker gives the client help, support, and direction in carrying out his tasks.

Evaluation by worker and client—Whenever it seems appropriate the worker and client stop to see how their plan is working out. Are expected changes happening? If not, whether there is a need to change the plan or the contract? Are the goals feasible or appropriate? This evaluation is particularly important when the tasks laid out in the contract have been accomplished. In that case, the focus is on whether the goals have been reached.

Return to appropriate step or termination—If the goals have been reached, it is time to move to the termination phase, unless there is some agreement that there are other problems to be worked on. If other problems remain, the process begins anew. If the goals have not been reached, consideration needs to be given as to why they have not been reached. The worker and the client determine together whether to return to some earlier step or to terminate at this point.

5.11 Termination

The final stage of the case work process is termination, or the ending stage. Although ending the process is often slighted, it is nevertheless an important aspect of the social work endeavour. Termination is planned from the beginning of the work together of worker and client. A social work relationship that focuses on meeting the needs of the client terminates when those needs are met. The time line that is a part of the plan of action specifies the anticipated time for termination.

The termination work can enhance the client's social functioning. It can also add to the understanding developed by both client and worker as they worked together. Any ending arouses feelings that may be strong. These feelings can be used as a means for growth, or they can be denied or suppressed, perhaps to arise and interfere with later social functioning. Handling a termination is an important skill for case workers to develop.

Evaluation is closely related to termination. Evaluation takes place during the entire social work process, but it is an important aspect of any planned termination.

In considering termination, two areas will be discussed : **(a)** the kinds of termination and the reasons for clients' and workers' terminating a helping relationship; **(b)** the content of the termination process-dealing with feelings, stabilizing change, and evaluating with clients.

Termination is an aspect of social case work that is often given inadequate consideration. Endings are painful for workers as well as for clients. Workers sometimes make decisions about the desired goals of service that prolong the time of service beyond that which the client desires. This has resulted in many unplanned terminations. Many researches have shown that :

- **Recipients of brief, time-limited treatment show at least as much durable improvement as recipients of long-term, open-ended treatment.**
- **Most of the improvement associated with long-term treatment occurs relatively soon after treatment has begun.**
- **Regardless of their intended length, most courses of treatment turn out to be relatively brief.**

In recent years an emphasis is given on short-term service. The service considers the client's desires and expectations in the planning to a greater extent than in long-term service. Plans are much more specific, with specific goals and time frame for reaching those goals. Goals are also measurable so it is much easier to know when the purpose of the service has been fulfilled, the goals met, and the contract fulfilled. The ending is more apt to be planned by the worker and the client rather than the client deciding that the worker's help is no longer needed.

Termination can take place at any point in the process: when the goals set by the worker and client have been reached and the client feels comfortable in carrying out those goals without help from the worker; when clients feel that sufficient help has been given so they can meet the need or deal with the problem on their own; when it becomes apparent that no progress is being made or the potential for change is poor; or when a worker or an agency does not have the resources needed by the client or does not have the sanction of the agency to deliver the service needed. This last condition may result in a referral. Sometimes clients terminate because the systems upon which they are dependent are threatened by the possibility of change in the client and influence the client to terminate.

If a worker is leaving an agency, termination activity results in transfer to another worker within an agency or referral to another agency for continued service. It may also result in a decision by the worker and the client to work on another goal or use another strategy in reaching an elusive goal and thus continue together with a new plan of action.

Termination is an expectation discussed with clients from the beginning of the work together; it is planned for by the worker and the client together. When a worker senses that the client is not using the help being offered, or when the client is missing appointments or in other ways is indicating that termination may be advisable. It is

time to discuss possibility of termination. This is done to maximize the benefit that can come from a planned termination and to minimize feelings of anger and guilt that might interfere with seeking help in future.

When the worker-client relationship is being terminated because the worker is ending employment or is being transferred to a new position, special consideration should be given to the client's feelings. In some cases this is also a good time for the client to terminate with the agency as well. At other times, the decision is to transfer the client to a new worker. The client may be angry because the worker is breaking a contract. The client may be feeling deserted or may have a reawakening of old feelings about previous separations. The worker may be experiencing feelings of guilt about leaving the client and breaking the contract. The worker also may be absorbed in plans for a new job or in the demands of a new situation.

When a worker finds it necessary to engage in the termination process with a client because of his own plans to leave his current position, it is important to bring the client's feelings into open, however painful. Sometimes clients can also deal with previous painful separations through this. The worker should be prepared to accept the client's anger, and resentment and, whenever possible, should also help the client accept the new worker. Often a useful technique is for the worker to introduce the client to the new worker and for all three persons to discuss the work that has been done and the possibilities for future work.

In order for a case worker to be effective in terminating with clients, she needs to be aware of some blocks to effective termination that arise because of her feelings and attitudes. There may be a tendency for the worker to hang on to clients. This may arise because of a reluctance to terminate a relationship in which the worker has been getting some of her own needs met. The hanging on may be because of a need to control others. Other reasons for hanging on may be that the worker expects more of the client or the situation than is warranted or that the worker is ambitious and is seeking '**the perfect case**'. Sometimes a worker wants to compensate for what the client may have lost in relationships or otherwise. Awareness of these feelings and a focus on the client's needs and goals can prevent these blocks to effective termination.

Another factor of the termination phase is the nature of the worker-client relationship. Anytime a close working relationship develops, both the worker and the

client are apt to have strong reactions to termination. Where this is the case, more time must be allowed for the termination process so that feelings of loss can be handled properly.

It should not, however, be assumed that all clients view termination as loss; some, especially those mandated to service, may view termination with relief. Other clients view the work together as a necessary interlude in their lives but are pleased because they have gained understanding and coping skills so they can get on with the business of living without further help from the worker.

If worker and client have developed the habit of consciously terminating each session together, they have developed a good base on which to develop the termination of work together. Summarizing each session—what has been done and what is to be done—should give the client a good sense of the process and how much time there is before the work is completed and termination takes place. Planning termination should avoid a surprise ending and the feelings of desertion that go with such ending. Evaluating at the end of each session should give the worker an understanding of the client's sense of the work together and allow for corrections so that unplanned or precipitous termination does not take place. What has been done in a small way at the end of each session can then be done in a more complete manner at the end of the work together.

Components of termination

Disengagement—Endings bring about a cessation of relationships. If relationships have been meaningful, feelings are aroused and should be dealt with. An unplanned termination leaves the client to deal with these feelings on her own, which often results in a sense of unfinished business. It is assumed that the client is aware that termination will take place when goals have been reached. Nevertheless, when faced with actual termination, the client and the worker should face the reality of their feelings.

The next reaction to termination is usually a period of emotional reaction. Feelings or emotions may arise from fear of loss or fear of the unknown. There may be feelings of sadness or of grief over the impending loss; there may be anger. There may be an arousal of feelings associated with old wounds from previous disappointments and separations. There may be regression to old patterns of behavior. Regression may be a client's attempt to say that she is not ready for termination. At

this stage it is important for the worker to accept the client's feelings and to help the client examine these feelings and the fears, anxieties, and past experiences that are the source of feelings. Acceptance and help in the examination of feelings enables a working through of the feelings. In a sense, the client is helped to go through a process of mourning and is enabled to disengage from the relationship in a helpful manner.

Another means of dealing with disengagement is reminiscing about or reviving what has been done in the work together. Doing this can help clients see the positive aspects of the work together as well as help them to develop the understanding that growth often has pain associated with it. At this time, workers also should try and minimize any guilt the client may have about the work together.

Clients sometimes regress when termination approaches; sometimes they also introduce new problems. The worker and client together need to examine why these new problems have been introduced and whether there is a valid reason for continuing the service with a focus on the new problems or whether the client can indeed work on these problems in other ways.

The social case worker needs to develop skill in disengaging from relationships with clients. This needs to be done with consideration for, and sensitivity to, a client's feelings and needs. A useful technique for disengagement is to taper off involvement with the client as feelings are dealt with and other work of termination is completed. Appointments may be set further apart or more emphasis placed on what the client is to do for herself.

The worker needs to develop self-awareness about his own reactions to separation and loss. If the worker has difficulty with these tasks, he is going to be less able to help the client deal with the tasks of separation. The worker may wonder how to react to the intense feelings of the client that may arise in the process of termination. These feelings may be related not only to loss or grief over loss but to dissatisfaction about what the worker and clients have been able to do together. Everyone tends to ignore or downplay that which is uncomfortable. If, because of their own discomfort, workers do not adequately reach for the client's feelings about termination and about their work together, they will fail to allow growth by the client in the management of feelings and in coping with life tasks.

The work of disengagement then is reached not only to the particular social work situation but to past and future losses of the client and social worker. In helping the

client disengage, the worker is sometimes helping the client deal with past losses and unresolved feelings about their losses. Also, the client is being provided with coping mechanisms for dealing with future loss, with understanding for dealing with grief and other experiences related to loss, which is, after all, a part of all human functioning. To bypass or minimize the disengagement process is to lose an opportunity for client growth.

Stabilization of change—In helping a client deal with the feelings of termination and disengagement from the relationship, the client and the worker often review what has happened in the work together. This is also helpful in stabilizing the change that has taken place. It helps clients understand how they have grown and what has led to the growth. It also gives clients guidelines as to how future problems might be approached and dealt with. It gives clients the feeling that they have resources that can enable them to make it on their own and to know what those resources are.

One way to work on stabilization of change is for the worker and the client to review what has happened as they worked together. The time together should be considered a part of the ongoing social functioning of the client. It should be seen as one step, an important step, of the growth that results in better coping with life tasks and in more adequate social functioning. This view implies there are other steps to be taken, not with the worker but through new relationships or in ongoing coping with life situations. Continued growth is one way of stabilizing the change that has taken place. Worker and client can discuss the next steps and how the client can go about taking these steps. They plan ways of obtaining needed supports and resources for the client to use in taking these steps.

Stabilization can also be encouraged by discussing possible goals for future growth and resources that can be used to enable growth. This discussion can examine how change took place as the worker and client worked together. The problem solving processes that was used can be examined and the worker can maximize the client's understanding of this process. The worker can also make certain the client understands the dysfunctional patterns that caused the problem they have been working on. This is done so the client can spot potential problems at an earlier stage and attempt to bring about change before serious problems develop.

Through the work of stabilizing the change, the worker gives the client realistic hope that the client can function without the worker's help. She attempts to establish

within the client a sense of accomplishment and a sense of competence. The client's fears are recognized, examined, and suggestions are made about how to deal with them.

The stabilization of the change is an important stage in growth and change. Without conscious efforts to carry out the tasks involved in the stabilization, the client's capacity to sustain the desired change may be lessened.

Evaluation—Third component of termination is evaluation. Evaluation does not take place only at termination but is an important ongoing part of the social work endeavour. It is, however, a particularly important component of the termination phase.

As the worker and client engage in evaluation during termination, the major focus is on the goal or goals set as a part of the plan of action and on the client's need or needs as identified in the assessment process. The major question to be answered is: Did we accomplish what we set out to do? If the goal was achieved and the need met, then what has been determined to be the purpose of the service has been accomplished. If the goal was met but the need remains troublesome, then the goal may not have been the right goal or other goals must be met as well.

When considering the outcome of service, it is useful to look at outcomes, not only from a behavioural point of view but also from the perspective of the attitudes involved or changed and the knowledge gained. It is also useful to look at the process of reaching the goal and to identify what has been useful and which parts of the process were not useful or might have been carried out differently. Any spinoffs or unexpected consequences of the work together should be noted. This aspect of evaluation is useful for both worker and client. It helps the client better understand how to cope with future problems and how to meet personal needs. It helps the worker gain greater understanding of the helping process and of means for working with clients.

The worker's openness to evaluating what has happened involves a certain amount of risk because the worker's mistakes and limitations may come to light. The client may be overly critical or display undue satisfaction, which may be one way the client expresses negative feelings related to termination. The worker needs to accept these feelings without becoming defensive and, with the client, carefully examine the

negative feelings and sort out reality from feelings of abandonment or unrealistic dissatisfaction. Perhaps one of the reasons workers have not put sufficient emphasis on the termination process is that it is indeed a time for examining the performance of the worker. This is a threatening experience, but one that is essential for good social work practice.

The social case work endeavour is terminated through the intermingled activities aimed at disengagement, stabilization of change, and evaluation. Through these activities the client is helped to deal with feelings so that they will not inhibit future social functioning, and the client is readied to continue to grow and to cope with activities of living and with the environment and its expectations.

5.12 Evaluation

As an ongoing part of the social case work process, evaluation is the means for determining if the goals and objectives of the social case work endeavour are being reached. It also involves looking at the means being used to reach goals and objectives. Evaluation identifies unexpected outcomes, both negative and positive from the helping activity. Evaluation should be continuous, but it becomes particularly important as each step is completed. Evaluation should occur after assessment to see that all needed information has been collected and that appropriate conclusions about the meaning of the information and about the client in the situation have been drawn. After planning, there should be evaluation to determine if the plan is complete and feasible. After action has been carried out, evaluation should be used to determine if the desired goals have been reached. Evaluation is also an important part of the termination process. Evaluation, then, is finding out what is expected to happen is really happening. It looks at completed work and determines which methods and strategies worked and why. It is an opportunity to check with clients and significant others to see how it is going from their viewpoint. Evaluation of one's work is a professional obligation for every social worker, and should be a continuous process. Programmes and agencies are obligated to carry out, on an ongoing basis, evaluation of the mission, purpose, and goals of the agency and its programmes. Evaluation is necessary if social case worker and the agencies for which they work are to be accountable to clients, support sources, and the general public.

Accountability—In recent years, much emphasis has been placed on accountability in the social welfare field. In its simplest form, Accountability is responsibility. However, the complexity of accountability begins to become apparent when one asks the question: Accountability to Whom? The social case worker is responsible to the client for upholding his part of any agreements or contracts and for providing the services agreed upon. The social worker is also responsible to the profession for upholding social work values and the *Code of Ethics* in delivering services. The social case worker is responsible to the agency that employs the worker for delivering the service within guidelines, programmes, and policies developed by the agency. The agency, in turn, is responsible to the persons who provide support and sanction to the agency. This latter responsibility adds considerable complexity to accountability. Those who support the agency are a nebulous mass of individuals (e.g. taxpayers) who have no universally accepted goal for the service. The goals that do exist are often not congruent with the goals set by workers and clients.

Accountability is complex because of the multiple constituency of the social agency and because of the systematic nature of persons in situations. It is very difficult if not impossible to identify cause-and-effect relationships or all variable that may be operating in any situation. Thus, adequate hard data are elusive. The complexity of social service organizations further adds to the complexity of accountability. In all its complexity, accountability becomes an ambiguous concept.

Accountability has two components—*efficiency and effectiveness*. Efficiency refers to the cost of service. Because of the nature of human services, the counting of numbers of clients, time spent with clients, or cost of service in dollars and cents is not a sufficient way of accounting for work. Social costs also must be considered. This would include such things as how the service is impacting on the client's capacity to parent, or function in the work force. It would include how the service is affecting the functioning of systems in the client's immediate environment, or how the quality of life of the client, significant others, and the community in general is being affected. Effectiveness relates to whether the service leads to the goals for which it was intended. Because of the complexity of the human situation and many individuals with differing goals concerned about agency programmes, it is difficult to measure effectiveness. If goals that are measurable have been included in plans of action, however, it is possible to determine if those goals have been reached in a particular service situation. If agencies have well-defined purposes and goals, then evaluation and accountability have a sound base upon which to be carried out. The

identification of goals and the evaluation of the service are key factors in accountability. Evaluation is not only important as a part of the social case work process but necessary for agency functioning in the contemporary social and political sense.

There are a number of **specific reasons** for evaluation :

- To find out how effectively a programme is meeting its goals.
- To obtain information that will help restructure a programme or manage it more effectively. Perhaps the evaluator wants to see if a particular component should be eliminated or replaced.
- To identify models for others to follow, or to test a theory or an approach to a problem.
- To find out what staff members need in order to direct their programme effectively.
- To find out how well the programme is working from the client's point of view, and how to make it more effective.
- To improve public relations and funding efforts.
- To meet the requirements of a funding source.

Kinds of evaluation—Planning for evaluation when developing a plan of action is one way of assuring that the plan of action is carried out in a way that yields maximum information to the worker, the client, and the agency. If the information to be used in evaluation is identified before the action of the social work process begins, there is a better chance that such information will be available for use in evaluation. In order to effectively and efficiently plan for evaluation, an understanding of the various kinds of evaluation and some of the means for carrying out the evaluation process is useful. Evaluation serves many purposes and takes a variety of forms. In its most simplified form, it is a worker thinking about what has happened and why it happened.

Summative evaluation is concerned with outcomes and effectiveness. **Formative evaluation** is concerned with looking at the process of the work, at how the work during the various steps in the service influenced the final outcome of the work. Both types are important in social case work process, and so the evaluation process should have a balance of both types.

A second classification is **qualitative** versus **quantitative** evaluation. The contemporary service delivery system has been highly influenced organizational

management trends and the use of a quantitative base for evaluation. Clinical practice has also been influenced by behavioural psychology and its emphasis on measuring behavior. The trend toward computerization of information and records also supports the push for quantitative data. However, most social case workers believe that not all information can be dealt with in a quantitative manner. They believe there is a qualitative factor in human functioning. While behavior can be measured, feelings and emotions cannot, and qualitative measures are a better mechanism for evaluating them.

A third classification is that of *clinical* versus *management* evaluation. While this classification might be closely related to the quantitative-qualitative classification (management generally using quantitative data; clinical generally using qualitative data). Management evaluation is used to make internal staffing and programme decisions and to substantiate need for services and resources to support services. Clinical evaluation is limited to use by professional persons (worker and supervisor) and the client directly involved in the situation being evaluated.

Hard line evaluation focuses on aims and objectives set before the implementation of programmes. Some degree of scientific objectivity is involved in this type of evaluation. *Soft line evaluation* is based on impressions and opinions. Each result yields quite different kinds of information. The worker needs to determine if hard line information will adequately provide for the evaluation needs and appropriately tell the necessary story. If not, then soft line information should be used either to tell the story or to supplement the hard line information.

Each type of classification points out a different dimension of evaluation. Each evaluative effort can be classified along a continuum related to each of the four classifications. When choosing evaluating methods and techniques, it is important to consider the requirements of the situation being evaluated, keeping the possibilities of all four of the above classifications in mind, and to choose methods that provide for the requirements of that particular situation.

Techniques for use in evaluating

The process of evaluation makes use of the same methods and techniques as does assessment, such as looking at information collected about the work and determining what has happened in the social case work endeavour. The information may be gathered specifically for evaluative purpose or it may be information developed as part of the social case work process.

There are, however, some special techniques used to facilitate the evaluative process. These include various kinds of **recording** and a variety of **research techniques**, related to recording and research is the use of computer, a new and growing influence on evaluation. When planning for evaluation, social workers should look at various methods and techniques for collecting the information and choose those that can provide the information needed in the most reliable and efficient manner. This requires the same kind of creative planning used in developing the plan of action.

5.13 Summary

We learnt about the Systems & Role Theory and also understood about the various phases of Case Work Process. We also learnt about the various ways of Crisis Intervention. These learning will help us to enhance the problems solving process in case worke.

5.14 Exercises

1. Discuss briefly about systems Theory.
2. What are the three types of diagnosis according to Perlman? Explain them.
3. Define treatment according to Hamilton. What are the principles of treatment?
4. What do we mean by Crisis Intervention? Discuss any two models of Crisis Intervention.
5. Explain the term Accountability and discuss about its two components.

5.15 References

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Unit 6 □ Tools of Social Case Work

Structure

6.0 Objective

6.1 Introduction

6.2 Tools of Social Case Work

6.2.1 Skill of an interviewer

6.3 Summary

6.4 Exercises

6.5 References

6.0 Objective

The learners will get an orientation about the various tools of social case work which they would require while carrying out social work in the field. These tools enables the professionals to work in a much more efficient manner.

6.1 Introduction

To carry out Social Case Work with lot of professionalism, one must adopt correct tools to deeply understand the clients situation and note down every single details which may be used for reference later. Let us know about it.

6.2 Tools of Social Case Work

Home visit—The importance of family has been well recognized by the personnel in social work, especially those in the mental health field. Study of the emotional, social and physical aspects of family life is necessary to plan the treatment effectively. It is also very important to gather sufficient details of information so that our prediction has less chance of being based on hunches or prejudices, and this is achieved easily and effectively through home visits.

Home visits aim at therapeutic, sustaining and preventive measures as well. It is also recommended that home visits should be used for diagnostic purposes, as well as for treatment and supervision of long-term patients in their own homes.

By making home visits one sees the environment in which the patient lives, observes family and other relevant social interactions at first hand and develops a fuller diagnostic understanding of the patient for appropriate treatment planning. Home visit has thus become an effective tool in total intervention programme.

Active listening—It is a concept developed by Rogers (1966) in his ‘client-centered therapy’. In active listening, we listen to what the person is saying, both the content and feelings expressed and we verbally acknowledge that we are hearing him. Our primary purpose is not to check out to see if we have received the intended message but rather to let him know that we are listening to and understanding what he is expressing. In active listening, we only rephrase the statements of the sender. We do not evaluate, give our own opinion, advice, or interpret. We continue active listening until the speaker indicates either verbally or non-verbally that he has stopped speaking for the time being.

Active listening lets the sender know what I am hearing and that I am accepting his message and he is also encouraged to say more and more and to share his feelings. As he continues to talk and feel accepted and comfortable, he moves away from presenting problem to his deeper feelings. He becomes more aware of and gains new insights into his behavior and feelings.

Active listening cannot be applied equally to all situations. For instance, if someone requests information about the location of a place etc., he probably will not appreciate if the response is like “you would really like to know where this place is?” It is up to the receiver to decide from verbal or non-verbal cues whether the person wants to pursue the subject or not.

In a nutshell, we can be effective in communication when we learn and practice to (1) repeat the message, (2) use more than one channel, (3) specify and complete the messages, (4) own responsibility for our feelings, and (5) be congruent in our verbal and non-verbal communications. In all the helping professions, much of what we do is based on our ability to communicate effectively. An understanding of the basic premises of human communication and some of the common errors in sending or receiving of message is essential. Hopefully, through increasing our awareness of

ourselves, and of how we affect others, and by developing skills in interpreting what another is expressing to us, we can enhance our capacity to communicate in both our professional and day-to-day life.

Observation—Observation is a method that employs vision as its means of information collection. It implies the use of eyes rather than of ears and the voice. It is accurate watching and noting of phenomena as they occur with regard to the cause and effect of mutual relations. It is watching other persons' behavior as it actually happens without controlling it. For example, watching bonded labours' life, or treatment of widows and their drudgery at home provides graphic description of their social life and sufferings. Observation is also defined as “a planned methodical watching that involves constraints to improve accuracy”.

Lindzey Gardener (1975) has defined it as “selection, provocation, recording and encoding of that set of behavior and settings concerning organisms ‘in situ’ (naturalistic settings or familiar surroundings) which are consistent with empirical aims”. In this definition, *selection* means that there is a focus in observation and also editing before, during and after the observations are made. *Provocation* means that though observers do not destroy natural settings but they can make subtle changes in natural settings which increase clarity. *Recording* means that the observed incidents/events are recorded for subsequent analysis. *Encoding* involves simplification of records.

Relationship—How relationship can and should be used to help persons with problem has been a serious concern of not only social work but of other professions too like that of psychiatry, psychology etc. Social work always recognized the importance of human interaction and attempted to use relationship in a conscious and deliberate manner to benefit the people it worked with. Social work literature is full of description of relationship from various angles only because of its great importance in a helping process. Richmond (1917), in her earliest work, has pleaded for an intensive study and use of social relationship in social casework. Social caseworker's focus should be on “skill in discovering the social relationships by which a given personality has been defined; an ability to get at the central core of the difficulty in these relationships; and power to utilize the direct action of mind upon mind in their adjustment.

None can deny the utility and importance of human relationship in promoting change and development. When relationship is established and used by a social

worker consciously, purposefully and deliberately to help clients, it is called a ***professional relationship***. It is characterized by “conscious purposiveness growing out of the knowledge of what must go into achieving its goal” (Perlman,1957). In fact, relationship is the channel of entire casework process. It is the medium through which knowledge of human nature and social interaction are used, and through which, they are given the opportunity to make choices, both about receiving and using the help. Thus, one finds that relationship is the basis of all help.

Professional relationship is formed with a particular purpose and it terminates once that purpose is served. This is in addition to the normative purpose of all professional relationship. i.e., some kind of change in, or development of, human beings leading to a “personally satisfying and socially useful life”. It is the individualized purpose which is unique to every relationship and is set to be achieved in each case. This purpose sets and determines how persons in the professional relationship will behave towards one another.

The conscious, purposive and deliberate efforts to develop a helping relationship contained element of :

- Purpose and concern for the client system;
- Expectations;
- Empathy and clear communication;
- Genuineness and acceptance; and
- authority

Interview—The interview is a primary tool of the case workers. It is the structure for operationalizing the interaction between a worker and a client. Each social worker develops her own interviewing style. Interviewing is an art and skill, and learning how to interview is learned by doing it. Some guides to interviewing can be helpful to the person learning to interview. These guides include preparing for interview, the stages of interview, and skills used by the worker during the interview.

Each interview should have a specific purpose or goal. Generally, this purpose may be to obtain the information needed for carrying out some task or function, or to work together to meet a client’s need or solve a client’s problems. The purpose of a specific interview will depend upon the stage of work together, the agency function

and the method of service, and the client's needs and/or the nature of the problem or problems to be solved. In addition to purpose, several types of variables, listed below, affect the nature of the interview.

1. **How the interview is initiated-** Is it voluntary activity on the part of the client? Is it a formal, planned, regular interview or a walk-in request of the client? Or is it a life-space contact (one that takes place in the process of the client's daily activities)?.
2. **Where the interview takes place-** Does the interview take place in an office, at home, at hospital room, or some other setting?
3. **The experience of the worker and client with each other-** How this worker and this client had previous contact with each other? Is this encountering a part of a time-limited or long-term plan?

Each interview will be different. The worker needs to be flexible in structuring and guiding the interview, depending on the interview's purpose and the needs of the client. It should be carried out in a manner that encourages interaction and relationship.

In preparing for any interview the worker has three tasks :

- **Planning the environment for the interview**
- **Planning the content of the interview**
- **Tuning in**

The worker thinks about the physical conditions of the interview. For an example, if the interview takes place in an office, the worker arranges the office so as to encourage the work together. This can be done by giving some thought to the placement of desk and chairs. An office that is comfortable and does not have too many distracting features is ideal.

In planning for the content of the interview, the worker will recall the goal and the purpose of the service and will identify the goal for this particular interview. The tasks to be accomplished will be considered. Any additional knowledge or information needed will be obtained. The worker might review notes about the previous interview if there has been one. The structure of the interview and questions to be asked will be considered. This planning is done to give form and focus to the interview, but the worker is prepared to be flexible and make changes if the client has unanticipated needs.

In tuning, the worker first tries to anticipate the client's needs and feelings in the interview and to think about his own response to those feelings and needs. The worker tries to become aware of his own feelings and attitudes that might interfere with effective communication. Such awareness should minimize the impact of these feelings and attitudes on the interview. The worker also needs to prepare to help by dealing with personal needs and any work-related attitudes that might interfere with the work of the interview.

All interviews have three stages :

- **Beginning stage**
- **Middle stage**
- **Ending stage**

The *beginning stage* starts when the worker greets the client by name and does whatever seems in order to make the client comfortable. The worker tries to reduce any tensions and discuss any hostilities that may exist and reaches out to the client to help him or her become an active participant in the interview. This can be done by asking the client to share any significant events since the last session.

During the *beginning stage*, the worker will define the purpose of the interview or recall plans made in a previous session. The client is given an opportunity to discuss this purpose and any special needs he might have at this time. The worker reaches for the client's feelings about the work to be done and accepts the client's sense of purpose and need by modifying the purpose and plan of the interview if necessary.

When the worker senses that the client is ready to proceed to the work to be done, the worker changes the focus of the interview. The worker may have to demand this work. The *middle stage* has then begun. The content of this phase depends on the task at hand. The worker needs to maintain proper timing attuned to the client's pace of work, to refocus content strays from the task, or to negotiate the purpose if that is indicated. The worker also should monitor the communication for its effectiveness.

In bringing the interview for an *ending stage*, the worker summarizes what has happened during the interview and how it fits into the service being offered. The

worker and the client together plan the next steps, which will include work to be done by each before the next interview and the purpose, goal, time, and place of the next interview. If this is a single interview or a final interview, the client is helped to say good-bye and given permission to come again if other needs or problems develop.

6.2.1 Skills of an interviewer

An interviewer needs several skills such as :

Observation skills—Clients give information and express feeling in nonverbal, behavioural ways. They also provide information and express feeling in the way in which other information is given and discussed. Sensitivity to this nonverbal material is useful for tuning into where the client really is in relation to the material being discussed, for checking the validity of the client's verbal expression, and for feedback purposes. Workers should observe the following :

1. **Body language**— What is the client communicating by the way he or she sits, by behavior such as thumping on the desk with the fingers, by facial expression?.
2. **Shifts in conversation**— These shifts, particularly when always related to similar topics, can indicate that a particular topic is painful, or something the client does not want to discuss.
3. **Association of ideas**- Observing which ideas the client seems to associate with which other ideas can often give the worker an indication of unspoken feelings.
4. **Recurrent references**- When the client continues to bring up a subject, it indicates that it is a subject of importance to the client or one with which the client would like help.
5. **The content of opening and closing sentences**— These sentences tend to contain particularly significant material. They also may give clues about the client's attitudes toward self and the environment.
6. **Inconsistencies or gaps**— When these are present, it is an indication either that the material being discussed is threatening to the client or that the client is unwilling to openly share in this area.

- 7. Points of stress**— In cross-cultural systems, stress and conflict may indicate areas of inadequate knowledge about cultural aspects of the client's functioning. This may also indicate misunderstanding on the part of the client or areas of client's biasness or prejudice.

Listening skills-Of vital importance in any interview situation is listening-listening to what the client has to say and how the client responds to questions and responses. Beginning workers often place primary emphasis on the questions to be asked and on what they say. Good questioning does enable clients to provide necessary information, to consider alternatives, to work on the problem at hand. However, if the worker's listening skills are deficient; the full value of the interview will not be realized. Active listening-being with the client in her struggle to deal with difficulties and problems-is the appropriate response at many points in the interview.

Another reason to develop listening skills is because social workers are often in communication with persons whose language expression is somewhat different from their own. In listening, it is important to try to understand what the words mean to the client. Listening reflects an attitude of openness and acceptance, and it involves a sense of timing that allows the worker to focus on the client and what is being said and does not shut off the communication by premature evaluation or advice.

Questioning skills-A first category of questions includes open and close ended questions. A close-ended question calls for a specific answer. An example would be: "What is your age"?. These are used to gain factual information. An open-ended question is one that enables the client to define, discuss, or answer the question in any way they choose. An example would be: "What do you think is the reason why your child is not going to school?" The open-ended question allows expression of feeling and gives the worker the client's perception of the subject at hand.

There are leading and responding questions. A leading question is used when it is desirable for a client to continue to explore the subject at hand. An example would be: "You have tried to cope with this problem, haven't you?" A responding question follows the lead of the client's response. An example would be when a client has been discussing how he has tried to cope with a problem and the worker responds: "Tell me more about how you went about helping your child".

In an answer-and-agree question, the client is expected to answer in such a way as to agree with the worker. An example would be: “you are feeling much better today, aren’t you?” This is usually not a good form of questioning to use because it blocks discussion and imposes the worker’s ideas on the client. With most clients, it is better to ask questions so they contain single, rather than several ideas. A question with a number of ideas might be used when the worker is attempting to help the client recognize connection between the ideas. Questioning is one of the means used by a case worker to enhance relationships and communication.

Focusing, Guiding and Interpreting Skills

This group of skills comprises those used by the worker to enable the action system to accomplish the tasks necessary to reach the agreed upon objectives. It includes the capacity to paraphrase and summarize what has been said, to reflect feelings and ideas, to confront, and to elaborate. The effective use of these skills includes a sense of timing as to when to focus, when to interpret, and when to direct. Paraphrasing and summarizing often clarify what has been said. Clarification and elaboration enhance understanding. With understanding of issues and facts, the work can progress as a truly joint effort.

It is worker’s responsibility to direct the interview but not to control it. The worker takes whatever material and expression of feeling is given by the client and, by focusing, guiding and directing, enables the process of the work together to proceed toward the desired outcome.

Climate-Setting Skills

Three attributes have been identified as characteristics of interpersonal situations that seem to produce understanding, openness and honesty, which are enabling factors in the work of the action system. These three characteristics are **empathy, genuineness, and non-possessive warmth**.

Empathy is the capacity to communicate to the client that the worker accepts and cares for the client. Empathy communicates that at this point in time the client’s welfare is to be considered before the worker’s. Empathy is expressed by openly receiving and recognizing the feelings of the client, by accurately perceiving

the client's messages, and by providing the client with concrete feedback about messages.

Genuineness is the capacity of the worker to communicate to the client that the worker is trustworthy. It is expressed by being willing to let the client know the worker as a person in ways that meet the client's need for such information. It also expresses congruence between the workers' verbal and non verbal messages. In addition, genuineness involves informing the client when the worker disagrees with the client and when the client's behavior and communication are inconsistent. This skill calls for honesty, but honesty communicated in a manner that is sensitive to the client's feelings and concerns.

Nonpossessive warmth is the capacity to communicate to the client both a concern and a desire for an intimacy that allows the client to make decisions, to have feelings negative and positive, and to feel worthwhile. It has qualities of nonblame, closeness, and nondefensiveness. A warmth that is nonpossessive is displayed through positive regard and respect for the client and through thoughtfulness and kindness as well as appreciation for, and pleasure at, the client's growth and well-being.

Interviewing is just one form of communication. The skills used in the interview can also be used in the less formal social work interactions. They are the same skills that encourage relationships to form and to be used and maintained. In the social case work endeavour, in the one-to one action system, it is the responsibility of the social worker to move toward the client so that relationships may form and a common ground for communication may be established. To do this the social worker must understand the client and be willing to work with the client in meeting the client's and in solving the client's social-functioning problems.

6.3 Summary

The learners got an idea about the important tools of case works, like, Home visit, Active listening & Interviewing. To get an indepth knowledge about the client we must carefully adopt these tools and know all the minute detail about them.

6.4 Exercises

1. What are the different tools of Social Case Work?
2. How interview can be conducted effectively? What skills an interviewer needs?
3. Discuss the skill needed by an Interviewer.

6.3 References

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Unit 7 □ Techniques of Social Case Work

Structure

7.1 Objective

7.2 Introduction

7.3 Main techniques of Case Work are the followings

7.4 Role played by the therapist/caseworker

7.5 Summary

7.6 Exercises

7.7 References

7.1 Objective

The learners will get an idea about various techniques required while practicing social case work. They will be able to learn about the role of the case worker as a therapist.

7.2 Introduction

Only by adopting good Techniques a Social Case Worker can augment the treatment procedure. Proper Referral, Advocacy, Counselling are some of the major techniques that a Case Workers may adopt to solve any problem. Let us now discuss these techniques elaborately.

7.3 Main techniques of Case Work are the followings

- 1. Referral**—Sometimes, before termination, cases are referred to another caseworker or therapist like group worker in the same or to other agency for some important reasons. This is a process by which client is enabled to become aware of other services and use them. In referral, the helping process does not end but it is the contact with a particular caseworker which terminates. The client starts a new helping relationship with another therapist. Referral is done for various considerations: **(1)** when a different type of

worker/therapy is required to achieve the finally formulated goals of treatment, and (2) when the worker and the client find it difficult to move to or assume new responsibility. The case may be referred to some other agency if, at some point, it is decided that the client cannot be helped in this agency for some reason, like lack of required services, etc. Referral involves preparation of a referral note which gives a very brief summary of the problem and the efforts undertaken to solve the problem along with psycho-social diagnosis. Preparation for referral should be done in the way preparation for termination is undertaken though referral stage is not the final stage. Preparation involves (1) explaining reasons for referral, (2) talking of the positive and negative feelings involved in referral process, (3) tackling separation anxiety in one or two sessions, (4) handling the questions factually, and (5) preparing the client for new contact.

2. **Summarizing**—A preferred technique is to summarize briefly major issues or conclusions at the end of a client-caseworker interview. This serves as a review for interviewer and client (s), as a method of clarifying misunderstood points and as a place from where to begin the next interview. In terminating a series of contacts, summarizing is a tool to assess movement, growth and change. As such, it serves as a source of hope for the future. The client and the therapist should discuss the possibility of renewed contacts in the future if it should become necessary. This is important so that the client does not feel completely alone and if it becomes necessary, can re-initiate contacts without losing face.
3. **Generalization**—This technique is used to minimize guilt or anxiety feelings in the client by generalizing the nature of events or reactions'; for example, one can say, "every child masturbates during adolescent period; we all feel the same way in the situation you are passing through". In effect it tells the client that his feelings and reactions are universal and normal to the situation, therefore, he need not feel guilty or anxious about these events and/or reactions.
4. **Partialization**—In the initial phase of case work practice one may try to focus on only one aspect of the total problem instead of tackling the whole problem. i.e., focusing on only one part of the problem. In choosing one part

of the problem, one should be careful to see that the part problem chosen is of immediate importance to him and can be solved with the available resources in the shortest possible time. Once his immediate worries are tackled, it will strengthen the relationship between the worker and client and increase the client's respect for the worker.

- 5. Ventilation**—The process of ventilation is the process of helping the client to air his feelings freely and to provide him with an atmosphere which makes free expression of the feelings easier. It frees the individual from fears, guilt feelings, and brings to light the hidden attitudes. The more intense the feelings, the better result through this process. This is usually used when the client is more tense or eager to come out with his inner feelings. This ventilation process is also often called catharsis with minor differences. This technique may be used in certain unpleasant situations which might have arisen in between the interviews. Ventilation is not only therapeutic but also diagnostic. The therapist should explore intently and stimulate the client, by questioning or commenting, to tell more about his situation and its various aspects. Only towards the end of session, the caseworker may use generalization and logical discussion to lessen his guilt. In the initial stages one should not minimize the anxiety lest he stops coming out with relevant materials necessary to help him. The caseworker may choose either to be totally passive or actively participating and directing. The client must feel that the worker is uncritical, tolerant and is listening to him. One should not permit ventilation when it is used as a defense mechanism to avoid further exploration. In such situations, it is better to divert his attention and help him to discuss the relevant matters concerning his problem. It should be avoided or used with caution in case of psychotics etc. Ventilation is used sometimes by the client to seek attention and sympathy from the worker or a gratification from talking freely about self. The caseworker should be conscious in all such situations and direct the interviews accordingly.
- 6. Advocacy**—It is an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning (often by lobby groups) is a form of advocacy where a direct approach is

made to legislators on an issue which plays a significant role in modern politics. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to— (1) have their voice heard on issues that are important to them, (2) defend and safeguard their rights, and (3) have their views and wishes genuinely considered when decisions are being made about their lives. Advocacy is a process of supporting and enabling people to— (1) express their views and concerns, (2) access information and services, (3) defend and promote their rights and responsibilities, and (4) explore choices and options.

- 7. Empathy**—Empathetic communication involves the ability of the social caseworker to perceive accurately and sensitively the inner feelings of the client and to communicate his or her understanding of these feelings in language attuned to the client's experiencing of the moment. The first dimension of empathy, empathic recognition, is a precondition of the second dimension, demonstrating through accurate reflection of feelings that the caseworker comprehends the client's inner experiencing. Empathetic communication plays a vital role in nurturing and sustaining the helping relationship and in providing the vehicle through which the social caseworker becomes emotionally significant and influential in the client's life. In mandated circumstances in which involuntary clients are not seeking a helping relationship, conveying empathic understanding reduces the level of threat perceived by the client and mitigates his or her defensiveness, conveys interest and helpful intent, and creates an atmosphere conducive to behavior change. In addition, many clients live in environments that constrict resources and opportunities. Social worker's empathy with the social and economic context of problems is an important adjunct to empathy with personal experiencing. In responding to clients' feelings, social workers must avoid being misled by the conventional facades used to conceal emotions. As a consequence, the empathetic communicator responds to the feelings that underline such flippant messages as "Oh, no, it doesn't really matter" or "I don't need anyone" when the client is experiencing painful loneliness, or "I don't let anyone hurt me" when the client is finding rejection hard to bear. To enter the client's private world of practical experience, the social worker

must also avoid making personal interpretations and judgments of the client's private logic and feelings that, in superficial contacts, might appear weak, foolish, or undesirable. Empathetic communication involves "stepping into the shoes of another", in the sense that the social worker attempts to perceive the client's world and experiences. When the client feels pressure from an involuntary referral, the empathetic social worker understands and is aware of that pressure and how it feels. At the same time, the social worker must remain outside of the client's world and avoid being overwhelmed by his or her fears, anger, joys, and hurts, even as the social worker deeply senses the meaning and significance of these feelings for the client. "*Being with*" the client means that the social worker focuses intensely on the client's affective state without losing perspective or taking on the emotions experienced by the client.

8. **Limit-setting**—This involves checking the behavior/activities of the client at a particular point because allowing him to act beyond that point will be detrimental to the client's interest. This can be achieved through use of authority or by shift of topics of discussion during the interview. Examples: "I think we have discussed this for long and now we will discuss...I don't think we can discuss this because...".
9. **Reflection**—People responds differently to their problems. They may express their feelings as fear, anger, anxiety or sadness about problems. E.g. depression may be expressed as short temper, irritable behavior, less interest in daily routine, inability to sleep, loss of weight and feeling of worthlessness and anxiety. Do not try to stop, let the person express his feelings, do not stop patient/ family members from crying. Do not take anger personally and try to stay calm.

The case worker must recognize such feelings in a direct, unemotional way. The focus is kept on the emotions of the client and his/her subjective experiences in coping with the situation. Case worker reflects the contents and feeling of the other persons by responding back to the client and communicating a message though empathy, questioning or paraphrasing that conveys that case worker is listening and trying to understand case worker's circumstances.

Reflecting is the process of paraphrasing and restating both the feelings and words of the speaker. The purposes of the reflecting are:

- To allow the speaker to ‘hear’ their own thoughts and to focus on what they say and feel.
- To encourage them to continue talking.
- To show the speaker that you are trying to perceive the world as they see it and that you are doing your best to understand his messages.

Reflecting does not involve you asking questions, introducing a new topic or leading the conversation in another direction. Speakers are helped through reflecting as it not only allows them to feel understood, but it also gives them opportunity to focus their ideas. This in turn helps them to direct their thoughts and further encourages them to continue speaking. Two main techniques of reflecting are—(a) *paraphrasing* (already discussed) and (b) **mirroring**- it is a simple form of reflecting and involves repeating almost exactly what the speaker says. Mirroring should be short and simple. It is usually enough to just repeat key words or the last few words spoken. This shows you are trying to understand the speaker’s terms of reference and acts as a prompt for him or her to continue. Be aware not to over mirror as this can become irritating and therefore a distraction from the message.

Why you do it

- To show you understand how the person feels
- To reflect what you are observing rather than what you are hearing.
- To help the person evaluate their own feelings after hearing them expressed by someone else.

How do you do it

- Listen to voice tone and watch for non-verbal cues that indicate feelings.
- Listen to what the person tells you about what they feel.
- State back your sense or hunch of what they are feeling.
- An active listener is already using aspects of this technique, but reflection requires taking even greater care in the following area.

Regarding reflection restate what you believe the speaker has said to check for the accuracy of your understanding (e.g., “So you could not finish the assignment on

time”. Then you think the time allotted was inadequate/”). Even more importantly, reflect back the speaker’s feelings as you have heard or inferred them (e.g., “You seem to feel anxious because you could not finish the assignment on time”). This interpretation of feelings is, of course, more tricky in that it often requires you to read between the lines, to infer feelings underlying what has been said (e.g., “You seem angry about the organization,” rather than “So the department was recognized”). Thus you may want to use wording or voice tone make your inferences into questions, rather than statements (e.g., “So you feel anxious because you couldn’t finish the assignment on time?” “Do you feel anxious because you could not finish the assignment on time?”)

Guideline for reflecting

- Be natural.
- Restate what you have been told in simple terms.
- Listen for the basic message consider the content, feeling and meaning expressed by the speaker.
- Do not take the speaker’s topic in a new direction.
- Always be non-directive and non-judgmental.
- Do not add to the speaker’s meaning.
- Do not question the speaker unnecessarily.
- When restating, look for nonverbal as well as verbal cues that confirm or deny the accuracy of your paraphrasing. (Note that some speakers may pretend you have got it right because they feel unable to assert themselves and disagree with you).

10. Counselling—The traditional approach of defining the subject at the outset to help identify the scope of the field, while useful in a sense, may prove to be a stumbling block. Therefore, no attempt is made to define counselling at this stage, however from the point of view of social case work technique a working definition is given. ‘Counselling’, like the terms ‘personality’ and ‘intelligence’, has acquired different shades of meaning. This difficulty is due to the confusion between popular understanding of the term and technical and professional meanings of it. To counsel is to advice. Individuals

seek advice in a variety of situations. It is evident that from the earliest times man has turned to his fellow beings for advice, encouragement, sympathy, comfort and understanding. He has been able to survive his hostile and hazardous environment only because of the innate concern of his fellow beings for him. The goal of counselling is to help individuals overcome many of their future problems. In recent times, a rapid social change caused by industrialization and urbanization has led to varied and perplexing problems. For most people the pace of change is simply too fast and creates serious problems of adjustment. This means that counselling should start early in school continue in order to enable individuals to meet vocational and personal problems of adjustment in later life. Naturally, counselling has to minister to a variety of problems, such as educational, vocational, marital, parental and personal. Classification is the most important technique of counselling. It is a tool through which the client becomes aware of certain attitudes, feelings, reality versus subjective concept and permits him to see himself and his environment in a more objective manner which allows better control of the himself and of situations. Counseling may include the giving of information, explaining a regime and analyzing its issue, and analyzing the steps involved in a course of action. Counselling in *casework* is provided to the clients under the following conditions :

- The individual is under a degree of tension, arising from incompatible personal desires or from the conflict of social and environmental demands with individual needs. The tension and stress so created are greater than the stress involved in expressing his feelings about his problems.
- The individual has some capacity to cope with life. He possesses adequate ability and stability to exercise some control over the elements of his situation. The circumstances with which he is faced are not so adverse or so unchangeable as to make it impossible for him to control or alter them.
- He is reasonably free from excessive instabilities, particularly of an organic nature.
- He possesses an adequate intelligence for coping with his life situations, with an intelligence rating of dull, normal or above.

- He is also able to express these tensions and conflicts either verbally or through other media. A conscious desire for help is advantageous, but not entirely necessary.
- He is reasonably independent either emotionally or spatially, of close family control.
- There is an opportunity for the individual to express his conflicting tensions in planned contacts with the counselor.
- He is suitably aged-old enough to deal somewhat independently with life, young enough to retain some elasticity of adjustment. In terms of chronological age this might mean roughly from ten to sixty.

Similarities and dissimilarities of casework and counselling :

Similarities

1. Both have the same objective.
2. Both deals with same type of clients.
3. Both deals with the same type of problems.
4. The effectiveness of both depends on 'Relationship'.
5. Both believe in worth and dignity of the individual.
6. Both have common principles.

Dissimilarities

- a. In counselling help is provided to the client without social service whereas the main base of help in social case work is social service.
- b. Agency is not essentially required in counselling but social case work is always practiced in an agency.
- c. Counsellor is self-dependent in his counselling but case work services are provided through agency.
- d. Social case work gives an emphasis on activity but in counselling the client is enabled to understand his problem.
- e. In counselling, an emphasis is laid on the problem, not the person concerned but in social casework the emphasis is basically on client and the type of service to be provided.

- f. Concrete help is not provided in counselling. Counselor and client talk together on the problem but in social case work concrete service is rendered along with oral discussions.
- g. Counsellor is concerned most of the time with one type of problem as there are various counselling agencies but in case work client is studied and understood as a whole.

11. Exploration—It starts with questions about age etc. and proceeds to explore the client's feeling and experiences with open-ended questions. If the worker is uncertain as to why the client is emphasizing a particular thing, or taking a question, or making a request, complaint, accusation, and so forth, it is wise to make further inquiry as to just what the client has in mind, and why it is important to him. Exploring through questioning and commenting is also useful when the worker wants clients to look in more depth at a certain subject. This helps in collecting relevant data for diagnostic purposes and may lead the client to think various unexplored areas of the problem, thus helping him to have insight into the problem.

12. Initialization—We all have experienced anxiety whosoever we had to ask for help from persons unknown or formally known to us. Similarly, questions about self from unknown or formally known persons also create anxiety in us. Apart from this, when the client approaches the caseworkers, he is naturally suffering from some anxiety caused by his problems/non-fulfillment of his needs. The anxiety is tackled and the client's interest in solving his problem is sustained. Sustaining process becomes more useful when anxiety is greater as it quickly reduces his anxiety, makes him comfortable and thus builds his confidence in caseworker. Techniques used in sustaining process to maintain his/her current social functioning and interest in casework treatment are conveying acceptance, reassurance and encouragement. Here , it is very important to talk about the technique of *direct influence* in case work :

- **Underlining** : This involves approving or emphasizing a course of action, the client himself is contemplating upon. Here, the worker may use the sentences like, "I think this is realistic for you to...", "I think you are doing the right thing and the action should be taken as quickly as possible".

- **Suggestion** : Herein a solution is raised in the client's mind by the worker and it is up to the client to accept or reject the idea. Since the worker is not emphatic on this suggestion; the client is free to reject the idea. For example, worker may say, "You can utilize this leisure time for painting or kitchen-garden etc". In case the client uses his leisure time for walking or playing, he is free to do so without any fear of criticism from the worker.
- **Advice** : This involves stating an opinion or taking a stand concerning certain issues which must be acted upon by the client in his own interest and which if not taken will be harmful to the client's interest. Physicians advice drugs which should be taken by the client if he wants to get cured. Similarly, the caseworker advises actions which should be adopted by the client to solve the problems.
- **Advocating** : This is one step beyond the advice, i.e., putting certain urgency behind the advice offered. Advice is re-emphasized. It is offered in term of :it is essential and that would be very unwise not to do so". This is indicated when there is a chance of severe loss because of the client's ill-considered or impulsive action, or when enough time is not available for discussing consequences of the action being contemplated by the client. Such situations may be like a mentally disturbed person sticking to the home, a person likely to commit suicide, or running away from homes, etc. In all such situations, advocating becomes more useful because it saves the client from the big loss he may suffer because of his ill-considered action. However, no attempt should be made to create guilt in the client, when he fails, by telling him that "I told you so".
- **Actual intervention** : Herein the caseworker takes action to prevent the client from taking inadequately considered action or sees that he acts in a particular (the desirable) way. Examples are removing the patient to a hospital, placing the child in a hostel, etc. Use of these technique demands that the worker be fully convinced that the step is factually justified and necessary community resources and support are available. His action should be firm and polite without communicating any anxiety to the people around.

Direct influence techniques should be avoided unless it is really justified and it should be, wherever possible, used in conjunction with the producers for development of understanding. To start with, most gentle form of influence should be used. The

caseworker has to be very cautious and conscious of his own needs while suggesting and offering advice.

13. Acceptance—Rogers (1961) attaches great importance to the principle of acceptance. The nature of a client-caseworker relationship is defined and set by this principle of the caseworker regarding the client unconditionally as a person of self-worth. Sometimes we have conditional acceptance which no social relationship can escape. The caseworker- client relationship is also a kind of social relationship and the parties, namely the caseworker and the client, may approach each other with different degrees of acceptance. This is not a healthy client-caseworker relationship. An ideal relationship is one in which acceptance is unconditional. Complete acceptance does not involve normative or judgmental attitudes. But it is deeply concerned with alleviating the misery of another person. A client-caseworker relationship reveals acceptance by words, gesture, posture and the client's as well as worker's experience of the feeling of being unconditionally liked, respected and understood. In this sense, acceptance is the essence of a client-caseworker relationship.

14. Confrontation—Herein the client is confronted with his own motor behavior, feelings, reactions etc. These are brought to his attention in its various aspects to help him to understand his own reactions to the situation/event/person. This brings in insight necessary for effecting desirable change in his approach to deal with life situations. Examples: “You remember your eyes got red and your voice got raised when I... You remember you said 'No' when I requested you to see your hospitalized brother.”

15. Role play—It refers to the spontaneous demonstration of the situation. It is a play enacted or character seen in real life consciously bringing out the feelings of the character brought into play. It is to uphold a particular phenomena or social issues through individual enactment. The purpose of the role playing are :

- Understand one-self and others.
- The role played by people in actual life.
- Examining personal attitude, feeling and behavior.
- Experimenting the new personal behavior.

- Understanding the different aspects of a role and interaction between the roles.
 - Asking the observers for their comments.
 - Reflecting on and discussing the role play. Discovering insights and giving expression to them.
 - Stopping the role play after 5-10 minutes or when the main points are over, ask for role players' own comments and experience.
 - Briefly trying out the main roles.
 - Intervening roles and their general characteristics.
 - Selecting those who will be most effective in the roles.
 - Choosing observers and briefing them as to what they should look for.
 - Planning the role play and scenario in outline form by the main role players.
 - Rehearsing and practicing for dealing with new situation. Discussing briefly the issue or problem or previous experience or relationship and deciding which are the important aspects to be included in the role play.
 - Defining the purpose of a particular role play.
 - Identifying roles and their general characteristics.
- 16. Modeling**—Modeling is a technique in which a client's behavior is modified as a result of observing the appropriate and normal behavior of other people used as models. One may use modeling therapy for eliminating a child's fear of rabbits by making him observe that other children are playing with the rabbits without fear. Similarly, one's phobia of snakes may also be overcome through modeling therapy. Such patients may be made to observe both real and filmed incidents of people (models) and snakes in which people (models) may be seen approaching the snakes gradually with no signs of anxiety and fear. Modeling as a technique may also be used for learning more adaptable and desirable ways of personal and social adjustment. People may also be helped in the treatment of sexual dysfunctions by means of films or live models depicting practical techniques and normal sex behavior.
- 17. Reality therapy**—RT is an approach to psychotherapy and counselling developed by Glasser (1960). RT differs from conventional psychiatry,

psychoanalysis and medical model schools of psychotherapy in that it focuses on what Glasser calls psychiatry's three Rs- *realism, responsibility, and right-and-wrong*, rather than symptoms of mental disorders. RT maintains that the individual is suffering from a socially universal human condition rather than a mental illness. It is in the unsuccessful attainment of basic needs that a person's behavior moves away from the norm. Since fulfilling essential needs is part of a person's present life, reality therapy does not concern itself with a client's past. Neither does this type of therapy deal with unconscious mental processes. In these ways reality therapy is very different from other forms of psychotherapy. The reality therapy approach to counselling and problem-solving focuses on the here-and-now actions of the client and the ability to create and choose a better future. Typically, clients seek to discover what they really want and how they are currently choosing to behave in order to achieve these goals. According to Glasser, the social component of psychological disorders has been highly overlooked in the rush to label the population as sick or mentally ill. Reality therapy attempts to separate the client from the behavior. Just because someone is experiencing distress resulting from a social problem does not make him sick; it just makes him out of sync with his psychological needs.

7.4 Role played by the therapist/caseworker

Reality therapy seeks to treat patients who face difficulty in working out a relationship with others. So, the information of a connection of the patient with therapist is regarded as an important milestone at the start of the therapy. According to the therapists, bonding of the patients with their therapists is the most crucial dynamics that would facilitate the healing process. As soon as this bonding is stable, it can help to form a fulfilling connection outside the therapeutic environment.

Patients receiving this kind of therapeutic treatment will learn various ways to strengthen relationships in the most suitable manner possible and that too in the absence of their therapists' safe relationship. Moreover, they will be able to use their newfound skills in their personal lives.

Reality therapy says that when patients are able to use the skills, behaviours, actions and methods learned through the therapy in their personal lives, then they will

be able to successfully work out external relationships as well. This will provide them with the satisfaction of leading a more fulfilling life.

While traditional psycho-analysis and counselling often focus on past events, reality therapy and choice theory solutions lay in the present and the future, Practitioners of reality therapy may visit the past but never dwell on it. In reality therapy, the past is seen as the source of the client's wants and his or her ways of behaving, not as a cause. A client's "Quality World" is examined as to what this person wants in his life and it is realistic. Supposedly each person from birth has taken pictures or stored mental images that he wants in his Quality World. Also, each person strives to attain these things that have given pleasure in the past. Everyone's quality world is different, so naturally when people enter into a relationship their quality world most likely will not match up with their new partner.

Principles used by the case worker while using reality therapy as a technique :

- Focus on the present and avoid discussing the past because all human problems are caused by unsatisfying present relationships.
- Understand the concept of total behavior, which means focus on what clients can directly act and think.
- Avoid discussing symptoms and complaints as much as possible since these are often the effective ways that clients choose to deal with unsatisfying relationships.
- Be patient and supportive but keep focusing on the source of the problem.
- Help them make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate their progress. Based on their experience, therapists may suggest plans, but should not give the message that there is only one plan. A plan is always open to revision or rejection by the client.
- Teach clients that legitimate or not, excuses stand directly in the way of their ability to make needed connections.
- Focus on specifics. Find out as soon as possible who clients are disconnected from and work to help them choose reconnecting behaviours. If they are completely disconnected, focus on helping them find a new connection.

- Remain non-judgmental and non-coercive, but encourage people to judge all they are doing by the Choice Theory Axiom.
- Avoid criticizing, blaming and/or complaining and help clients do the same. By doing this, they learn to avoid these extremely harmful external control behaviours that destroy relationships.
- Spend less time on what they cannot do directly such as changing their feelings and physiology. Feelings and physiology can be changed indirectly, but only if these is a change in the acting and thinking.

18. Family therapy—Family therapy has grown out of the realization that each member of a family is influenced by every other member. Usually, unhealthy intra familial relationships are responsible for the maladaptive abnormal behavior of a person. On the other hand, an abnormal person may prove a potent factor in turning the environment of family uncongenial and thus paving the way for making other members maladjusted and abnormal. A proper treatment procedure must care for the related factors in one's family along with his treatment. In order to bring about a desirable modification in the behavior of a person we have to take care of the interfamilial relationships within his or her family. If we attempt to change the person without changing the others in family, we may find family circumstances conspiring to keep him as he is. Family therapy is a challenging and promising approach. It helps the family members to discuss their attitudes with each other and acquire insight in the interfamilial relationship. It brings desirable changes in the whole family interaction, ensuring that changes in one person will not be counteracted by the behavior of others. This approach brings all or a large portion of the family under study and thus helps in maintaining the family's equilibrium and allows the family to work its adjustment problems as they occur.

19. Transference—It is the tendency in every human being to relate the emotions and attitudes that have developed during his growth to those people in his immediate environment. The individual who brings to his object relationships his fantasized needs and who gives to the object fantasized qualities is manifesting the phenomenon of transference. This means that he

is transferring to a real person feelings, attitudes, and fantasies which come from his unconscious mind and which are residual of his infantile experiences and conflicts. A patient's transference to the analyst is only that part of the patient's reaction to the analyst which repeats the patient's reactions to a person who has, at some previous time, played an important role in the patient's life. When a patient recounts free associations, he soon speaks of events or fantasies of vital interest to himself, and when these are told, the listener is gradually invested with some of the emotions which accompany them. The patient gradually begins to feel that the sympathetic listener is loved or hated, a friend or an enemy, one who is nice to him or one who frustrates his needs and punishes him. The feelings toward the listener become more and more like those felt toward the specific people the patient is talking about, or, more exactly, those his unconscious "is talking about" This special case of object displacement during psycho-analysis is called transference.

Transference in case work—Transference was introduced into social work parlance by Jessie Taft in 1924 who described it as "an emotional relationship to the client". Hamilton defines transference as a carrying over of irrational elements from other relationships, particularly in the past, displaced on to the social worker, reflecting unconscious motivation. All relationships are based on previous experiences with people, however, the psycho-analytic term 'transference' referring to specific irrational responses of the client to the worker, as though the worker was some person in client's previous experience, is frequently used to refer any positive or negative feelings of the client for the worker. In this sense, the therapeutic relationship would be viewed as a transference relationship, as opposed to a real relationship, thus permitting the worker to insulate himself or herself from any true reactions and personally meaningful interactions with the client. A simple example of transference would be that of a client who came from a home where his father was an arrogant and domineering person. As a man the client has never been able to get along with his boss or any other figure of authority. In the case work situation, he transfers to the case worker hostile feelings of the type he originally felt toward his father and accuses the case worker of the same arrogant treatment at the hands of his father.

Types of transference—It is of two types—positive and negative. If the parents of the client have been friendly and helpful, even though imperfectly or unsuccessfully but with the child's (client) interest at heart, he will transfer a desire for help, friendship, guidance, emotional support and interest. It is *positive* transference. If during client's early development the parents had not shown interest in him and were indifferent, then the client will transfer feeling of unfriendliness, suspicion and distrust. It is *negative* transference. If the transference is positive, help can be given more quickly and easily. When the transference is negative, then part of the work of the case worker is to help the client understand the origin of the negative feelings and work toward making them more positive.

Use of transference—There are **three stages** in dealing and using transference in social case work. These stages are :

- 1. Understanding the transference.**
- 2. Utilizing the transference.**
- 3. Interpreting the transference**

Understanding of the transference is essential for the worker as it helps to understand the behavior of the client and to recognize its significance in his development process. It also explains the present unconscious needs of the client. Understanding of the transference gives an opportunity to the worker for the integration of factors i.e. the present behavior and problem, the environmental forces, the past experiences and earlier relationships.

Utilization of transference depends on the understanding of the social case work of the phenomena .It explains many cures or treatments of emotional disturbances by life situations and by fortunate relationship with other persons. The recognition of a transference need permits the establishment of a relationship between a case worker and a client which allows for the utilization of such techniques as suggestion, advice, counselling, and education.

The interpretation of the transference, that is, confronting the individual with the awareness that his behavior is the repetition of a specific unconscious infantile constellation is definitely part of psycho-analytical therapy and requires the preparation of the individual by the careful analysis of his unconscious defenses.

Use of Transference in Diagnosis

The person, who comes for help, knows external factors of his problem and has little resistance discussing them. In such cases a positive reality relationship is sufficient for diagnosis. When the emotional factors are involved in the problem, the client will not like to disclose them easily and most of the time will avoid on that particular issue. In such cases transference becomes necessary because apart from the resistance due to personal reasons involved in the problem, he is not fully aware about his existence in him. Transference diminishes these resistances to some extent and thus helps him to talk more freely and friendly. It is transference which gives clues by which social case worker infers the nature of his underlying difficulties. It also gives an insight into the client's personality and helps in identifying his weaknesses as well as his strengths and ego functioning. On the basis of the understanding of the ego strength, social case worker prepares treatment plan for the client.

Use of Transference Treatment

In case work, transference is developed in terms of psycho-social interaction to reveal specific relationship and situations rather than being held within the worker-client focus as such. Transference is designed to free the patient sufficiently so that he may think and feel more realistically about his behavior and relationships, to support him in great feelings of adequacy and confidence, and to mobilize him to express his powers creatively in social situation. Transference promotes a feeling on the part of the client that his problem is being shared and case worker is genuinely interested in his welfare. This feeling of the client makes him easy, calm; less burdened with anxiety and opens the road for fruitful solution.

The feeling of sharing of the client is his identifications with the worker who develops transference. Thus the transference helps in treatment in a number of ways.

- The client feels relaxed.
- The client starts abandoning resistances.
- He perceives the problem situation more realistically.
- The mature ego strengths of the worker serve to reinforce the weak ego strengths of the client.

- The worker, when he does not respond neurotically, helps the client to see and bear the reality.
 - Identification with the worker gradually helps the client to strengthen his ego power and capacity for reality testing and problem solving.
- 20. Counter transference**—Relationship is a two way process. Social case worker has also unconscious tendency to transfer out the client. As in the case of transference, these counter transference feelings, both positive and negative, are unconscious but operate with force. Therefore, it is the job of case worker to recognize his feelings and must control them.
- 21. Clarification**—This involves clarifying the reality as distinct and separate from fantasy. This seeks to correct distorted ideas that are unrealistic. This helps in developing awareness of unproductive repetitious behavior patterns and of the ego defenses operating in individual's such behavior patterns. Herein, the client is made aware of certain attitudes and feelings colouring his reality perception; once he is aware of it, he can see how his actions are against his own real interests. His awareness of his own attitudes and feelings helps him to see the situation objectively. He thus develops better control and takes decision according to his real needs and existing reality. Examples: How do you know that your father—in -law is angry with you? How can you say that college-going girls do not make good wives? Can you secure first division in the examination by studying for one hour daily only?
- 22. Interpretation**—It is meaning (why) of the client's behavior in terms of the influence of his earlier experiences with parents and siblings on his current functioning. The current functioning is interpreted in terms of his experiences in childhood and he is made to realize that his own actions are against his own interest. Interpretation of the reaction of the client is done in terms of how (dynamic functioning) also, i.e., in terms of interaction between thinking and feeling, ego, id and superego, defense mechanisms and impulses etc. Examples: "Are you afraid of your boss because you were afraid of your father? Do you fulfill all the wishes of your wife irrespective of its cost because of your domineering sex urges".
- 23. Resource utilization**— It is a very common technique of social caseworker which implies that all the resources available to the client, including

interpersonal as well as community resources, are used to help the client and protect his legitimate interest. In this process, one can use the resources of friends, relatives, neighbours, public and private agencies, in addition to his own (client's) intelligence, psyche, education, talents etc., to help him to solve his problem and adjust to his environment.

- 24. Individualization**—It is just opposite to generalization. Herein, the client is made to feel that the reactions/feelings are unique to the client and he should own responsibility for it if he is to solve his problem. This is required in those cases where the client avoids taking responsibility for his feelings/reactions by generalizing it. One may say, for example, “I think, Mr.X, it you who feel like this. Others do not feel like this in such situations”.
- 25. Paraphrasing**— Paraphrasing has been regarded in professional literature as an influential reaction that greatly contributes to the process's progress. The counsellor rephrases the content of the client's message. This reaction encourages additional thoughts and new expressions which then aid the client in examining conflicts. Using paraphrasing during counselling also assists social case worker to clarify and brighten the client's expressions.
- Paraphrasing is rephrasing the main content of the client's message (usually in a shortened form) to clarify the essence of what he or she has just said.
 - It is about stating thoughts from a different angle.
 - It concentrates on immediate client statements.
 - It is about taking what the client has said and repeating it back to them in one's own words **BUT** not necessarily using the same words.
 - An accurate paraphrase would involve interchangeability of client's ideas.
 - In summary, paraphrasing is simply just about condensing, capturing and stating in one's own words the important content message of what someone has just said.

Paraphrasing is repetition of the jest of client's feelings by the counselor in their own words. For example, “You seem to be saying that you are afraid that your family is not going to take care of you”. The clients might then agree with the interpretation. If not, the counselor can seek clarification by saying “will you please explain it with

more details”. Utilizing this technique, the case worker attempts to give feed back to the client; the essence or content of what the client has just said and clarifies understanding of the client’s world. Clarification helps the client to come to understand themselves better. When you ask the client to explain something in more details or in a different way; by doing this clients not only explore their own feelings further, but will also feel that you are trying hard to understand their situation. In the process, case workers also tell the client about the scientific facts known to them.

A paraphrase reflects the essence of the verbal content; it expresses the facts of the situation but pares away details. For instance, newscasters often repeat in their own words what people said during interviews. Each of you has observed the use of the paraphrase and has probably used paraphrasing, perhaps without noticing it. When you take notes in a class, you probably paraphrase the instructor’s lecture. When you send a telegram, you condense the message into as few words as possible—again, a form of paraphrase.

When to use paraphrase

- When you have an hypothesis about what’s going on with the client.**
- When the client is in a decision making conflict.**
- When the client has presented a lot of material and you feel confused.**

It is helpful for the case worker to repeat the client’s preferred words especially if the client uses a particular word rather frequently. This is highly useful as it helps the client feel a higher degree of rapport with the social worker. Also, when a client shares a particular insight, parroting might help the insight to sink in further. The paraphrase has **three** main functions :

Verification of perception—A paraphrase acts as a perception check. To verify that you have understood what the other person has said. This is especially helpful if you are confused, or if you feel you may be identifying too closely with the person’s situation. If you have heard correctly, the client may respond to your paraphrase by saying “Yes”, ‘That’s it”, or “Right”.

Clarification—It may clarify what the person has said, especially if you pick up trends, set up dichotomies, or list priorities. As an active listener with some objectivity, you may see these trends and priorities more clearly than the speaker.

Demonstration of accurate empathy—A good paraphrase can demonstrate that you have what Carl Rogers called accurate empathy. *Accurate empathy* is a non-judgmental reflection of another person’s world view; it is “walking a mile in another’s shoes”. It is important that a paraphrase be brief. It should almost always be shorter than what was originally said. Standard openings for a paraphrase are: “In other words,” or “So I hear you saying——”.

Key points to remember while paraphrasing

1. When restating in your own words bear in mind that you have to show a manner where the content and meaning of what has been said remains the same without any change. In other words, the social worker should not add or alter the meaning of the client’s statement.
2. Also, such rephrasing statements should be void of judgment.
3. In addition, paraphrasing statements should be presented without an attempt to problem-solving.
4. Always check the accuracy of your paraphrasing with your client through phrases such as “Is that right?”
5. A tip for helping students who have difficulties in paraphrasing would be to slow down the pace of the helping relationship so that they would have more time to think.
6. During this time, social workers should try to recall the key message and attend to it. Also, recall key points and try to reconstruct it you’re your own words.

Moreover, many people have this conception that paraphrasing is merely putting the other person’s ideas in another way. However, effective paraphrasing comes from an attitude, a desire to know what the other person means. Hence, it is essential to communicate the meaning that their words convey to you.

Social case workers should remember to state paraphrases in a tentative way so the clients can correct errors, confirm accuracy or provide more details. Also, a tentative paraphrase helps to pave the way for open discussions that might lead to deeper explorations. Examples of such tentative statements are “Correct me if I’m wrong, but I’m sensing... and “Would I be right to say that you feel...”.

In the beginning stage, paraphrasing is especially important as the social case worker is just starting to understand how the client feels and thinks. The client has an opportunity to know that the social worker has been listening to them, is with them and is interested in what he or she has to say. Thus, paraphrasing has a powerful and positive effect as the client in turn would release their defense guard and would share more without fear. Sharing more would lead to new understanding or insights for client with respect to their feelings and problems.

Through paraphrasing, client can also have an idea if the social worker has understood what he or she has said. If he or she feels that they have yet to be accurately understood by the social worker, then this provides them a chance to try to make the message clearer or correct the inaccuracy. Help the client by simplifying, focusing and crystallizing what they said. On the other hand, if the paraphrase is accurate, it engages the client more and makes them open up more. It may encourage the client to elaborate more. Paraphrasing is useful for confirming understanding such as confirming the social worker's perceptions. It provides a check on the accuracy of counsellor's perceptions. Paraphrasing helps in the process of sorting out important from less important information. This helps the client to not only focus on the content of his or her message but also aid them in organizing their disjointed thoughts. Lastly, it helps to highlight content when attention to feelings is too early or self-defeating.

A good paraphrase :

- Captures the essence of what the person said; leaves out the details.
- Conveys the same meaning but usually uses different words.
- Is briefer than what the person said.
- Is tentative.
- Is clear and concise.

Steps in paraphrasing

Client, a 40-year old woman : 'How can I tell my husband I want a divorce? He'll think I'm crazy. I guess I'm just afraid to tell him "

- Recall the message and restate it to yourself covertly.
- Identify the content part of the message,.

- Wants divorce, but has not told husband because he will think she is crazy.
- Select an appropriate beginning: e.g., “It should like”, “You think”, ‘I hear you saying”.
- Translate the key content into your own words: Want a divorce= break off, split; e.g., ‘It sounds like you have not found a way to tell your husband you want to end the relationship because of his possible reaction. Is that right?’
- Confirm the accuracy of the paraphrase.

How it is done

Restate basic ideas and facts in your own words. Introduce your paraphrase with such comments as :

So, if I understand you right, you are saying.... (repeat what they just said in your own words)... Do I have it right?

Let me see if I get what you mean. You are suggesting that... Is that it?

Ok, your point is that....Correct?

Use your paraphrasing to separate factual content from feelings by saying something like :

- The factual situation is... (repeat their facts)... and the way you feel about that is... (Emphatically describe how you think they feel). Is that right? Move toward problem solving.
- Client : I lost my job at the start of the year. On top of that I had marital problems with my husband. My children just don't seem to respect me.
- Social case worker : The message I get is that you have had a number of serious things going wrong this year.
- Client : I know it does not help my depression to sit around at home or stay in bed all day.
- Social case worker : It sounds like you know you should avoid staying in bed or sitting around all day to help your depression.

26. Reassurance—It is used to allay unrealistic anxiety, guilts and apprehensions and create a sense of security in the client. The strength of reassurance depends upon the confidence the client has in the worker. The way the worker conducts himself in the situation can itself be reassuring to the client.

His fantasies/irrational thinking can be discussed to show their baselessness, thus making the client comfortable and secure. For example, in the interview for jobs, the worker can explain the whole situation and thus make him believe that he had equal chance to be selected along with others and that his apprehensions about the interview board are baseless. Reassurance should be given only when the facts justify it. To cite an example, one may assure an anxious patient to be operated that there is every likelihood of its being successful. If someone tells him that the operation is bound to be successful, he is taking risk as one can never be fully sure of the operation's success. Insecure persons may seek unconditional reassurance, which should be avoided for obvious reasons.

- 27. Encouragement**—It is done through expressing confidence in the client's abilities, recognizing his achievements and expressing pleasure in his success as we do when someone gets distinction in the examination or wins a match. It is useful with children and adults lacking self-confidence or with persons in critical situation. Like any other technique, encouragement should also be based on facts and not on false premises. False encouragement is detrimental to the growth of individual. Examples are congratulating someone when successful in some competition, or when something has been achieved.
- 28. Explaining**—This technique is used for helping the client to understand the situation or events in its various aspects with possible implications for the clients. The worker tries to put all the aspects of the situation/event in detail and in proper sequence to enable the client to have better intellectual understanding and appreciation of the situation/event. This helps him to take proper decision and allays his apprehensions and corrects misconception. Sometimes one may take the help of theoretical knowledge also.
- 29. Catharsis**—A catharsis is an emotional discharge through which one can achieve a state of moral or spiritual renewal or achieve a state of liberation from anxiety and stress. Catharsis is a Greek word and it means cleansing. In literature it is used for the cleansing of emotions of the characters. It can also be any other radical change that leads to emotional rejuvenation of a person. This technique is often used by the caseworker to elicit all pent up

feelings from the client which facilitate to realize many dimensions of the problem the client is encountering.

7.5 Summary

We learnt that why it is important to adopt the techniques while solving any client's problems. While going through this unit we came across several Social Work techniques and also learnt about the role of the Case Worker as a therapist. We must try to use these techniques in right situation to get the best result.

7.6 Exercises

1. Write any four techniques of Social Work with examples from your field work placement.
 2. What is paraphrasing? Enumerate its key points.
 3. Write a brief note on study, diagnosis and treatment.
 4. Enumerate the principles used by case worker while using reality therapy.
 5. Discuss the Differences between counselling & Case Work.
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7.7 References

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Unit 8 □ Skills and Attitudes of Case Worker

Structure

8.0 Objective

8.1 Introduction

8.2 Attitudes of Case Worker

8.3 Summary

8.4 Exercise

8.5 References

8.0 Objective

In this unit the learners would get an idea about the various kinds of skill and attitudes required by the professional social workers while working in different situations.

8.1 Introduction

Skill is the capacity to perform a task or act in such a way that the objectives are realized effectively and within the shortest possible time. Skill development depends upon training, practice, experience and knowledge of human behavior. Basically, there are four skills required for effective casework practice.

- a) **Skill in relationship**
- b) **Skill in exploring problems in depth**
- c) **Skill in the use of the resources**
- d) **Skill in finding out alternative solutions**

It has been discussed earlier that casework treatment is carried through relationship between the client and caseworker. This needs creating an atmosphere of trust, confidence and mutual respect wherein the client feels comfortable to express himself and asks for help. 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.

The caseworker ought to possess skills in probing the details and developmental sequence of the problem. Caseworker's ability to help the client to tell his story and to identify his real problem requires capacity to listen to, express interest and show respect to the client's versions along with understanding of human behavior in different conditions, and of social conditions and human problems. Obviously, this requires capacity to empathize with the client.

Very often, services and material resources are used as tools to help the client to solve his problems. Therefore, caseworker needs capacity to tap all such resources either available in the friends circle or with the relatives or in the community of the client in general to help him. Caseworker's skill lies in locating and using these resources for helping the client in such a way that it does not damage his self-image, especially in out Indian settings.

After having established a congenial relationship, explored his problems and tapped the needed resources, it is extremely important to discuss the possible approaches to solve the problem in greater detail and with full clarity. Alternative courses of action need to be thrashed out vividly and concretely in terms of its advantages, disadvantages, implications for everyone likely to be affected by this decision. Skill lies 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. The suggested actions have to be according to his capacity, status, resources and community norms.

8.2 Attitudes of Case Worker

Social **casework attitudes** have roots in the democratic social system. These contain certain ideas which are valuable to anyone engaged in social case work practice.

1. *Every man has inherent worth and dignity*-This is a fundamental value of democracy, therefore, of social case work too. He or she is worthy caring for the simple reason that he or she is an individual, a human being capable of contributing to the growth of the society. It is because of this attitude that social workers attend to every person's need without an consideration of class, caste or creed etc., and serve anyone and everyone without any discrimination. They recognize the fact that every member, whatever be his handicap, has worth; therefore, he deserves to be respected and he is a

dignified member of the society like anyone of the society. He had to be respected so that he can get all possible help and facilities to live a socially productive and personally gratifying life.

2. From this it follows that *individual has right to self-determination*, taking decisions about all the matters related to self as long as it does not interfere with the rights of others. One is considered to be capable of taking decisions about one's own future and the helper is only to tell him the pros and cons of his decisions to enable him to choose his own future course of action.
3. *Every individual is the primary concern of society, has potential for and the right to growth* and it is the responsibility of the society to provide equal opportunities to everyone to actualize his self.
4. *Every individual in turn, has to contribute to the society's development* by assuming his social responsibility, discharging his functions honestly and acting properly and adequately in his social roles.
5. *The individual and society in which one lives are interdependent*. Neither the individual nor the society can be conceived of without each other.
6. *Basic human needs to be met by services* which are not contingent upon conformity either to moral behavior or to race, nationality, religion, caste, etc.
7. *Man is a bio-psycho-social who is in constant interaction with his environment*. Social functioning is determined by this interaction. When the child is born, he is nothing but a mere organism capable of bare minimum psychosocial processes. Mother starts training the child. She teaches the baby either to suck the bottle or mother. The training continues. The child learns where and when to pass faces, what to eat, what to put on, etc. It goes on further. He learns the language, how to address mother, father, guests, seniors, etc. This process of learning goes on and he becomes a person by learning the social manners, social customs, morals, laws, etc. He, as a member of the society, tries to establish his place in his group-family, neighbourhood, village, etc. So, he does not remain a mere organism but becomes a person through the process of socialization. What he is today, is the product of interaction of the organism with psychological, social and geographical factors. And, the social functioning (how does he act in relation to self and others) is the result of the interaction of man, who is a product of biological (physical), psychological

(thinking, feeling, perception, learning, memory etc.) and social (membership of the group which has its own norms, values, customs and a certain style of living) factors, with the environmental factors like the human beings, the living bodies, the climate, the amenities of life and the natural surroundings, etc.

8. *Every person is unique as well as similar to others.*
9. *Man can grow and change limited only by his inherent capacities and potentials.* This attitude implies that there is no limit to growth and development of an individual except the one imposed by our genetic potentialities inherited by us. For example, we cannot make a person with an I.Q. of 50 compete with a person of 100 I.Q. This attitude helps us plan our environment realistically and reduces our constraints involved in the process of helping others.
10. *Within certain limits, man can be understood and helped.* Man is, as discussed earlier, a product of a very subtle and complicated interaction process between bio-psycho-social (including environmental factors). Under no circumstances any one can understand this process to the fullest extent. Nobody can remember all that has happened to him during his earlier parts of life. This becomes more evident when we find that one invariably forgets what has happened to him even during one day. This is the human limitation. Hence, naturally, one can study and understand a person within certain limits only and thus the help to be given to him will be limited by the understanding of the man in question and the availability of various resources.
11. *All problems in social functioning are psycho-social in nature and most are interpersonal as well.* Social casework, to start with was more concerned with socio-psychological problems. With the advancement in the field, social casework has been described as a psychological process also dealing with psycho-social problems as well. The fact is that no unit of our functioning in the society, say any act is either purely psychological or social. It may originate in 'psyche' and get expressed in social (psycho-social) or it may originate in 'social' and get expressed through psyche (socio-psychological). For example, I think to present a pen to my child and I give it. This is psychosocial in nature. Similarly, when I see my teacher, I bow down and greet him, which is termed as a socio-psychological act. However, in all the

acts, we see both social and well as psychological components. Thinking takes place in a social context, and the way I think, has been patterned by the society. Our ideas, beliefs and attitudes have been learnt from the society and its culture. All the problems caseworkers deal with are psycho-social in nature, i.e. they have psychological as well as social components. (Here, psycho-social is used in terms of psychological and social and not in terms of which precedes the other one). The causative factors of the problem may be either in the psyche or in the social circumstances or in their interaction. Many a time, these problems have interpersonal components as well.

8.3 Summary

To get the most effective result, it is important that the Case Workers must acquire some basic skills so that a meaningful relationship is established with the client, and their problems are explored & resolved. The case worker must also adopt a democratic attitude & give appropriate dignity to the client.

8.4 Exercises

1. Briefly elaborate the necessary skills of social case worker.
11. What should be the ideal attitudes of case worker?

8.5 References

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Unit 9 □ Theoretical approaches in Social Casework

Structure

- 9.1 Objective**
- 9.2 Introduction**
- 9.3 Principles of Social Casework**
- 9.4 Schools of Social Casework**
- 9.5 Theories of Social Casework**
- 9.6 Summary**
- 9.7 Key Words**
- 9.8 Exercises**
- 9.9 Reference**

9.1 Objective

This unit will provide a good understanding about the principles of social case work. Also provide scope to learn about thoughts of school of various theories of social case work.

9.2 Introduction

Social Casework, a primary method of social work is concerned with the adjustment and development of the individual towards more satisfying human relations. But his/her adjustment and development depend on the use of available resources by him and within him. Sometimes due to certain factors, internal or external he/she fails to avail existing facilities. In such situation social caseworker by using different resources; both material and human helps the client. But before applying different techniques to the client in solving his/her psycho-social problems, he/she is required to know the theoretical framework of social casework practice. There are certain principles of social casework practice and these principles are the guidelines to work with client. Those principles have also been discussed here.

Diagnostic and functional schools of thought have been explained along with the difference between the two. Theories and models of working with the individuals have got its place in the present unit.

9.3 Principles of Social Casework

Let us quickly once again revise the principles of social casework are applied in establishing close relationship between social caseworker and the client. Relationship is the medium through which changes are brought in the behaviour and personality of the client. The term relationship in social casework was used for the first time by Miss Virginia Robinson in her book, “A Changing Psychology in Social Case Work” in 1939. The social casework relationship is the dynamic interaction of attitudes and emotions between the social caseworker and the client with the purpose of helping the client to achieve a better adjustment between himself and his/her environment. Thus the purpose of establishing relationship is to help the client with his/her psycho-social needs and problems. The relationship between caseworker and client may be more strengthened by using certain principles. These principles are :

- a) Principle of individualization
- b) Principle of meaningful relationship
- c) Principle of acceptance
- d) Principle of communication
- e) Principle of expression of feelings
- f) Principle of controlled emotional involvement
- g) Principle of non-judgmental attitude
- h) Principle of client’s self-determination
- i) Principle of worker’s self-awareness
- j) Principle of social functioning
- k) Principle of tuning behaviour
- l) Principle of social learning
- m) Principle of confidentiality

1) Principle of individualization

No two persons are alike in all qualities and traits. Their problems may be the same but the cause of the problem, the perception towards the problem and ego strength differs in every individual. Therefore, each individual client should be treated as a separate entity and complete information is required to establish close relations in order to solve his/her problem from root.

2) Principle of meaningful relationship

The purpose of establishing relationship in social casework is to change the behaviour of the client or to achieve adjustment in maladjusted situation. Meaningful relationship is developed in social casework by demonstrating the interests in client. He/she is convinced of the caseworker's warmth as an individual and conveys respect and caring for him/her. In return, the caseworker helps the client to trust in his/her objectivity and feel secured as worthwhile individual.

3) Principle of acceptance

Social caseworker accepts the client as he is and with all his/her limitations. He/she believes that acceptance is the crux of all help. It embraces two basic ideas — one negative and one positive. He/she does not condemn or feel hostile towards a client because his/her behaviour differs from the approved one. Later on, he/she tries to modify his/her behaviour step by step.

4) Principle of communication

Communication is a two-way process. There must be proper communication between caseworker and the client, which helps, in proper understanding of each other. It is the road to the identification of the client's problem. The function of social caseworker is primarily to create an environment in which the client will feel comfortable in giving expression to his/her feelings. It depends on a proper communication.

5) Principle of expression of feelings

Purposeful expression of feelings is the recognition of the client's need to express his/her feelings freely, especially his/her negative feelings. The caseworker listens purposefully, neither discouraging nor condemning the expression of those

feelings. Sometimes he/ she even stimulate and encourage them when the expression is of therapeutic nature.

6) The Principle of controlled emotional involvement

The social caseworker tries to understand the client's feelings and emotions but he/she himself/herself does not involved emotionally in his/her problems.

7) Principle of non-judgmental attitude

The non-judgmental attitude is a quality of the casework relationship. The caseworker does not blame the client for his/her problem nor he assigns any responsibility for his/ her miseries. He/she only evaluates the attitudes, standards or action of the client.

8) Principle of client self-determination

The client's self-determination is the practical recognition of the right and need of clients to freedom in making his/her own choices and decisions. But this right is limited by the client's capacity for positive and constructive decision making.

9) Principle of self-awareness

It means that caseworker should know his/her own strengths and limitations in dealing with client's problems. If he/she feels that the problems of the client are beyond his/her capacity, the client should be transferred to the appropriate authority.

10) Principle of social functioning

Social functioning means the functioning of the individual in his/her social roles and relationships, with emphasis on his/her relation to the environment. The caseworker tries to assess the roles of the client and his/her capacity to perform these roles.

11) Principle of tuning behaviour

Man has body, mind and intellect as three instruments of experiences through which life constantly pulsates. These three instruments have their own distinct characteristics in each person. Hence each person has unique personality. There is need of tuning three instruments for right perception and thinking. The social caseworker does it.

12) Principle of social learning

Social learning is a pre-requisite to the changes that are inevitably involved in problem solving. The social learning processes involves :

- (1) Arousing and focusing attention and concern,
- (2) Organising and evaluating the problem and planning future action,
- (3) Searching for and acquiring new information,
- (4) Providing opportunities to the client for new experience.

13) Principle of confidentiality

Confidentiality is the preservation of the secret information concerning the client, which is disclosed in the professional relationship only.

9.4 Schools of Social Casework

In the beginning the aim of social work was to help but later on due to influence of psychology and psychiatry, personality and behaviour treatment have also been added as the objective of social casework. Basic orientation of social caseworkers are of different kinds and with the result diagnostic and functional schools appear in the practice of social casework.

Diagnostic School

The diagnostic school is basically founded on the Freudian theory of psychoanalysis. Mary Richmond gave shape to these thoughts in the form of a school. She wrote first book on social casework i.e. Social Diagnosis in 1917. The other contributors of this school were Marion Kenworthy (New York School of Social Work), Betsey Libbey (Family Society of Philadelphia), Gordon Hamilton, Bertha Reynolds, Charlotte Towle, Florence Day and Annette Garrett. The Diagnostic school is based on the following main foundations.

Principles of Diagnosis

Social casework help is based on the understanding of each client individually and his/ her problems. It is essential because it gives a realistic basis for differentiation, and a base for the improvement of the client's social situation and personal satisfaction and adjustment. The diagnosis is based on the following principles :

- 1) The diagnostic process consists of a critical study of a client and his/her situation and the trouble concerning which help is sought or needed for the purpose of understanding the nature of the difficulty with increasing details and accuracy.

- 2) Diagnosis is based on the knowledge of the worker about the interplay of social and psychological factors affecting the client.
- 3) The knowledge of interaction between inner and outer forces influencing the client makes the process of diagnosis helpful and therapeutic.
- 4) Every problem of the individual should be understood in the light of multiple factors theory.
- 5) In the initial stage also, relieving of pressure of stresses and strains on the client, helps the caseworker to arrive at a proper diagnosis.
- 6) The initial appraisal of personality and motivations and their significance in the development of client's problem provides the basis for planning the treatment of the client's problems.
- 7) For the solution of the problem of the client, it is of utmost importance to gain some knowledge of his/her current capacity to work and to recognize the motivating forces in his/her behaviour.
- 8) The understanding of the psycho-dynamics and the pathological symptoms of the personality of the client provides the basis of determining the kind of help that can be appropriately offered.

Principles of Treatment

The main objective of the treatment is of alleviating the client's distress and decreasing the malfunctioning in the person situation system. The above objective is achieved by enhancing the adaptive skills of his/her ego and functioning of the person situation system. It is based on certain principles :

- 1) The forces of the discussion in the interview is centred on the problem and ways of resolving it. Attention is paid to know the obstacles both situational and behavioural that stand in the way of solution.
- 2) Nature and extent of both social and psychological factors differ in each situation.
- 3) Treatment goals and techniques are planned after a careful study of the particular needs of the client.
- 4) The success of the treatment programme is based on the utilization of the relationship purposefully.
- 5) Social therapy and psychotherapy are the two broad classifications of social casework treatment.

Use of Techniques

The techniques include encouraging, emotional discharge, reassurance, support, suggestion, guidance and direction, provision of new experiences, clarification, interpretation, etc.

Use of Relationship

The relationship is the medium of treatment through which client is enabled to find new ways of perceiving his/her problems and of handling himself.

Functional School

The functional approach to social casework practice was developed by the Faculty Members of the School of the University of Pennsylvania. This approach is based on the personality theory of Otto Rank. According to Functional School social casework is a method of helping people through special services given by social agencies in such way that the experience of using such services may be psychologically constructive. Thus the functional school of social casework has two inseparable aspects :

- 1) Potentials for help to a person is inherent in the existence of service. In spite of the differences in the clients and ways of using of agencies services, the kind of service an agency gives and their purposes remain the same.
- 2) The use of agency service gives psychological experience that differs from the form of another kind of service regardless of the similarity of problem in the people using the two services.

Diagnosis

The diagnosis is most effective which is related to the need for some specific service and which is developed in the course of giving the service. This school does not recognize the significance of understanding the total situation of the client. Functional diagnosis recognizes that people cannot be categorized and a plan with a specific kind of service may deny potential growth and change. In establishing a diagnostic conclusion each individual makes his/her own diagnosis of him/her. Diagnosis is a way of engaging in a human relationship process, which frees the help seeker to determine his/her own goal for himself/herself. The client is the centre for change capable of continuous growth and development.

Treatment

Functional school prefers to use the term helping process, rather than treatment. Social Caseworker is not responsible for treating someone who is the passive recipient of treatment because the school believes that the centre for change resides in the client itself. Social Casework through the agency service seeks to release power for improved social functioning.

The process of establishing and using a diagnosis serves as the part of casework helping. Total social casework process includes three stages or three time phases: beginning, middle and ending.

In the beginning phase, the caseworker establishes relationship by removing all the hindrances that come in the way of understanding the client or by the client to the caseworker. He/she also tries to understand the client's needs, desires, motives, interests and hopes for future. He/she also divides the problem of the client and put them in order of priority. The client starts to take services from the agency. In the middle stage the responsibility of the client increases and the relation becomes closer. The last stage is of separation of client from the caseworker. It is a difficult process. Sometimes client does not like to terminate the service due to emotional touch with the worker. The social caseworker with all his/her abilities and capacities tries on one hand not to harm his/her feelings and on the other hand the client may go happily. Caseworker gives him/ her a chance to become conscious of his/her readiness to leave, so that he/she can leave the agency without and fear.

Difference between Diagnostic and Functional School

- 1) Diagnostic School follows the theory of personality developed by Sigmund Freud whereas functional school is based on the theory of 'will' developed by Otto Rank.
- 2) Diagnostic School believes that personality is a composite of many interacting forces, reacting not only in each other but also influences the social environment favourably or unfavourably. The strength and the nature of balance of these forces are the result of individual's experiences primarily of his/her relationship to parents and the other person. The functional school also believes that the process of development of personality takes place within the interaction of inner needs and environmental experiences, but such an interaction takes place and is directed by the human beings inborn will to individual development and autonomy.

- 3) According to diagnostic school, the ego is the chief of psychic energy, the strength of which is determined largely by the favourable or unfavourable course of one's psycho-social environment. But according to functional school the ego (self) is the result of the creative use of inner and outer experience through the 'will' and is not the product of interaction of inner and outer forces.
- 4) In the diagnostic view, the goal of treatment is to increase the individual's ego capacity whereas functional school tends to direct his/her effort toward helping the client to release his/her inner capacity of feeling, organising and acting.
- 5) Total information about the client's ego functions, total personality, motivating forces, reality pressures and his/her current feelings is essential according to diagnostic view for enabling the client to take part in the therapeutic relationship. Functional school gives emphasis on the client's feelings in the immediate situation which includes both his/her problem and the casework relationship through which he/she may solve the problem, other information are secondary.
- 6) Diagnostic School believes in doing planned and goal directed help to the client — both psychological and social. Functional school gives full freedom to the client to give direction to his/her own process of change. Agency services are made available.
- 7) The Diagnostic School accepts responsibility for apprising client's capacities and weakness and for organising and arranging measures for self development. The functional school believes in the client's right for choices and goals because of the constructive value of the use of self.

9.5 Theories of Social Casework

Theories or models give the direction to the caseworker to handle the client in a way which is suited according to the client's need and social conditions.

I) **Psycho-social Theory**

Psycho-social theory was propounded by Hamilton. She published an article on “The Underlying Philosophy of Social Case Work” in 1941 in which the word ‘diagnostic’ was used to express psycho-social problems. In this approach, diagnosis and treatment are directed toward person in situation. The client is seen in the context of his/her interactions and transactions with the outer world. For proper diagnosis and treatment client’s social context must be understood and mobilized. Treatment must be differentiated according to the need of the client. Three stages are involved in psycho-social approach.

Psycho-social Study

Social Caseworker starts his/her work with the knowledge of the needs of the client. He/she on the basis of the needs assesses what kind of help is his/her need. He/she also finds out the perception of the client about his/her own problem, and his/her desires about the kind of assistance to be provided. He/she, then, himself/herself tries to arrive at his/her own understanding of what the client’s trouble is, what factors contribute to it and what type of service is needed to improve his/her ego strength and adaptability.

Diagnosis

On the basis of the collected data and available material social caseworker tries to assess the nature of client’s trouble contributing factors and where changes can be brought in his/her behaviour without much efforts.

Treatment

Social Caseworker gives much emphasis on indirect treatment or environmental modification. He/she intervenes actively in the environment and provides necessary concrete help to the client. He/she provides financial help by locating such agency, proper health care and also educational resources. Direct treatment is also provided for the ventilation of the client to accept concrete help. Psychological support, counselling, suggestions, etc. techniques are used to establish close relations with the client.

II) **Behaviour Modification Theory**

Behaviour modification theory is based upon the principles of learning and conditioning propounded by Pavlov and Thorndike. The researches of B.F. Skinner

helped to develop the behaviour modification approach further. The behaviouristic theory viewed problem as essentially the result of a failure to learn necessary adaptive behaviours and competencies and/or the learning of ineffective and maladaptive behaviours. It may happen due to conflicting situations that require the individual to make discriminations or decisions of which he/she feels incapable. The maladjusted person has learned faulty coping patterns, which are being maintained by some kind of reinforcement, and he/she has failed to learn needed competencies for coping with the problem of living.

Techniques of Behaviour Modification

The following techniques are used for behaviour modification:

Simple Extinction

In this technique, the reinforcement is removed to eliminate a maladaptive pattern of behaviour. This is especially helpful where maladaptive behaviour is being reinforced unknowingly by others. Through this technique, learned behaviour patterns are made weaker and disappear overtime.

Systematic Desensitization

It is a technique to deal with a wide variety of maladaptive emotional behaviours, particularly involving anxiety, irrational fears and phobias and other forms of dysfunctions i.e. neurotic tendencies. There are five basic steps in systematic desensitization :

- a) assessment,
- b) construction of anxiety hierarchies,
- c) training in muscle relaxation,
- d) imaginary training, and
- e) implementation.

Impulsive Therapy

In this technique, instead of banishing anxiety, the social caseworker attempts to elicit a massive flood of anxiety. With repeated exposure in a safe setting where no harm is felt by the client, the stimulus loses its strength to elicit anxiety.

Assertive Therapy

It is needed to develop more effective coping mechanism. In such therapy, the opportunity is given to the client for role-playing.

Aversion Therapy

This technique is used for the modification of undesirable behaviour by the method of punishment. Punishment may involve either the removal of positive reinforcements or the use of aversive stimuli.

Family Therapy

Family is a system which is composed of three sub systems : marriage, parenthood and siblings. There are continuous interactions and transactions among these sub systems. It is quite often observed that sometimes relations may not be harmonious and at that time outside help is required to bring the family on proper track.

Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. It is also true that the nature of the marital equilibrium affects all family members but its effect differs on each of the member. The development of children is affected also by the nature of the marital equilibrium because they interject the parents as models and guides. Further each developmental phase in the family has stressful situation which requires new relationship. Family therapy is significant because whenever one member of a family is in trouble, all are in trouble. Communication in the family is the channel through which members of the family interact. Whenever there is problem in the family communication become faulty or dysfunctional.

In family therapy, the diagnosis is confirmed on the basis of various types of interviews with the client and family. The social caseworker tries to know family structure, and the processes in the family responsibilities, roles patterns of daily living, role performance, role relationship, dependency, separateness, independence level, capacity, tolerance and control of feelings, intimacy, anxiety, regression, taboo, etc. He/she records the family history and analyses its contents. The social caseworker uses most of the techniques in one to one treatment, such as guidance, advice, education, suggestion, clarification, and interpretations.

Self-control and Self Management Therapy

Helping clients to help themselves is an old casework phrase. Self-control refers to the ability of individuals to change behavioural patterns that they or others perceive as harmful. The role of social caseworker in this process is to help the client

to develop the knowledge about how, when and where to use strategies for change. The worker acts as an instigator and motivator to help the client to start the programme and have motivating force to complete it. A multi-step guide has been presented by Watson and Tharp to develop a self-control plan.

1. List a current dissatisfaction.
2. Select one particular problem of behaviour that occurs in a particular situation.
3. Describe the effect of problem on behaviour.
4. Be as precise as possible in stating the behaviour that occurs and the situation in which they occur.
5. Gather baseline data. Count every instance of target behaviour and keep a record of count.
6. Catalogue enforcements. Answer three questions for each potential reinforcer.
(a) Is it a reinforcement or specially formed? (b) Is it a strong reinforcer?
(c) Is it accessible?
7. List and attempt to verify through observation possible antecedents to problem behaviours. Devise a plan for intervention for altering antecedents.
8. Identify the emotional components of the problem and plan for desensitization.
9. Select one of the plans that you have developed.
10. Continue to collect data on the problem behaviour. Make a graph of the data to determine that the intervention plan is working.
11. If the plan is successful, consider termination of relationship.

The Problem Solving Theory

This theory was propounded by Helen Harris Perlman in the book “Social Case Work : A Problem Solving Process”. This model stands firmly upon the recognition that life is an outgoing problem encountering — problem solving process. Every person is involved every time in coping with his/her problems. Sometimes he/she is capable of coping and sometimes fails to resolve the crisis situation. Through problem solving process individual or family is helped to cope with or resolve some difficulty that he/she is currently finding difficult to solve. Thus the primary goal of problem solving model is to help a person cope as effectively as possible with such problems in carrying social tasks.

In the initial phase the attempts are made to engage the client with his/her problems and to do something about it in a working relationship with the agency. The problem solving process starts at once, from the first movement with treating the person. The client is not treated for his/her problem but he is treated for the purpose of helping him/her to know himself/herself i.e. strength and weaknesses and how to remove those weaknesses. In short, the problem- solving casework process involves the following steps :

- a) It tries to release, energize and gives directions to the client's motivation for change.
- b) It tries to release and exercise the client's mental, emotional and action capacities for coping with the problem.
- c) It tries to find and make accessible to the client such aids and resources as are necessary to the solution of the problem.

Role Theory

Role is mainly behavioural concept. Role may be seen as a product of an interplay between (i) individual member's needs and resources, (ii) the solution in the social network, and (iii) the forces acting on the social network from the environment. When there are internal or external difficulties, which are beyond the capacity of an individual, he/she feels the problem and fails to perform his/her role.

Social Caseworker with such clients suggests new ideas and ways of facing the problem and suggests solution for a difficulty that the external factors have encountered. He/she offers facts, which relate to his/her own experience for understanding the problem. He/ she gives suggestions in terms of examples, and tries to explain how suggestion would work if followed by the client. He/she mediates between other members, attempts to reconcile disagreements, and relieves tension in conflict situation. His/her efforts are also directed to keep communication channels open by encouraging others to participate in the business of the client.

Rational Emotive Therapy

This technique is used in the area of modifying irrational elements control over the self. Some of the irrational ideas at the core of emotional and behavioural problems are as under :

1. It is dire necessity for an adult to be loved by everyone for everything he/she does.

2. Certain acts are awful or wicked, and people who perform such acts should be severely punished.
3. It is horrible when things are not the way one would like them to be.
4. It is easier to avoid rather than face life's difficulties and self-responsibilities.
5. One needs something stronger or greater than one self on which to rely.
6. Human happiness can be achieved by inertia and inaction.
7. One has virtually no control over one's emotions and one can not help feeling certain things.

Rational Emotive Therapy includes four stages :

1) ***Presentation of Rationale***

The worker attempts to elicit the problems or significance of self-statements in general without mentioning the client's problems.

2) ***Overview of Irrational Assumption***

The worker presents a number of irrational self-statements before the client and tries to make the client realize that his/her statements are irrational.

3) ***Analysis of Client's Problem in Rational Emotive Terms***

Client is made aware of his/her problem rationally and is provided with the knowledge of how he/she has labeled the event.

4) ***Teaching the Client to Modify Internal Statement***

In this stage the client is taught to change his/her opinions and attitudes which are anxiety provoking.

9.6 Summary

In this unit we have examined the similarities and differences between social casework, counselling and psychotherapy because these three methods are used in providing services to the individual client. There are different principles, which are significant in the practice of social casework, have been analyzed here. If the social worker working with the individual follows these principles he/she will be more useful to the client and will be able to perform his/her job efficiently. There are two schools of approaches in social casework—diagnostic and functional — are practiced in social casework. These have been highlighted with their main features. Certain important theories or models of social casework practice have also been narrated in this unit.

9.7 Key Words

Counselling : It is a personal help directed toward the solution of a problem, which a person finds difficult to solve. It is always used for some particular purpose like marriage counselling, family counselling, etc.

Therapeutic Interviewing : It is used where intra-psychic conflict is projected to the social environment. It is also used with neurotic patient or with behaviour disorders patient. For the analysis of the unconscious, techniques of free association, dream interpretation, analysis of resistance and transference are applied.

Psychic Energy : It is an internal or psychological power of an individual, which gives him stimulus to work in the direction as required. It is determined largely by the favourable or unfavourable course of one's psycho-social development.

Relationship : The relationship is the medium in social casework through which help is provided to the client.

Communication : Communication is the medium through which an individual understands the personal and social environment of the client. When there is any fault in communication, problem arises.

Social Diagnosis : Social diagnosis is the attempt to reach the exact definition of client's social problem. There are three types of diagnosis—dynamics, clinical and etiological.

Social Treatment : Social treatment is the sum total of all activities and services directed towards helping a client with a problem. Three treatment methods are applied : (1) administration of public services, and (2) environmental modification, (3) direct treatment—counselling, therapeutic interviewing, insight development, psychological support, etc.

9.8 Exercises

1. List five principles of casework and analyse them.
2. Write three differences between diagnostic and functional schools.
3. Describe Systematic Desensitization Therapy.

9.9 Reference

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Unit 10 □ Casework in Various Settings and Role of Social Worker

Structure

- 10.1 Objective**
- 10.2 Introduction**
- 10.3 Characteristics of Social Casework Practice**
- 10.4 Determinants of Fields of Practice**
- 10.5 Fields of Social Case Work Practice**
- 10.6 The Family**
- 10.7 Hospitals**
- 10.8 Case 1 — Hospital Based Casework**
- 10.9 Case 2 — Family Work in the Community**
- 10.10 Summary**
- 10.11 Exercises**
- 10.12 References**

10.1 Objective

This unit helps learners to understand of characteristics features of social case work, fields of social case work. Specifically we will learn to practice case work in family setting, Hospital setting with certain examples.

10.2 Introduction

Now that you have learnt about the concepts, process, and skills and techniques of Social Casework, it is time to look at how to apply these concepts and techniques (differential use), where will you apply them (location) and with whom (client groups).

Social casework situation comes into existence when a person comes to a professional seeking help in connection with some concern / problem / issue which

he/she is not able to deal with himself. The professional, the social caseworker, views these concerns in the light of the person's total social environment.

10.3 Characteristics of Social Casework Practice

All that you have learnt now needs to be applied to specific clients — in specific situations with similar or different problems and concerns — being served by different organisations. It will help you perform more effectively if you keep in mind the following features that characterize social casework practice, wherever you may be located: _ let me start by stressing the fact that casework help is not standardized. As we go along, we shall talk about different factors that may determine caseworker's differential response to a similar situation.

- The individual, the client, is seen as a whole — as a thinking, feeling, acting being — in continuous interaction with his total social environment.
- The Social Caseworker represents not only the agency which has employed, but also his profession — Social Work. That is, he/she has to practice (use knowledge and skills & techniques) within the professional value-system, ethics and principles but at the same time be responsible for achieving the goals of the employing agency.
- While the Case Worker generally work within the service delivery systems devised by the organisation, he/she has a commitment to performing the role of a change — agent in case these systems are dehumanizing or degrading for the clients.
- Case Worker has to be constantly aware of his/her personal self and make sure that it does not interfere in his/her social casework practice.
- It is all the more important in Social Casework because its clients' problems and concerns have heavy emotional component.
- Human problems of living are complex and multidimensional and require sensitive handling.
- Therefore, Social Casework practice may very often require interagency collaboration.
- Social Case Worker will very often be a part of a team of professionals. In primary settings, he/she is likely to be the main professional for service

delivery, whereas, in secondary settings, he/she may have an ancillary status. It is important for him/her to communicate contribution as a social work professional to other professionals in the team.

- Social Casework service may be offered for prevention, promotion, cure/remedy, rehabilitation, placement, reformation, palliative care, or for modification of social environment.

10.4 Determinants of Fields of Practice

Fields of social casework practice are broad areas or settings in which casework method is utilized to help individuals and families. Various fields can be determined on the basis of the following components:

- a) **Person-in-context**—The context here includes the total social environment of the client a male adult with visual impairment, a middle-aged woman abandoned by her husband, an orphaned child in a Foundling Home.
 - b) **The concern or the problem requiring help**—Destitution, chronic illness requiring major changes in life-style, drug dependence, rehabilitation, trauma caused by riots or serious accident, bereavement, role conflict, displacement.
 - c) The human service organisations that provide the location for providing help, like, schools, hospitals, childcare institutions, short stay homes, institutions for the elderly and juvenile homes. The first two dimensions can be analyzed further from two perspectives :
- **The needs perspective**
 - a) **Common human needs**—beside survival needs, every individual has needs for affection, for security, for achievement and for belonging (to a group).
 - b) **Special human needs**—needs that arise because a person has a disabling impairment, is suffering from a chronic illness requiring major changes in life style, has deficit of coping or social skills, needs arising due to traumatic experiences like accident, riots, natural calamities or needs of very young or old persons.
 - c) **Societal caused needs**—those that arise due to certain conditions in society itself, for example, discriminatory practices, oppression, deprivation, or displacements due to large developmental projects. The needs perspective helps the worker in understanding the source and extent of the problem as

it applies in each case. It helps in knowing about the impact of the unfulfilled need of the client and his social environment. The worker is able to help the clients decide upon the action plan for dealing with their problematic situation by fulfilling the unmet needs.

- **The life-span perspective**

An individual experiences a number of life changes as he/she goes through his life cycle, that is, from birth to death. She/he is seen as moving in life through a series of developmental stages, each stage requiring the individual to successfully complete some tasks before he/she moves on to the next one. In most cases, human beings move through this cycle without major unsettling stresses. But if the person is not able to achieve this transition smoothly, he/she may find life changes stressful and is thus unable to adapt to the new demands.

A five-year-old child enters school, which is discipline-driven and formal, after the secure and free atmosphere of home. A young girl gets married, shifts to her matrimonial home and takes over the role of a wife and daughter-in-law. If she is not prepared for this transition, she may feel overwhelmed by the demands of her new situation and get depressed.

A middle-aged man, gainfully employed, gets retired from his job. From a very busy life style with set routines, he/she now finds himself at loose ends, with a lot of time at his disposal. How well he/she is prepared to deal with the life changes will determine the level of his emotional well-being.

- d) **The human service organisations:** The mandate of these organisations is that of 'service', that is, to maintain and improve the general well-being and functioning of people. Examples of such organisations are schools, hospitals, correctional institutions, and social welfare and development agencies. Human Service Organisations are characterized by
 - a) goals and objectives,
 - b) specific client groups,
 - c) personnel,
 - d) programmes and services,
 - e) service delivery systems,
 - f) material resources and networks.

10.5 Fields of Social Case Work Practice

As we have already stated that any discussion of fields of casework practice needs to look at two components : client groups with some problem or concern and the setting where the clients get help with their concerns. Let us first describe in brief the client groups and some of their characteristics.

The Individual

Person and his/her interaction with social environment are influenced significantly by a number of factors. These factors determine as to how different clients react to a similar situation / problem / concern differently. Their expectations from the caseworker may also vary accordingly. Some of these factors are :

- **Age** : The needs and concerns, problems and difficulties faced by a child are invariably different from those of a young adult or an elderly person. Again, how the individual of any specific age group looks at the situation under study, feels about it and wants it to be handled may differ according to the age of the individual.
- **Sex** : The experiences and conditions of male and female persons in a given society are socially and culturally determined. The status in society (rights, privileges and power within the family and society at large), division of tasks, role expectation, role transitions, and role conflicts affect men and women differently. The stereotyping of image and roles tend to become oppressive and discriminatory for women specially.
- **Caste** : In Indian society, caste based discrimination affects individuals and families across age and sex divisions, although females suffer the most. The low status because of belonging to lower castes results in deprivation, oppression, and lack of opportunity, depression, apathy and inertia.
- **Class** : The income group an individual belongs to determine the life goals and motivation for striving for change. Outlook towards life and problems of living are likely to affect persons belonging to :
 - a) lower income groups;
 - b) middle income groups;
 - c) affluent groups; or

- d) Those who are below poverty line.
- **Religion** : In a pluralistic society like India, belonging to minority groups' religion has its own difficulties. Religion holds a very important place in an Indian person's upbringing. Understanding of religious beliefs, customs and moral values is essential in helping a person.
 - **Region** : People belonging to rural, urban or tribal areas tend to demonstrate specific response patterns and preferences in life. Persons hailing from a small city, a village or a metro city, are exposed to different stimuli. Their life experiences will, therefore, be different from one another. Their needs and expression of concerns may also be different.

10.6 The Family

Family is a special social group wherein members are bound to each other by blood or marriage. The main function of family is child rearing, growth and development of each member. Families fulfil their social responsibility by socializing children in the culture of the society. In fulfilling their functions, families interact with a large number of social systems and organisations like, kinship network, religious and economic institutions, schools, the work place, civic authorities, welfare and legal framework etc. Unique patterns of interaction within the family (among members), and with outsiders evolve overtime.

Family is a system wherein the experience of any one member affects the other members. A drug dependent son, a physically or mentally challenged child, the main earning member having problems at the work place, an elderly father / mother—all affect the social functioning of the family as a whole. Sometimes, the problem faced by one member is an expression of a serious problem with the basic interpersonal relationships, interaction and communication patterns within the family. Families go through a life cycle. Marriage takes place and children are born. Children go to school or work.

The first child gets married—the daughter goes away or the daughter-in-law joins. The married son may or may not stay with the parents. The parents grow old and die. The son continues with the family. With each change in the composition of

the family and role transition, various stresses occur. Most often, families are able to cope with these normal transitions. But, some special situations cause a sense of inadequacy in the families and they are forced to seek professional help.

Some of the problems, which put too much strain on family's coping mechanisms, are severe marital discord, domestic violence, child abuse, incest and redundancy (unemployment).

Let us now discuss some of these settings in brief to get an idea of what are their main features, what kind of problems or concerns they deal with and the kind of professional interventions Caseworkers provide to their clients—individuals and families.

10.7 Hospitals

Doctors are the main professional groups in the hospital, responsible for medical care of the patients. The recognition of psycho-social and cultural dimensions of illness and hospitalization has enabled employment of trained social workers in the hospitals. Social Casework is utilized in the OPDs (outpatient departments), the Wards, and Special Clinics. The heavy work load of doctors in large Govt. Hospitals generally leads to lack of clear communication between the medical staff and the patients and their families.

In such a scenario, the main roles expected of social workers are those of mediator; enabler; coordinator of services; case manager; mobilization of family, community and hospital resources; and acting as a member of the team of professionals. Working with the patient and his/her family is a major task of the social worker. Therefore, Social Casework is a primary method in medical social work practice.

● Institutions Providing Mental Health Care

The caseworker works as a member of the team of professionals including psychiatrists, psychologists and occupational therapists. Psychiatrists are the main professional group in charge of care and treatment of the mentally ill or emotionally disturbed persons. The patients may be attending OPDs, day care, or may be hospitalized. The main tasks of the caseworker are to maintain constant contact with the family of the patient; mediate between the doctors and the patient/family; provide

counselling to the patient; assist in discharge and after care of the patient. The worker provides the necessary support to the family and helps the other family members understand the needs of the mentally ill person.

● **Working with the Chronically/Terminally Ill**

The patients who are suffering from chronic illness, like diabetes, asthma, and heart disease, need help in understanding their illness and the demands of the treatment, and adjusting their life-styles to the limitations imposed by the condition. The families of the patients also need support and guidance in dealing with the patient's condition that may have long-term implications for the entire family. In some cases, especially among those belonging to lower income groups, the financial burden may need to be eased out by identifying and mobilizing resources in the kinship network or community at large.

While working with the terminally ill patients, the first dilemma the worker faces is to inform the patient and his family about the illness. The patients suffering from a terminal illness, like cancer and AIDS, have additional stress factor—the thought of impending death and anxiety about the family after their death. The tasks of the caseworker include :

- a) ensuring palliative care to reduce pain and discomfort,
- b) talking about death,
- c) involving the patient in planning for the family after his/her death,
- d) providing opportunity to family members to talk about death and dying,
- e) providing support emotional and material to the patient family.

In the case of AIDS, the caseworker will need to tackle the issue of stigma attached with contracting AIDS and the possibility of infection getting passed on the other family members.

● **Schools**

Schools are institutions for formal education, with a fixed routine, set syllabus, and a well-established pattern of teaching and learning. Teachers are the main professional group and they spend the maximum time with students. Schools vary in size— from small single teacher schools in the villages and tribal areas to large bureaucratic organisations with thousands of students. Schools may offer primary, middle, secondary or senior secondary education. Again, some may be Government

schools/aided by the Govt. or fully private independent schools.

Despite progressive and child-centred educational philosophy, schools are characterized by emphasis on syllabus (information content), formal examination system for evaluating achievements and formal teacher child relationships. In this context, the child very often is not able to get his basic human and educational needs fulfilled. This situation proves to be stressful to the child.

Due to preoccupation with syllabus and maintaining discipline, teachers are unable to individualize the child's situation and there is a 'problem child' at hand. Hence, there is recognition of need for individualized. Social Casework service to help the child. School, however, offers an excellent opportunity to Caseworkers for offering preventive and promotive interventions beside remedial service. Transition of the child from entry to passing out from school coincides with the child's own maturation process. By anticipating the demands and stresses of a particular age group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil. By helping in the development of personality and life and social skills, the Social Caseworker can achieve the status of a partner in the educational process. Despite of its being a secondary setting of Social Casework practice, the Worker can easily demonstrate the vital contribution of Professional Social Work to fulfillment of educational goals of schools.

The Social Caseworker works as a liaison between the family and the teacher. He/she acts as a mediator, enabler, teacher (giving necessary information), advocate (to highlight the negative impact of school norms and practices on the child), change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters regarding children's needs and well-being.

● Residential Institutions

There are situations when individuals have to be removed from their natural environments and placed in residential institutions. Some of the institutions where social casework is practiced are as follows :

- a) **Children's Homes** : Children who are destitute, orphans, or have run away from home and cannot be sent back home; those who are violence, risk to health (e.g., healthy children of leprosy patients) or moral danger are generally placed in children's homes. Most of these Homes operate under the provisions of Juvenile Justice Act and, therefore, provide custodial care.

Children are committed for specific periods. There is sometimes a feeling among inmates that they are under detention. Only in a small number of cases adoption and foster care services are or can be offered. Homes, run by the Govt. or voluntary organisations, are expected to provide custody and care to the children. Social Worker is an important professional here. Living arrangements may be dormitory or cottage types. Social Caseworker is expected to help each inmate adjust to the life within the Home and achieve psychosocial development. As the children have often gone through traumatic experiences before they are placed in Homes, it is very important for them to come to terms with their life, talk about it and get over the pain and the sense of betrayal.

The worker is expected to provide pastoral care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after the stay in the Home is over.

- b) *Correctional Institutions*** : These include homes/ special schools for the delinquent, prisons, remand/observation homes, beggar homes etc. The main task of the Social Caseworker is to help those in conflict with law by enabling them to understand themselves and their relationship with others. They need to understand what is expected of them as members of society. The aim is to rehabilitate these persons—to help them in such a manner that they can engage in socially constructive activities once they go back to their homes. The worker helps the clients change /modify their values (so that they are in line with the social values); change their behaviour and response patterns. The residents of these institutions often have a feeling of hostility towards society or they suffer from a sense of inferiority and inadequacy. Social Casework aims at correcting these attitudes and feelings by modifying the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them. The Caseworker works as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.
- c) *Homes for the Aged*** : The number of old age homes has been increasing in cities. The stresses and constraints of urban living have often led to adult children opting to send their aging parents or relatives to residential institutions.

The residents in these homes need nursing care, understanding and emotional support. The caseworkers in these institutions help the residents cope with loss of the loved ones, illness, lack of energy, loneliness, loss of economic independence and the thought of approaching death. The caseworker enables the client maintain his/her self-esteem. He/she also helps the family deal with suppressed or open feelings of guilt so as to encourage them to maintain cordial relation with the client. The worker needs to identify and mobilize community resources like motivating and orienting volunteers to spend time with the residents, talk to them and attend to their simple errands.

d) Residential institutions for women : Short stay homes, rescue homes, nari niketans, widow homes etc. are some of the settings where casework practice takes place. Most of the inmates are those women who are destitute, abandoned or battered by their husbands, widows with no relative to give them support, victims of crimes including prostitution or kidnapping. These residents need to build their skills—vocational and social—to become independent persons capable of taking care of their lives. The caseworkers try to bring about conciliation between the client and her family, if any. Where marriage is indicated, pre-marital counselling is provided.

● Organisations Working with the Differently Abled

There are residential and non-residential organisations offering variety of services to the differently abled. The main task of the caseworker is to fulfill the objectives of the organizations such as

- a) Care,
- b) rehabilitation - vocational training, education (depending upon their capacity), employment;
- c) offering services according to governmental provisions and special concessions;
- d) advocacy to reduce or remove social discrimination against the differently abled; and
- e) facilitating the client's acceptance and understanding of his/her situation and also recognition of his/her potential.

Giving support to the client—both emotional and action oriented—is an important

intervention offered by the caseworker. The caseworker also works with the family to help them cope with the situation, to understand the needs of the client, and to learn to take care of the client when he or she is at home. The worker very often acts as a broker, linking the client and or his/her family with the available community resources and networks of other organisations working in this area.

● **Organisations Working with Victims of Disasters**

There is increasing recognition of the need for individualized help for the victims of disasters whether natural or man-made. Victims of natural calamities are victims of floods, earthquakes, and drought. Victims of man-made disasters include victims of communal violence (riots), serious accidents, mega projects of development etc. Some of the common experiences of most of the victims of disasters are trauma; loss of loved ones; loss of livelihood or assets; homelessness; feeling of helplessness; feeling of anguish or hostility (desire for revenge); loss of community feeling; despair and a sense of fatality or sometimes high/unrealistic expectations from the worker.

Despite this commonness, the clients need individualized care to overcome debilitating impact of the crisis. Large-scale displacements due to mega projects like Dams lead to erosion of community and family life, absence of usual social control mechanisms, the tearing of the social fabric, and loss of livelihoods beside the problems of settling down in alien environments. Working with these persons is a big challenge for the Caseworker. It is not easy to win their trust as they have lost confidence in everyone around them. Very often, winning their trust is the first vital step towards taking them out of the traumatic experience. Beside offering them emotional support, the worker needs to build in them hope for a secure future. The worker enhances the client's resources by co-ordinating with various agencies—both governmental and voluntary. Giving information about the available services and provisions goes a long way towards instilling hope in the clients. The clients are helped in viewing their experiences rationally rather than emotionally. But, this can be done only after they have emerged from their trauma. Engaging the client in the planning and implementation of the action plan facilitates the client's rehabilitation and recovery from despair.

● **Organisations Working with Women**

Social caseworkers are employed in family counselling centers, crime women cells, legal aid cells, family courts and women resource centers. The aim of the professional interventions is to enable women become empowered, confident, and independent and also utilizes available legal provisions and safeguards for her protection. There are increasing number of cases of rape victims. The worker has to help link the family with police, courts, hospitals, schools, and agencies working for treatment and rehabilitation of these victims. Special techniques are used to help the victim come out from trauma, and restore her self-confidence and self-esteem. The family also needs understanding and support of the worker in dealing with this situation.

The sensitivity towards the discrimination women face in families and society is vital in arriving at accurate assessment of the condition under study. For illustrating Social Casework Practice two cases are presented below.

10.8 Case 1 — Hospital Based Casework

Referral

The attending doctor refers a woman patient admitted in the female surgical ward to the medical social worker of a government hospital. She is reported to be unwilling to undergo operation, which she has postponed twice before.

The Casework Process

Study

The social worker, Binita met the patient, Mrs. M. in the ward and told her about the doctor's referral. Binita learnt that Mrs. M was 35 years old married woman. Theirs was a nuclear family. She had three children, aged 14, 10 and 5 years. All the children went to a school nearby. Mrs. M. was a housewife. A part time maid servant helped with a few of household jobs. Her husband's job required him often to be away from home. Mr. M had brought his wife to the hospital because of severe pain in her knee. The doctor had advised surgery.

Binita explored further to enquire the reasons for the client's resistance to surgery by interviewing the client in the ward and her husband, both in the ward and during a home visit. The worker also spoke to the nurse on duty in case the client had shared

any of her concerns with the nurses (using the collateral sources for information). She spoke to the doctor concerned to understand the client's medical problem and the chances of the client's recovery. The worker considered the following probable reasons (there could be even more than the ones listed) :

- a) Was it because of her anxiety as to who would look after her children during her long period of hospitalization?
- b) Was she scared of the process of operation, as Binita , the medical social worker, knew from her experience that surgery very often created panic in the patients and even their relatives?
- c) What was her husband's reaction to the doctor's advice? Did he offer any support to her operation?
- d) Who will attend to her during the post-operative period, because, according to hospital rules, only female attendant is allowed in the female wards?

Assessment

Binita, the worker, shared with Mrs. M, her understanding of the likely reason(s) for the latter's anxiety about the operation. Binita believed that it was important that Mrs. M confirmed the worker's definition of the client's problem before some solution could be worked out. (Communicating empathy and ensuring client's participation in the process.) Depending on the reason/s, Binita and Mrs. M could consider one or more of the following solutions :

1) Giving Information

Binita could explain the exact problem Mrs. M was suffering from. It was possible that the patient might not have felt free to ask the doctor or the doctor never explained the problem in detail. Worker could also explain the complete process of surgery and the chances of recovery. (Based on facts gathered from the doctor himself.) Here she performed the role of a mediator between the patient and the medical staff.

2) Identifying and Mobilizing Family Support System

- Some female relative could be requested to be with children during the period of hospitalization;
- Husband could apply for leave from his office;

- Binita could provide opportunity to Mr. M to express his anxiety. She could have sessions with her husband and children to provide them emotional support. The family, then, could provide the necessary emotional support to the client. (Counselling sessions with the family members.)
- The eldest child could be helped to share some responsibility at home in the mother's absence. With the support of the worker, this experience could become a source of positive learning for children to learn to tackle difficult situations and to become independent.

3) Using Hospital Resources

The medical social work department could arrange for an attendant for the client.

4) Any other

Any other help that the client may need or any other suggestion that Mrs. M or Mr. M may now think of.

Intervention

The worker could assure the client that the surgery she was undergoing was well within the doctor's experience. (Based on facts gathered from the doctor himself, so that Binita could offer realistic assurance.) Following the principle of client's right to self determination, Binita could offer one or more of the interventions outlined earlier. Throughout the casework process, she communicated her availability to the client in case of need. Binita also worked as a member of the team of professionals responsible for the medical care of the patients being served by the hospital.

Evaluation

Mrs. M agrees to undergo surgery. The doctor who had referred the case acknowledges Binita's work and appreciates social work intervention in facilitating the patient's medical treatment.

Termination

The case is, therefore, formally closed. Binita describes the location of her office in the hospital and working hours and encourages them to meet her whenever they feel the need. They thank the worker for all that she had done for them.

Follow-up

Binita visits Mrs. M in the ward occasionally, before and after the operation. She seeks feedback about the client's recovery from the doctor and the nurses and passes it on to the family. She keeps in touch with Mr. M and enquires about the children.

Meets the family at the time of discharge of the patient from the hospital. She ensures that the family is prepared to look after the patient at home during convalescence. In case, there is some unforeseen complication in the post-operative stage, Binita will have to initiate the casework process again.

Activity-I

Given the same case of the referral of a patient who is unwilling to undergo surgery, work out assessment in the following contexts/circumstances :

1. Patient is an office going male person. All other particulars are the same.
2. Patient is a woman from low-income family. Her husband is a construction site labourer.
3. The patient is a school going/non-school going child (male/female) aged 12 years.
4. The infection having become serious, the doctors may have to amputate the patient's leg above the knee. There is no risk to life on account of the operation.

Select any of the family contexts discussed above. Write down your answers and discuss with your field instructor.

10.9 Case 2 — Family Work in the Community

We shall now discuss a case where the social worker identified the client herself. The case also demonstrates proactive approach, that is, the worker did not wait for the client to seek help. Rather she offered her service to the client at the latter's own home.

Referral

Punam, a young trained social worker recently qualified, is working in a community-based organisation. She recently organised a women's group around weekly kirtan (Devotional music and worship day organised by women themselves. A Brahmin woman conducts the worship). The residents of the Basti belong to low-income groups, and mostly of lower castes.

After one such session, Punam asked Mrs. P about her daughter-in-law Kala. Punam told Mrs. P that though Kala had arrived some time back, she had not been

seen in the present group. Mrs. P invited Punam to visit their home and meet her daughter-in-law. During the home visit, Punam found that Kala was looking very ill, was obviously anaemic, and did not talk to Punam at all. Sensing Punam's concern, Mrs. P took Punam outside and started complaining about Kala. She informed Punam that Kala was very lazy, did not know how to cook or do other household work, and that Kala always pretended to be ill to escape work.

Punam decided to take up the case to help the family. As the family had not asked the help, Punam had to explore the particulars of the family and gather other relevant information very slowly and discreetly (quietly) so that no member of the family felt offended. She learnt the following details about the family.

The Social Casework Process

Punam realized the importance of applying different principles of casework to be able to establish positive relationship not only with Kala, who Punam identified as her client, but also with Mrs. P and Mohan, Kala's husband. Only then could she hope to help Kala. She accepted Mrs. P, Kala and Mohan; adopted a non judgemental attitude; created an atmosphere in which the persons concerned could share their experiences and feelings freely. (Principle of purposeful expression of feelings) She was careful not to allow her initial sympathetic attitude towards Kala and anger against Mrs. P to bias her and affect her exploration work. (Controlled emotional involvement) She had to keep an open mind to gather and interpret information.

Study

Punam interviewed Mrs. P in her shop. She visited Kala in the presence of Mrs. P and by involving both of them in conversation learnt various facts about their situations. Once or twice she met Mohan along with his mother to observe their interaction. (Using tools of interviewing and home Visit.) Mrs. P in late forties lost her husband when her two sons were still small. Her elder son had shifted, after marriage, to his own establishment in another Basti.

Mrs. P owned the single room tenement, acquired by her as result of the slum clearance scheme of the City Government. She also owned a small shop near her home in which she sold simple items of daily needs. Her younger son Mohan, aged 20 years, worked as a worker in a factory nearby. He had left school after studying till class four. Mohan was under awe of his mother and obeyed her completely. Kala was 16 years old and belonged to a village in the district of Jhansi, in the State of

Uttar Pradesh. She had studied upto 7th Standard and had been forced to leave studies. Kala was not used to cooking on kerosene oil stove. In the village, they used Chullah, with wood and cow dung cakes as fuel. There was a big family with something going on all the time. She had been very scared in the City, very unsure of herself. Her mother-in-law never liked anything that she did. Her husband did not bother about her or her health problems. She had been feeling weak and sickly for quite some time but had not been taken to the doctor. Kala had become depressed and lost her appetite. She never had any energy to do work fast or properly. Mrs. P did not agree with these observations.

Assessment

After reflecting on the facts (objective facts and feelings about those facts and experiences), Punam arrived at the following inferences tentatively:

- Kala was from a village and found living in the city stressful;
- She was perhaps not prepared for marriage, being quite young;
- Kala found herself under constant scrutiny of her mother-in-law, Mrs. G, their family consisting of only three members;
- Her sickness could be more due to depression than actual physical reasons (psychosomatic symptoms);
- In any case, it was advisable to get her medical care to eliminate any physical causes of sickness;
- Kala perhaps expected more support from her husband which was not there. Mohan just did not react to the situation;
- He did not want to be blamed or nagged by the mother for having supported the wife as had been the case with his older brother;
- Mrs. P had felt hurt when her older son had left her;
- She wished to keep her younger son and daughter-in-law under her control;
- She felt insecure. After long widowhood and its associated problems, she felt that she had the right to demand obedience from her son and daughter-in-law;
- She wished to prove to the community people that she had full control over her household.

Plan of Action : Having achieved positive relationship with Mrs. P and Kala, Punam considered the following actions for initiating the process of helping the family :

a) **Medical Care**

- 1) Convince Mrs. P to allow Kala to go to hospital for proper medical check-up.
- 2) To persuade Mohan to accompany Kala to the hospital, otherwise offer to escort Kala for medical check-up. This will also confirm whether Punam had really won the family's trust.

b) **Facilitating Role Transition**

- 1) Help Kala accept her new roles of the daughter in-law and that of wife. Provide her emotional support and an opportunity to express her feelings in a safe and encouraging professional relationship with Punam.

c) **Improving Interpersonal Relationships within the Family**

- 1) Help Mrs. P understand difficulties of a young bride from a small village;
- 2) In a joint session, help Mrs. P spell out her expectations from Kala and let the latter express her anxieties;
- 3) Help the two women develop bonds of affection.

d) **Use of Social Intercourse for Kala's**

Resocialization

- 1) Persuade Mrs. P to let Kala join women's group to increase her interaction with the community people;
- 2) In case Mrs. P agreed to this suggestion of Punam, this had to be done very cautiously because women's curiosity and comments may create complications. That may undo all that.
- 3) Punam had accomplished. (Community pressures may have both positive and negative influence.)

e) **Assertiveness Training for Mohan**

- 4) To try for a breakthrough with Mohan and help him to become more assertive without being disrespectful towards his mother (A tall order! Punam felt);

- 5) Mohan could be persuaded to join some group of men in the community or at his work place;
- 6) Help Mohan take on the role of husband and feel responsible for Kala.

f) **Use of Community Resources**

- 1) Identify some woman in the community who was friendly with Mrs. P and could help in reducing Mrs. P's antagonistic attitude towards Kala;
- 2) Enlist help of such a contact by ensuring that this woman understands Punam's intentions.

f) **Professional Relationship as an Intervention**

Intervention

How many of the tasks listed above would actually be done depended, of course, on the family members reaction to the first task decided upon. Punam could not take her rapport with Mrs. P for granted. She had to continuously work at maintaining relationship with all the members. Relationship itself could be therapeutic (healing).

Evaluation

Kala carried on the medical treatment prescribed. Kala started talking more with her mother-in-law and took pains to cook food according to the latter's instructions. Mohan went with Kala to the hospital couple of times and worked in his mother's shop to enable her to take rest. Kala attended the kirtan along with Mrs. P.

Mrs. P showed off her daughter-in-law proudly in the women's group. Kala had a good voice and sang devotional songs in the group, which were appreciated by other women.

Termination and Follow-up

As the things were under control and interpersonal relationships within the family improved, Punam reduced her visits to the family. As she continued to work in the Basti, she would greet them occasionally but terminated the case.

10.10 Summary

We have seen that Social Casework Practice is determined by the client (person), his/her social environment (context), the problem and/or concern for which the client

needs professional intervention (problem), and the setting in which the worker is employed and where the client meets the worker (place). Study of 'Person' and 'Problem' has two dimensions: 1) Needs and 2) Life Span (Developmental tasks and social roles concepts) perspectives. Understanding goals, services and service delivery systems, and resources of human service organisations (Place), in which the worker is employed, is very necessary for the caseworker to utilize casework process for helping the clients. You have also gone through a brief description of different client groups and settings where these client groups receive casework services. The Process of Social Casework (Study, Assessment, Intervention, Evaluation, and Termination and Follow-up) has been illustrated through two cases.

The illustration and the questions raised in the Assignments will help you in appreciating various factors that are likely to influence assessments you arrive at and interventions you may decide to offer. The illustrations also sensitize you towards use of some of the principles and the skills in the Social Casework Process. You have also been able to get some idea of settings and areas of social casework practice to understand and appreciate its scope and relevance.

10.11 Exercises

- a) In case Mohan had been addicted to alcohol or drugs, what would be your action plan?
- b) If the husband and mother-in-law had been beating Kala (domestic violence), what would your action plan (interventions) be?
- c) What legal provisions are there for dealing with cases of Domestic Violence?
- d) In the light of the concept of "empowerment", work out an action plan for helping Kala.
- e) As a caseworker at a Remand Home, you are required to work with Mohan/ Mrs. P. Critically review the use of the principles of acceptance and non-judgmental attitude in such a case.

Write down your answers and discuss with your field instructor.

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Unit 11 □ Recording in Social Casework

Structure

- 11.1 Introduction**
- 11.2 Objectives**
- 11.3 Types of Recording**
- 11.4 Need for recording**
- 11.5 Principles of Recording**
- 11.6 Advantages of Record keeping**
- 11.7 Aspects of Good Recording**
- 11.8 Records and their Preservation**
- 11.9 Contents of Casework Records**
- 11.10 Methods of Collecting Information**
- 11.11 Summary**
- 11.12 Exercises**
- 11.13 Reference**

11.1 Introduction

In social casework practice, recording is defined as the process of writing down relevant information in a systematic manner about the person who has come to the agency seeking some help. The information is about the person, his or her problem, the social, economic, and health factors contributing to the situation of the person, the prognosis, the type of intervention, the progress of the intervention, and the procedures for termination or referral. Social casework practice involves many types of recording depending upon factors such as requirements of the agency, the theoretical perspective of the caseworker, the type of intervention, and so on.

11.2 Objectives

- *To know the meaning of recording,*
- *To gain an insight into the purpose of recording,*

- *To understand the need for recording and its Principles, and*
- *To comprehend the different dimensions of recording.*

Recording is a written summary of the process of casework. The records of individuals are legally protected, except under special circumstances. Records allow case workers an opportunity to document their work with individuals and afford legal protection against suits, as they can show that caseworkers had followed an intervention plan based on an appropriate assessment. Recording is important as it publicizes the efficiency of the services. Facts have to be gathered, organized, and recorded for measurement of results. In the process of giving assistance to an individual there is also a need to record and document the proceedings for further follow-up and cross verification.

What is a Case Record?

A record literally means ‘a formal writing of any fact or proceeding’ and when used as a verb means ‘to set down in writing or other permanent form’. Taking cue from this we can define case record as a written account of the casework proceedings. However, from the above statement one should not conclude that case recording is an easy, routine and simple task. It is far from that because its a highly skilled and complex task. Recording is an important and integral part of casework procedure and is an output of the activity of the casework. The importance of recording lies both in the process as well as the product. For, an individual who is planning to become a caseworker, the art of record writing is worth striving to develop and perfect, not only because case recording is an essential part of good casework and is becoming a more important factor with the increasing complexity of social treatment, but also because the case record is fortunately or unfortunately often used as one of the important indexes of the caseworkers ability. A question often asked is, why do we need to write records? Do they really serve any purpose? The importance of case records can be ascertained when we look at their functions and the varied purposes they serve.

Purpose of Recording

According to experts, recording in social casework serves the following purposes :

1. It aids practice
2. It aids administration

3. It aids teaching and supervision
4. It aids research

Purposes of recording in casework

As an aid to practice :

1. helps in diagnosis and treatment
2. enables more effective interviewing and intervention
3. contributes to analytical reflection and improvement in casework practice
4. useful for organising and structuring of information/aids orderly thinking
5. refreshes the memory of the worker/increases retrospective understanding
6. enables better planning for subsequent interview
7. useful as a guide to new worker in correcting past mistakes
8. useful as an index for correction of polices
9. ensure continuity if any caseworker discontinues a case

As an aid to Administration

1. ability of caseworker can be gauged
2. useful for future reference
3. useful in evaluation of agency
4. Allows sharing of information between agencies
5. helps in supervision and training of students

As an aid to teaching and supervision

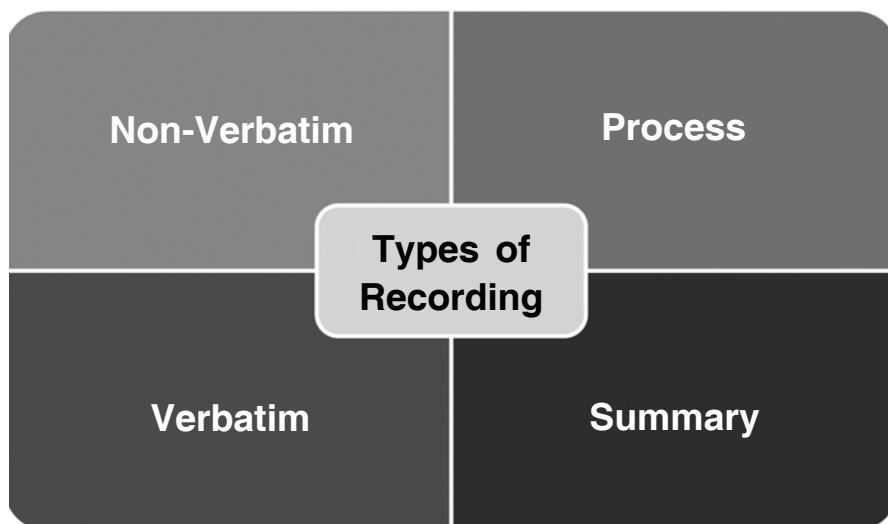
1. adds to body of knowledge of social work, which is made communicable
2. enables students to develop analytical and interpretative skills
3. easy method of introducing students to practice

As an aid to research

1. useful for social research and planning
2. contains accumulated experience
3. can help in providing statistical data on social problems

11.3 Types of Recording

From the literature available on casework recording no clear cut classification of records on the basis of their types is available. However, for our understanding we can give the following classification of recording. (a) Process (b) Summary (c) Verbatim (d) Non-Verbatim



(i) Process Recording

Process recording is a form of recording used frequently by the caseworker. 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 the interview and observation go hand-in-hand. It may be verbatim or non-verbatim reproduction.

(ii) Summary Recording

Summary is a good device for organising and analyzing facts. Summary points into meaning and relative importance of material gathered. A careful summary made at appropriate intervals reduces bulk, clarifies direction and saves the workers, time. Summary 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”. Summary could be a diagnostic summary, periodic summary or closing summary. The closing summary is a summary made at the time the case is closed. To be most effective it should be written by the worker who was responsible for the case at the time of closing. The periodic summary is simply the summary of material 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.

(iii) 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.

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 keep diaries. Narrative form of recording is preferred for 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.

11.4 Need for recording

There are compelling reasons to keep good records. Recording is an important and integral part of the case work procedure and is an output of the activity of the case work. The importance of recording lies in both the process as well as the product. As recording and documentation is part of every profession, case work recording is an inevitable part of the case work process. The demands of recording go along with the pressing demands of accountability and documentation in any profession.

11.5 Principles of Recording

There are some guiding principles for maintaining a good record of case work. However there is no such thing as an ideal or model record. A record is a flexible instrument, which should be adapted to the needs of the case. Each case is different, the conditions of work have marked differences and the recording therefore rests not on following an outline, but in the mastery of certain component processes.

- Accuracy, objectivity, simplicity, clarity and brevity should be observed in writing records.
- Facts and their interpretation should be distinguished between, as that leads to real objectivity of the subject matter. The outcome should be drawn in a balanced manner without attempting to influence the judgment of the reader. For example, frequent fights between the husband and wife might lead the case worker to interpret that the wife dislikes or hates her husband.
- The record must be orderly in its arrangement. The caseworker should think in advance what should be included and then set the material out in a logical sequence.
- The case work records are not meant to be literary masterpieces, therefore they should be written in simple language and simple style.
- A verbatim quote can sometimes depict a situation much better than a narrative description. Therefore, wherever possible, the reactions of the individuals should be recorded in their own words.
- There should be a certain degree of uniformity and standardization as to the form of observation.
- A record should have readability and visibility and should contain a clear and concise presentation of the material. For example, content can be organised under topical headings such as interviews, home visits, and contact contacts.
- To maintain clarity and accuracy, avoid using words that are ambiguous.
- Note-taking, as far as possible, should be done immediately at the end of the interview and not during the interview.
- It should always be made clear who are involved in the situation, who is addressing whom and what the sources of information are.

- The details of every significant subject or situation should be given. In social casework practice, recording is defined as the process of writing down relevant information in a systematic manner about the person who has come to the agency seeking some help. The information is about the person, his or her problem, the social, economic, and health factors contributing to the situation of the person, the prognosis, the type of intervention, the progress of the intervention, and the procedures for termination or referral.

Social casework practice involves many types of recording depending upon factors such as requirements of the agency, the theoretical perspective of the caseworker, the type of intervention, and so on.

11.6 Advantages of Record keeping

- The process of writing records enables the case worker to reflect systematically on what has occurred and plan for future sessions. In other words, the process of making records enhances the quality of the case work process.
- Records provide the case worker with details such as the names of the people mentioned by the individual. This frees the case worker to concentrate on issues raised by the individual rather than recalling the details from one session to another.
- Systematic record-keeping makes any changes in the individual's material over a series of sessions more apparent. The case worker can also show the individual the progress of the case work process with evidence.
- As case workers seek to be professional and credible, they need to develop the record-keeping practice that supports them in performing their role and meets the public expectations of quality of service and accountability of any professional. This is regarded as an increasingly significant reason, which probably explains why most of the case workers around the country have chosen to keep records.

Maintaining records in the case work process is the universal norm. Nevertheless, there is a minority of case workers who prefer not to keep records at all or only keep records for some individuals, usually when seeing individuals in settings that require records. Although casework recording is a key element in the process of casework practice, some caseworkers perceive it as a tedious and time consuming task that gets

in the way of practice rather than enhancing it. They express the view that they spend too much time at their desk in writing the records. Some research into social caseworkers' attitude and experience of recording revealed the fact that the topic of recording has created many strong and ambivalent feelings.

- a) One needs to ensure that records are both secure and really confidential. For example, some case workers may work in settings where burglaries are so frequent that it is difficult to maintain secure records. Community-based services operating out of converted buses or other forms of mobile premises have to consider the possibility of the theft of the entire case work premises, including the records.
- b) Record-keeping may complicate trust-building with individuals. For example, case workers working with individuals who are vulnerable to legal prosecution, like female sex workers, illicit drug users and others, may have to take into account their clients' fear that the police or other authorities could seize any records.
- c) Record-keeping is time-consuming.
- d) Some case workers are opposed to the possibility of individuals acquiring a legal right to see records kept about them. Therefore, they prefer not to keep records.
- e) Some case workers have reservations about creating records which may be demanded by individuals for use outside the case work relationship in legal actions against others. They hope that an absence of records will enable them to concentrate on the therapeutic relationship without having to consider how that work would be viewed in a court of law.
- f) There is lack of training in the practice of recording.
- g) There are variable standards in recording practice.

11.7 Aspects of Good Recording

- Good recording is done with the participation of the person whose record it is.
- The views of the person whose record it is should be recorded including whether he or she has given permission to share information.

- The record should be accurate up to date of the process of casework which can be reviewed periodically and summarized at the end.
- It should include the decisions taken during the process and the reasons for these decisions.
- The chronology of significant events should be included in the record.
- The facts should be recorded distinctively from the opinions.
- Whatever is recorded should be evidence-based and ethical.
- The record should mention the assessment as well as the risk assessment.
- It should depict a clear and complete picture of care and support given up to date and the ensuing plan of action towards solving the problem of the person.
- The personal profile of the individual should include details such as name, age, gender, religion, language, region, educational level, and disability, if any, of the person.

11.8 Records and their Preservation

Data protection refers to the set of privacy laws, policies and procedures that aim to minimize intrusion into one's privacy. Once it is decided to keep the records, the existence of the records and the level of security with which they are protected have to be made known to the individual . There is a strong ethical argument that the individuals need to know these facts in order to be in control of the information that they decide to disclose to the case worker. The minimum standards suggest that the individuals should be informed about the security of the records. There are different kinds of procedures adopted by the case workers for security. First of all, physical security of the records is of paramount importance. Locking records in a desk or in a cupboard will prevent casual inspection by anyone. If there is a foreseen risk of some unauthorized person wanting to access the records , then the records have to be kept in a safe under lock and key.

11.9 Contents of Casework Records

There are no fixed rules about what must be included in case work/interview records or how they ought to be written. Case work records that we see vary

considerably in style, from brief factual accounts which focus on what the individual reported to ones that include more of the case worker's thoughts and responses. The guiding principle is that the type of record should be one that supports the therapy and enables it to be delivered with a reasonable standard of care. A good record is written as closely as possible in time to the events it records. Some case workers set aside ten minutes with individuals for this purpose. If there is any reason to think that a record might need to be produced for legal purposes, it is good to distinguish between what was directly observed, what the individual said and the case worker's own response or thoughts. There is no single correct way of writing case work notes. It still appears to be a topic neglected in basic training. Each case worker has to develop a style that is sufficient to support the case work but without being excessive in what is recorded.

There are some other items to be included in the record :

- Any written and signed consents to all interventions.
- Any written and signed contents to all passing of confidential information
- All appointments, including non-attendance by the individual
- Intervention contracts
- Up-to-date record of the case worker's reasoning behind decisions about significant interventions and general strategies
- Consultations with anyone else about the individual
- Copies of any correspondence from the individual or relating to work with the individual
- Any instructions given to the individual and whether or not the individual acted on these.

Matters not to be included in the process of Recording

- Records ought not to include anything that could disrupt the therapy if seen by an individual.
- Prejudice and abusive comments are to be avoided.
- Negative evaluations should only be included if they serve a therapeutic purpose, for
- example, a negative counter-transference would be justified if it is integral to the therapy and is a statement about the case worker's internal processes, rather than directly ascribed to the individual.

Format of Casework Records and their Templates

There are a few components written about how best to structure case work records. There can be two sections. The first section contains useful background information about the individual and the contractual terms that case worker and the individual have agreed upon.

Individuals' records need to be clearly identified so that there can be no confusion regarding identity, because in large agencies it is not unusual to find two individuals with the same name.

The caseworker might include :

- Individual s family name
- Other names
- Date of birth
- Address
- Contact phone numbers

Where hand-written records are kept, it can be an advantage to label each page of the individual record with the individual's full name so that the possibility of pages being inadvertently placed in the wrong file is minimized. Additional demographic information about the individual, if available, such as Marital status, Name of the partner or spouse, Names and ages of children, Referral source, and so on could be added. The notes for each case work session may include Date of the session, Factual information given by the individual, Details of the individual's problems, issues, or dilemmas, Notes on the process that occurred during the session, the outcome of the case work session, the intervention used by the case worker, any goals identified, any contract between the individual and the case worker, matters to be considered in subsequent sessions, the counselor's own feeling about the individual and the case work process, and the case worker's initials or signature.

(FORMAT FOR NOTES-TAKING)

Date of the session _____

Factual information given by the individual _____

Details of the individual's problems, issues, or dilemmas _____

Notes on the process that occurred during the session _____

Notes on the outcome of the case work session _____

Notes on the intervention used by the case worker _____

Notes on any goals identified _____

Notes on any contract between the individual and the case worker _____

11.10 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.

Responsibility of the caseworker related to informing the client about records and recording

The agency needs to establish and maintain good practices for collection of information from individuals availing of the caseworker's service. In this situation, the caseworker needs to

1. Be clear about the agency's reasons for collecting the information and explain the rationale to the person.
2. Be ready, with no resistance or surprise, to answer specific queries from individuals about the details he or she asks for, any forms to be completed or notes he or she makes.

3. Deal with individuals' questions courteously, even if they ask in an abrupt or confrontational way. Individuals may feel uneasy about challenging the information systems and this unease can emerge in an apparently unfriendly way.
4. It is important that the agency commits to the view that individuals have the right to understand why information is requested.
5. Explain in a straightforward way how the person can access his or her own information, and the extent to which the information is available to others in the agency.

In short, Social caseworkers should be open and honest with the person or his or her family where appropriate, from the beginning about why, what, how and with whom their information will, or could be shared. They must seek the person's agreement to share their information, unless it is unsafe or irrelevant to do so.

11.11 Summary

In social casework practice, recording is defined as the process of writing down relevant information in a systematic manner about the person who has come to the agency seeking some help. Social casework practice involves many types of recording depending upon factors such as requirements of the agency, the theoretical perspective of the caseworker, the type of intervention, and so on. Recording is an important and integral part of the case work procedure and is an output of the activity of the case work.

Although there is no such thing as an ideal or model record, there are some guiding principles for maintaining a good record. As case workers seek to be professional and credible, they need to develop the record-keeping practice that supports them in performing their role and meets the public expectations of quality of service and accountability of any professional.

Some case workers have reservations about creating records which may be demanded by individuals for use outside the case work relationship in legal actions against others. They hope that an absence of records will enable them to concentrate on the therapeutic relationship without having to consider how that work would be viewed in a court of law.

Once it is decided to keep the records, the existence of the records and the level of security with which they are protected have to be made known to the individual. Case work records vary considerably in style, from brief factual accounts which focus on what the individual reported to ones that include more of the case worker's thoughts and responses.

Records ought not to include anything that could disrupt the therapy if seen by an individual. Prejudice and abusive comments are to be avoided. The agency has to be clear about its reasons for collecting the information and explain the rationale to the client. The caseworker should explain in a straightforward way how the client can access his or her own information, and the extent to which the information is available to others in the agency.

11.12 Exercises

1. What is a case record? What is its importance?
2. What are the important aspects of Record Keeping in case work?
3. Analyse the importance of Record Keeping in case work practice?

11.13 Reference

http://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000032SW/P000436/M014354/ET/1456828634ET20.pdf

<http://www.yourarticlelibrary.com/sociology/recording-as-an-important-method-to-learn-social-work-practice/36558>

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Unit 12 □ Review of Casework Record

Structure

12.0 Objectives

12.1 Introduction

12.2 Objective of Casework Record Review

12.3 Advantage and Disadvantage of Record Review

12.3.1 Advantage

12.3.2 Disadvantage

12.4 Sources of Records

12.5 Process of Record Review

12.6 Points to be avoided while Record review

12.7 Summary

12.8 Exercise

12.9 Reference

12.0 Objectives

The learners by now know about the importance of record keeping along with its various skills, techniques and principles. Record Review entails studying information that has already been recorded and involves summarizing the data, subjecting it to appropriate statistical analysis and drawing inferences. In this unit we will learn how to review these records for our future requirements.

12.1 Introduction

Recording aims to support social workers and other social care staff to improve recording skills – how you write down what you have seen and done, your analysis of that, and what you plan to do as a result.

It is based on the concept of PARTNERSHIP – that recording should be done, as much as possible, in conjunction with the person you are working with.

The importance of recording

Recording is an integral and important part of social work and social care. It is not simply an administrative burden to go through as quickly as possible, but is central to good, person-centred support. Recording is vital:

- It supports good care and support
- It is a legal requirement and part of staff's professional duty
- It promotes continuity of care and communication with other agencies
- It is a tool to help identify themes and challenges in a person's life
- It is key to accountability – to people who use services, to managers, to inspections and audits
- It is evidence – for court, complaints and investigations

It will enhance your practice and the support you can offer people if you can make good recording a central part of your work.

A “review of the Casework Records” is a classification and evaluation of what the case worker had already documented after interviewing a client. It is sometimes sufficient to browse the text quickly. We can not always trust our memory, we can never remember who said what, so it is better record everything and keep it handy for future review. A Case review consists of an overview, a summary, and an evaluation of the already available information. It may also include a discussion of methodological issues and suggestions for future reference. Record reviews, on the other hand, are based upon information that is already available in the form of records. If particular information is not recorded reliably, then it cannot be used for record reviews.

Reviewing the records lets us gain and demonstrate skills in two basic area-

1. *Information seeking*: The ability to scan the record efficiently, using manual and computerized methods.

2. *Critical appraisal*: The ability to identify unbiased and valid points from the case which has been reviewed.

12.2 Objective of Casework Record Review

Record Review must be—

- a. Be organized around and related directly to the thesis or research question you are developing

- b. Synthesize further details from the available sources
- c. Identify areas of controversy in the literature
- d. Formulate questions that need further research

The caseworkers conduct review to minutely study the available records and propose further strategies which can be taken up in that specific area. It is also done to find out the gaps in the information if any.

The caseworkers conduct review to minutely study the available records and propose further strategies which can be taken up in that specific area. It is also done to find out the gaps in the information if any.

Record Reviewing in social work profession is a very important stage and it is done after-

- Regular check-up visit
- Safeguarding disclosure
- Joint Assessment
- Dealing with a complaint
- Difficult behaviour

12.3 Advantage and Disadvantages of Record Review

12.3.1 Advantages

Conducting a record review has several advantages. It enables assessment of a large sample at limited cost. It enables easy collection of information which is routinely recorded. It minimizes recall bias for an event in the past. It also reduces the need for intrusion into clients' time for assessment as part of the study. For some types of data, record review may be the most feasible type of study.

12.3.2 Disadvantages

Variation in the manner in which data has been gathered and recorded in the charts limits the extraction and interpretation of the variables. Some records may be incomplete or lost in the course of time, leading to missing data. Also, records may not have been stored in an easily retrievable manner restricting the extent to which they could be utilized further.

12.4 Sources of Records

A variety of data sources can be utilized to collect information for a record review. These sources could be in the form of hard copies of case notes and case files, manually entered registers, and computerized databases. Data sources can include case notes, clients case files, attendance registers, counselling records, national demographic records and so on. The national demographic databases (for events such as suicide, Rape etc) are reservoirs of information about a large population, and are representative of the community sample. But these extensive repositories require permissions and clearances before use for academic purposes. Also, sifting through such large databases may require extensive and dedicated computing time.

The type of data source would determine the extent and type of information that can be gleaned from it. The selection of the data source is based upon both convenience as well as the requirements of the Caseworker. Certain extensive data sources may require significant resources and large organizational supports for processing. On the other hand smaller databases may provide information about a limited sample. Also, some data may be missing or become non-retrievable with any type of source, depending on the manner of recording and storage of data. Hence pragmatic and practical considerations quite often determine the usefulness of a data source for purposes of answering a clinical query.

12.5 Process of Record Review

The process of clinical record review involves multiple step. The exact procedure and protocol needs to be modified in accordance with the type of study, nature of the data source and local constraints. Some of the basic and commonly followed steps are as discussed as under:-

- 1. Identifying an appropriate data source.** The identification of an appropriate data source that can answer the clinical question is the next major step. Data sources can include clinical case records in the outpatient or inpatient service, registration entries, adverse event monitoring systems, investigation report filing systems and so on. Each type of data source has inherent

strengths and weaknesses which should be evaluated before its selection. The data source should also be assessed for accuracy and completion, which will determine the usefulness and generalizability of the data. Ethical aspects of data usage should be given due consideration; and appropriate clearances should be obtained.

- 2. Devising a data extraction instrument.** A well-designed instrument to extract data from the case records to answer the clinical query is of immense importance. It is necessary to agree upon which variables are to be extracted and how the coding is to be done before the data extraction occurs. A manual may be prepared defining the various terminologies and enumerating the operational definitions for the coding process.
- 3. Extraction of the data.** Data extraction should be carried out in accordance with the instrument devised and the definitions agreed upon beforehand. The person/people in-charge of coding the data should be clearly specified. In case data is extracted from technical or subjective case notes, it should be ensured that the data extractors have sufficient expertise. Preferably, two raters can be used to extract the data, and it is advisable to present an estimate of the agreement among the raters. Some differences are likely to crop up when subjective data is being extracted by different raters.
- 4. Re-evaluating a small dataset.** A small subsample (approximately 10% of the total sample) can be reassessed to check agreement with the previously coded data and to determine the pattern and extent of inaccuracies, if any. This is especially useful when dealing with large data sets where cumulative inaccuracies may translate into substantial absolute values of discrepancy and limit generalizability of results.
- 5. Statistical analysis.** Analysis of the data should be conducted using appropriate statistical methods. Analysis can range in complexity from simple semi-quantitative measures for qualitative data to hierarchical multivariate analysis. Excellent statistical software programs are available for carrying out computations in minimal time. It is prudent to involve a trained statistician while dealing with large datasets and conducting complex statistical analysis
- 6. Dissemination of findings.** After conducting the record review, it is important to archive and disseminate the results. This is useful to bolster the

scientific evidence base on the subject studied through the record review. The results of the record review, even if negative, or challenging to the existing views, should be made known.

12.6 Points to be avoided while Record review

There are certain potential areas where errors may crop up in record reviews. The clinicians and researchers may inadvertently miss out important components while reporting record reviews.

Common errors	How to avoid?
Not specifying the data source clearly	Specifying the data source clearly <i>Records of the client/s who came to the agency, for what propose and what method was applied to tackle it must be mentioned</i>
Not specifying what elements of the data were extracted <i>Relevant data was extracted from the records</i>	Clearly mention the elements of the data extracted from the records <i>Data was extracted from the records using a structured instrument and included age, gender, procedures conducted,etc.</i>
Not specifying who extracted the data <i>Data was obtained from the records</i>	Specify who extracted the information with regard to their expertise in the field. <i>Data must be extracted from the records by trained professional in the particular field</i>
Not specifying ethical aspects <i>No mention at all</i>	Mention the relevant ethical aspects in context <i>The study had waiver of informed consent as per guidelines of the Social Work Ethics. and ensure that the information was kept confidential</i>

12.7 Summary

Record reviews are crucial instruments for collecting information investigative procedures in Social Work field and it also clearly explains about the outcomes of

such investigations. The effective use of record reviews for looking into specific clinical questions needs accurate planning and use of right data sources. Record reviews have several advantages but their results should be interpreted keeping in view their limitations. Ethical issues, particularly pertaining to maintaining confidentiality of records, need to be taken into consideration. Appropriately conducted record reviews can help in effectively expanding the scientific knowledge base, and can provide information which may not be available through other means.

12.8 Exercise

1. What is review of case work record ? What are its objectives?
2. What are the advantages and disadvantages of Review of record?
3. What are the different sources of Records?
4. Discuss the procedure for Reviewing of Records
5. What are the common errors that we commit while review of records and how can we avoid it

12.9 Reference

<https://www.scie.org.uk/social-work/recording>

<https://www.smu.ca/webfiles/guidelitreviewbrief.pdf>

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