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SOCIAL CASE WORK

M.S.W. Semester-I Paper-IV

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FOREWORD

Since its establishment in 1976, Acharya Nagarjuna University has been forging ahead in the path of progress and dynamism, offering a variety of courses and research contributions. I am extremely happy that by gaining 'A' grade from the NAAC in the year 2016, Acharya Nagarjuna University is offering educational opportunities at the UG, PG levels apart from research degrees to students from over 443 affiliated colleges spread over the two districts of Guntur and Prakasam.

The University has also started the Centre for Distance Education in 2003-04 with the aim of taking higher education to the door step of all the sectors of the society. The centre will be a great help to those who cannot join in colleges, those who cannot afford the exorbitant fees as regular students, and even to housewives desirous of pursuing higher studies. Acharya Nagarjuna University has started offering B.A., and B.Com courses at the Degree level and M.A., M.Com., M.Sc., M.B.A., and L.L.M., courses at the PG level from the academic year 2003-2004 onwards.

To facilitate easier understanding by students studying through the distance mode, these self-instruction materials have been prepared by eminent and experienced teachers. The lessons have been drafted with great care and expertise in the stipulated time by these teachers. Constructive ideas and scholarly suggestions are welcome from students and teachers involved respectively. Such ideas will be incorporated for the greater efficacy of this distance mode of education. For clarification of doubts and feedback, weekly classes and contact classes will be arranged at the UG and PG levels respectively.

It is my aim that students getting higher education through the Centre for Distance Education should improve their qualification, have better employment opportunities and in turn be part of country's progress. It is my fond desire that in the years to come, the Centre for Distance Education will go from strength to strength in the form of new courses and by catering to larger number of people. My congratulations to all the Directors, Academic Coordinators, Editors and Lesson- writers of the Centre who have helped in these endeavours.

*Prof. P. Raja Sekhar
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SOCIAL CASE WORK

Course Objectives: The main objective of this paper is to understand the social case work, values, principles and components of social case work; use of social case work on different settings like health, school, industry and correctional institutions.

Course Outcome: To create awareness to the students on social case work method and their uses in different settings.

UNIT – 1

Social Case Work: Definition, Method in Social Work – Values and Principles of Social Case Work.

UNIT – 2

Components of Social Case Work Method: Person, Problem, Process and Place.

UNIT – 3

Social Case Work Process: Study, Assessment, Intervention, Termination and Evaluation.

UNIT – 4

Social Case Work Tools: Interview, Home Visit, Observation, Listening, Communication, Rapport Building, and Recording – Techniques of Social Case Work: Supportive, Resource Enhancement and Counselling.

UNIT – 5

Use of Social Case Work in Different Settings: Family, Health, School, Industry, Correctional Institutions and De-addiction Programmes.

REFERENCES

- 1) Pearlman, H.H. Social Case Work: A Problem Solving Process.
- 2) Hamilton, G. Theory and Practice in Social Case Work.
- 3) Timms, N. Recording in Social Work.
- 4) Friedlander, W.A. Concept and Methods of Social Work
- 5) Gore, M.S. Social Work and Social Work Education
- 6) Madan, G.R. Indian Social Problems, Vol. II
- 7) Wadia, A.R. History and Philosophy of Social Work in India
- 8) Friedlander, M.A. Introduction to Social Welfare.
- 9) Moorthy, M.V. Social Work – Philosophy, Methods and Fields

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SOCIAL CASE WORK – A METHOD IN SOCIAL WORK

1.0. Objectives:

The objectives of this lesson are to define **social case work** and explain **case work** as **a method** in **social work**.

Contents:

- 1.1. Introduction
- 1.2. Definition
- 1.3. History
- 1.4. Assumptions
- 1.5. Limitations
- 1.6. Relation with other Methods
- 1.7. Agency Settings
- 1.8. Case work as a method
- 1.9. Summary
- 1.10. Key words.
- 1.11. Model Questions
- 1.12. Reference Books.

1.1. Introduction:

Social work is one of the methods of **social work**. It aims to find individual solutions to individual problems. The focus of casework is on the individual. People face difficulties arising out of personal or environmental factors. Consequently it may lead to their malfunctioning or maladjustment in society. Where the individual fails to function in a useful and acceptable manner, the social caseworker helps him to remove his difficulties. The social caseworker functions at the individual level.

1.2. Definition:

Richmond (1917), who gave a scientific status to case work, defines social case work as one consisting of "those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment".

Regensburg (1938) considers case work as a method of "measuring against reality the client's capacity to deal with his problems or pieces of it, while the worker helps him to clarify what the problem is and enables him to think of different ways to solve it".

According to bowers (1949), "social case work is an art in which knowledge of the science of human relations and skills in relationships are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment".

Hamilton (1951) says that case work is "characterized by the objective to administer practical services and offer counseling in such a way as to arouse and conserve the psychological energies of the client-actively involve him in the use of the service toward the solution of his dilemma".

According to Boehm (1959), social case work intervenes in the psycho-social aspects of a person's life to improve, restore, maintain or enhance his social functioning by improving his role performance.

According to Linton B. Shift, social work is an art of assisting the individual in developing his capacities to deal with problems he faces in his social environment.

Social case work may be defined as the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society's betterment. Later definitions emphasized that the problem is essentially the client's own and that the client is actively and responsibly engaged in its solution.

The various definitions that have been advanced, bring out its salient features; that it is an art of helping individuals to work out better relationships and adjustment; that it is a method of helping people individual by individual, to tackle effectively the various problems confronting them and that it is a way of helping individuals to use their own resources, both material and psychological, for the treatment and prevention of social problems.

1.3. History:

Individualization in social problems began largely with the persons who needed relief. The work of St. Vincent De paul 16th and 17th century and of Ozanam in the 19th century through the art of friendly visiting helped to individualise people at home. Edward Denison, sir Charles Loch, Octavia Hill, the English leaders developed to a high point the theory and practice of personal service, personal responsibility and careful study of each case in our own times. Mary Richmond set out the first rational and systematic approach to the analysis of individual social situation. Prof. Garrett points out that the attempt to modify the client's personality is not a recent and revolutionary undertaking of case workers but an evolutionary development from the beginning.

The oldest function of case work was to supply practical services or to manipulate the environment to help the client towards the successful adaptation. The case worker realized that the forces of the unconscious are also factors in human behaviour; they also recognized that personality and character are essential in reconstruction efforts.

1.4. Assumptions:

The following are the main assumptions in all the accepted definitions. (1) The individual and society are inter-dependent. (2) social forces influence behavior and attitudes; (3) problems are psycho-social; they have inner and outer aspects; (4) problems are inter personal that is more than one person is likely to be involved in the treatment of the individual; (5) the client is a responsible participant at every step in the solution of his problems; (6) the worker-client relationship is also used to achieve the ends of treatment, (7) it is also assumed that the worker will have to enable the client to release his own capacities for change and growth (8) only when the worker is well grounded psychologically, he can help the client to mobilize his feelings in the direction of growth and adaptation to reality.

In case work the client is stimulated to participate in the study of his situation, to share plans, to make an active effort to solve his problems, using his own resources and whatever community resources are available and appropriate.

The nature and amount of help that the worker is to give the client depends upon the nature of the person and the nature of the problems. It is easy to deal with self-directing person and enable him to change his own situation. It is equally easy to deal with obvious difficulties like external trouble as they can be remedied through practical services. If the person is not well, weakened, seriously handicapped, the worker must give him more support in his effort. Change in attitudes and mores can just be effected by creating new conditions within which, new experience and satisfaction may occur.

1.5. Limitations:

Social casework as a method does not often attempt total personality reconstruction or total environmental manipulation. However, modifications of attitudes and behaviour may be possible. Casework cannot free its clients completely from their disabilities. However it may help them live within their disabilities, with the help of social compensations under certain circumstances. Casework can mitigate or even prevent some of the crippling effects of deprivations.

Treatment is the sum of all activities and services directed towards helping an individual with his problem. It is concerned with relieving or solving the immediate problem brought to the case worker's attention. The treatment shall be in the mutual interest of the client and community. As case work is one obligated not only to help the person, satisfy his social needs but also it stimulated the client to release his capacities for continuing efforts to create a better social environment for human beings. The obligation towards preventive action is also implied in programmes of mental Hygiene and Welfare.

The client can be motivated to attempt to change the situation by an educational process. Change in feeling can result from a major experience, such as happy marriage through greater physical or mental suffering through a significant relationship with one or more persons or through religious experiences.

1.6. Relation with other Methods :

There is a close relationship between case work and the other methods of social work. The methods or techniques of social work are different approaches to the problems. There are individual needs and individual solutions, group needs and group solutions, community needs and community solutions and mass needs and mass solutions. Consequently, social casework, group work, community organization and social action were developed respectively.

Modern social work has been described as "a professional service to people for the purpose of assisting them as individuals or groups to attain satisfying relationship and standards of life in accordance with their particular wishes and capacities and in harmony with those of the community" (Trecker).

We may define Social work in terms of the methods it employs in working with individuals, group and communities. Social case work, group work and community organization work are these methods.

Social case work is one part of a methodological whole. It makes a contribution to the whole of social work, yet it stands alone as well. It cannot be said that group work or case work or community organization work is any more important or any less important. All three are needed and all three are related.

Social case work, social group work and community organization operate as the chief methods, in the profession of social work. Social work is defined as "a professional process of working with individuals, groups, and communities to meet social needs". (Trecker). All social workers work with individuals, whether they may be the case workers, group workers, community organization workers. The degree to which they do so depends on the setting in which the work is carried on.

The objectives of case work, group work and community organization work are not basically different. The principles which underly the three methods are surprisingly alike. The worker must accept the individual, or the group or the community at its level of development. The worker must begin his work at the point of need as defined by the individual the group or the community. In case work, group work and community organization with respect for the integrity of the individual is of importance.

1.7. Agency settings:

The agency settings in which these methods are practiced may be different. Some agencies are primarily devoted for providing specialized services to individuals (on one by one or case by case basis). Other agencies concentrate their attention on more general needs of individuals in groups. Other focus their efforts on problems of social welfare planning. Thus case work is related to other methods of social work in several respects. These methods may differ from one another in their approach to the problem. They deal with the problems on different levels mainly the individual) the groups and the community. However, they are not water tight compartments. One method may involve other methods for instance community involves work with the groups so also group work involves case work. Work with group involves work with the individual. While meeting general needs of individuals in group, the worker must bear in mind the particular needs of the individual and group also. The group worker from time to time studies the particular needs of the individual and helps the individual in an individual way to enable him to participate actively in the group activity. Thus the methods are related to one another.

1.8. Case work as a method.

As a method of social work profession, case work seeks to help individuals in a systematic way based on knowledge of human behaviour and various tested approaches. Every professional's help has two components: one, his professional skill and knowledge, and the other his personal characteristics and experiences of life. A physician will help only with physical problems, a teacher with educational problems and a lawyer with the legal problems. Social

workers help the total individual i.e. with every aspect of life which in any way, is detrimental to his living a full life.

Social case work enables an individual to obtain a higher level of functioning through face-to-face or person-to-person intervention. The case worker helps the client to act in order to achieve some personal / social goals by utilizing the available resources. Case worker's knowledge and expertise and material resources are used (as tools) to inject strengths in the client to enable him to change his difficult situation.

Intervention occurs when the person realizes that his role performance is **hampered** and threatened. The intervention takes place through a professional relationship between the case worker and the client. Social case work involves assessing the internal and social factors which impair the person's role performance. The case worker helps the client to use the psychic and social resources at his disposal to reduce malfunction and to enhance functioning in social roles.

A person performs some role. All his functions are directed to fulfill some role. The case worker may mainly aim at restoring, maintaining or improving the person's functioning, using his knowledge of human behaviour, skills in communication and relationships and the available resources.

Social functioning means functioning in different roles one has achieved or has been **assigned** by the society. Bartlett (1970) defines-social functioning as "the interaction between the coping activity of people and the demand from the environment". The caseworker does not offer help to the person only at his personal request. Help is offered at the instance of his relatives, public agencies (Police, hospital etc.) and community members. The case worker will work not only with the client but also with those people who are in some way important for solution of the person's problem.

Help is offered through a particular process called as study, diagnosis (**assessment**), formulation of goals and planning, treatment, evaluation and termination. Taber and Taber (1985) use sipron's formulations which are termed as (1) engagement, (2) exploration, (3) planning, (4) intervention, (5) evaluation and (6) disengagement. Engagement is equivalent to intake, exploration to study, planning involves assessment and planning for action, intervention is equivalent to treatment and evaluation is done after intervention, followed by termination (disengagement).

Thus, social case work is a helping process to effect a change in the client's behaviour systematically to enable him to realize his potentials for "living a personally satisfying and socially useful life". In this process of helping the client, he offers concrete (protective) services including money and materials, modifies his environment, strengthens his capacities, develops an attitude congenial for growth, effects the desired change in his life style and maintains his emotional equilibrium.

1. 9 Summary:

Social case work is one of the methods of social work, it aims to find individual solutions to individual problems. Social case work as a method does not often attempt total personality reconstruction or total environmental manipulation. There are certain assumptions of social casework. The nature and amount of help that the worker is to give the client depends upon the nature of the person and the nature of the problem. There is close relationship between social case work and other methods of social work. The agency settings in which these methods are practiced may be different.

As a method of social work profession; case work seeks to help individuals in a systematic way based on knowledge of human behaviour and various tested approaches. Social case work enables an individual to obtain a higher level of functioning through face-to-face or person-to-person intervention. Social functioning means functioning in different roles, one has achieved or has been assigned by the society. Help is offered through a particular process called, study, diagnosis (assessment), formulation of goals and planning, treatment, evaluation and termination.

1.10 Key words:

1. Social case work
2. Assumptions
3. Agency settings

1.11 Model Questions

1. Define social casework. What are its assumptions and limitations.
2. Explain social case work as a method of social work.

1.12 Reference Books:

1. Batra, Nitin, 2004 : Dynamics of social work in India, Raj publishing house, Jaipur
2. Hamilton, Gordon (1951): Theory and practice of social case work, Newyork Colubbia university press.
3. Upadhyay, R.K. (2003): social case work --A therapeutic approach, Rawat publications Jaipur and New Delhi.

Lesson-2

VALUES AND PRINCIPLES OF CASE WORK

2.0 Objective:

The objectives of this lesson are to discuss the values and principles of case work.

Contents :

2.1. Introduction

2.2. Values

2.3 Principles of social case work

2.4 Summary

2.5. Key words

2.6 Model Questions

2.7. Reference Books

2.1 Introduction:

Social case work is an individual approach to help individuals. As a method of social work profession, it seeks to help individuals in a systematic way based on knowledge of human behaviour. Every individual has various needs (psychological, physical and social). To fulfill his needs, he has to interact with different types of people and face different environmental conditions. Unfavorable physical conditions make human functioning difficult. An individual under these stressful conditions, seeks help some times from near and dear and sometimes from the professionals like social workers. The professional helper uses his professional skills and knowledge. The social case worker helps the needy individual to meet his needs or solve his problems, using his professional skills and knowledge.

2.2 Values:

Social case work (or social work) values have roots in the democratic system. These values are certain ideas which are useful to anyone engaged in social work practice. Since these values are found lacking in socialist countries like china, practice of social work is not being adopted in those countries. The following are some of the values of social case work (or social work).

1. Every individual has inherent worth and dignity:

This is one of the values of democracy. Social work skills are based on democratic values and methods. An individual is treated with respect. An individual is worth caring for the simple reason, that he is basically an individual, and he is a human being. He is capable of contributing his mite to the growth of society. Keeping in view this value, that social workers attend to the needs of every individual irrespective of the considerations of class, caste or creed etc. They serve every one without discrimination. Every individual has inherent worth and dignity, whatever be his handicap and problem. He should be respected with whatever problem or handicap, he approaches the case worker for help. He should get all possible help to live a socially productive life.

2. Right to self-determination:

The individual is to decide for himself what is best for him. Any change in the attitude of the client should come from within himself and not from without. The caseworker will have to counsel or guide him only. The ultimate decision rests with the client. The case worker will assist the client to change himself and work towards a solution of his problems. The client will have to participate in the solution of his problems. The case worker will help the client to pool the psychological and material resources of the client besides the community resources to solve the problem for making client's personal and

environmental adjustments. The caseworker as a counselor will mobilize the energies of the client for effecting the changes in himself and the environment. The case worker will help the client to obtain not only material assistance but also as a 'therapist' is involved in using the relationship for solving the problems of the client.

3. "Every individual is the primary concern of society, has potential for and the right to growth"

Society has concern for every individual. The individual has potential and the right for growth and development. Society has the responsibility to provide equal opportunities to every individual to actualize his self. Equal opportunities will have to be provided to every individual without consideration of class, caste and creed.

4. "Every individual, in turn, has to contribute to the society's development"

In turn, the individual has obligation to contribute his mite for society's development, assuming his social responsibility. He has to discharge his functions and perform his social roles honestly. He has to act properly and adequately in his social roles with commitment and sincerity. Since the individual is using the resources for his growth and development, it is his boulder duty to serve the larger interests of society.

5. The individual and society in which one lives are interdependent.

Society cannot exist without individuals. Without society, the individual cannot fulfill his basic needs. Both are interdependent. The individual develops his personality only in the society. Society is a web of social relationships and interaction, of the individuals. We cannot think about the society without individuals, nor can we think about the individual without the society. The individuals contribute for the development of society and the society helps the development of the individual.

6. Basic human needs have to be met by services.

Basic human needs are to be met by services to all sections of the people irrespective of race, nationality, religion, caste etc., Human needs are common to all for survival and sustenance of life. By rendering services to all sections of the people, these basic needs of food, shelter, water and other necessities of life are to be met.

2.3 Principles of social case work:

Principles are certain statements which guide our professional action. These principles are to be kept in mind in working with the client. The following principles guide the worker in his case work practice.

1. Principle of Acceptance:

In professional relationship, the case worker should have unreserved acceptance of the client with all his problems, strengths and weaknesses. Whatever the problem of the client, the case worker should accept him. Whatever be the background and temperament of the client the case worker has to accept him. We have to accept the client as he is, irrespective of his problem, behaviour conduct or situation. Acceptance does not mean approval of his actions and behaviour violating the norms and values of the society. We may

not accept the untoward act of the client but we accept the person. If there is need for change of the heart and mind of the client, that change should come from within him. By accepting as he is, the worker assists him to have better understanding of himself and his situation. If the client's behaviour is unacceptable and objectionable, outright rejection of his behaviour rubs the client on the wrong side and the worker cannot get cooperation of the client. The worker accepting the client, gradually works on the strengths of the client and help him to overcome his weaknesses.

2. Principle of confidentiality :

Every one wants to keep his personal matters confidential. He will not divulge his personal matters unless it is beneficial to the person. The case worker should protect the privacy of the client. The client will repose his confidence in the worker, if the information given by him to the worker is not leaked out to others. Once the client loses his confidence, the professional relationship between the worker and the client will break down. In the Indian families, unlike their western counterparts, the wife should not give information to the worker without the knowledge of her husband and in-laws. There are certain personal matters in between the wife and husband which should not be divulged to the worker. For the purpose of solving the problem, if the client gives that information to the worker, he should keep it confidential. There are many limitations and restrictions in the Indian families to share their feelings and emotions with the case worker. The case worker should keep in mind the principle of confidentiality in dealing with the client's personal and family matters.

3. Principle of Relationship (Rapport):

Case work process is based on purposeful, relationship between the worker and the client. The professional relationship is purposeful in the sense that it is established between the worker and the client for rendering the service asked for by the client. The relationship is terminated when once the purpose is served. This relationship is established to help the client resolve the difficulties. Such a relationship in professional terminology is termed as 'Rapport'. Unless rapport is established, case work process will not be effective. The relationship has to be positive to be effective. Rapport is a kind of relationship between the worker and the client which creates a congenial atmosphere in which the worker accepts the client and the client accepts the worker's help. The case worker should win the confidence of the client. This is possible only when the case worker touches upon the feeling tones of the client. In case of more complicated psycho-social problems, this kind of positive relationship is of great importance. Without establishing rapport with the client, the case worker cannot help the client to solve his problems.

4. Principle of Resource utilization:

Society has resources and facilities. It is the responsibility of society to provide facilities for self actualization of its members. The individual on his part contributes for the development of society. In recognition of his contribution to society, services are provided to the individual. There are orphans, destitute and handicapped who are not cared for by any one. The case worker has to utilize the personal resources and the resources of the community, agency resources and resources of the relatives of the client to help the client. Resources may include money, material, power and influence, talents and capabilities etc.

5. Principle of Right of Self-determination:

This principle is based on democratic value. Every one has the right to decide for himself his life interests. The individual has to decide for him self which course of action he has to take for enriching his life. The people according to this principle, have right to choose their own government. Case worker cannot impose their decision on the clients. They give this right to the clients to decide and take the best possible action in his self-interest. The client knows himself better than others what is best for him. The case worker is an enabler only to assist the client to take the best possible decision and action in a given situation. But case worker should realize that this right has limitations in case of children, Mentally retarded and the psychotics. If this right is given to them, they may harm themselves.

6. Principle of self-awareness:

In case work situation, the worker should be aware of his own subjective feelings, prejudices, personal preferences, likes and dislikes. He cannot impose his own views and attitudes on the client. The case worker cannot substitute his own values, norms etc. for professional values. He cannot impose his own values and the norms on the client. In fact the worker should

- I. Be aware of his own attitudes, personal values and norms etc.
- II. Accept his own feelings of aggression.
- III. Be aware of his own Motivation to save, punish or deprive the client.
- IV. Be aware of his own family relationship and not to impose the same on client's family situation

Self awareness helps the case workers to avoid subjective considerations and helps them to use only professional values and norms. It also helps the workers to be objective and Non-judgmental in their approach.

7. Principle of purposiveness of Behaviour:

Every behaviour is functional and serves useful purpose. Behaviour includes verbal and Non-verbal. The behaviour of the client expressed in the case work interviews should be analyzed and assessed (diagnosed) to plan a realistic approach to help the client. The inappropriate behaviour of the client may be replaced with an appropriate one. Assessment of the behaviour of the client reveals the personality of the client or his situation or about the nature of their interaction. The case worker understands the purpose behind the behaviour of the client and also the problem behaviour of the client and plans to help the client to solve his problem.

8. Principle of Requirements of Agency practice and settings:

The case worker should know the requirements of the agency practice and its limitations and he has to explain the same to the client to avoid frustration to himself and the client. The case worker should know the policies and procedures and also the settings in which the agency is operating. Settings like psychiatric, or correctional or family welfare have their unique problems because of their very nature. The agency and the settings have their own dos and don'ts, material resources, nature of services, legal requirements and sanctions etc., which are to be utilized for the benefit of the client. The case worker should have proper knowledge about the requirements of the agency practice. He has to explain the same to the client for avoiding unnecessary confusion.

9. Principle of Beginning where the client is:

This principle has been derived from Gestalt therapy. The principle helps us to know what the client is experiencing. It tells us what the client wants and what he feels at the moment. His feelings are as important as any other objective fact. Knowing these may give further clues to deal with the client's problems effectively. The worker should start his interview, "with the concern of the person or with their felt needs". (Johnson, 1983).

10. Principle of Individualization:

Individuals have similarities. Every individual is similar to others in many respects. But there are dissimilarities also among individuals. There are certain characteristics which are unique to an individual only. This uniqueness is due to the fact that individuals have differing background, psychological and constitutional differences. The Bio-psycho-social factors and environment and their inter-play gives a certain shape to personality which is unique to the person. It is this uniqueness of the individual that is responsible for his special ways of behaviour in social situations and the special help he needs. The case worker deals with every individual client in an individual way because, his problems are different and his situation is unique. The worker will help every client as an individual who is unique. His problems and needs are special to him. Every individual has unique requirements.

Similarly, the situations of the client, his problems, his adjustment, his life-style, his ego strength etc. are unique. Thus individualization reminds one to pay attention to the specific needs, problems, situations and resources and capacities of each client.

2.4 Summary:

Social case work is an individual approach to help individuals. Social case work (or social work) values have roots in the democratic system. The following are some of the values of social case work (or social work).

1. Every individual has inherent worth and dignity;
2. Right to self-determination;
3. Every individual is the primary concern of society, has potential for and the right to growth;
4. Every individual, in turn, has to contribute to the society's development;
5. The individual and society in which one lives are interdependent.

Principles are certain statements which guide our professional action. The following principles guide the worker in his case work practice.

1. Principle of Acceptance;
2. Principle of confidentiality
3. Principle of Relationship (Rapport)
4. Principle of Resource utilization
5. Principle of Right of self-determination
6. Principle of Self-awareness
7. Principle of purposiveness of Behaviour
8. Principle of Requirements of Agency practice and settings
9. Principle of Beginning where the client is
10. Principle of Individualization

2.5 Key words:

1. Self-determination
2. Acceptance
3. Confidentiality
4. Individualization

2.6 Model Questions

1. Discuss the values of social case work (or social work)
2. Explain the principles of social case work

2.7 Reference Books:

1. Batra, Nitin (2004) : Dynamics of social work in India, Raj Publishing house, Jaipur.
2. Upadhyay, R.K (2003): Social case work-A therapeutic approach, Rawat publication, Jaipur and New Delhi.

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Lesson- 3

COMPONENTS OF CASE WORK (PERSON, PROBLEM, PROCESS AND PLACE)

3.0. Objectives:

The objectives of this lesson are:

To explain the components of case work.

The person as a component

The problem as a component

The process as a component

The place as a component

To explain their interrelationship

Contents:

3.1. Introduction

3.2. Person

3.3. Problem

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3.5. Study

3.6. Social Diagnosis

3.7. Treatment

3.8. Rehabilitation

3.9. The Place

3.10. Summary

3.11. Key words

3.12. Exercises

3.13. References

3.1. Introduction:

Components of case work situation comprise the person, the problem, the process and place and their relationship with one another. Client is a person with a problem in a difficult situation. The worker has to deal with the client, agency having policies and programmes. Along with the client the worker enters the process comprising a study, diagnosis and treatment. The goal of case work depends upon the goals of the client and effective adjustment between client and environment.

Case work situation comprises the components of the person, the problem, the process and place and their relationship with one another.

3.2. Person:

In case work, it is necessary to know more about the person. Persons have no doubt resemblances to some other people. But no person is like any other person. Persons differ from one another in many respects. It is his individuality or uniqueness which he brings to his problem situation consciously or unconsciously. The problem the person is having at present is the result of his past. It is the outcome of his personal, psychological and social experiences. The present has roots in the past. The way he is going to function in the future and seeks solutions to his problems in future depends on his present. Thus a person's past, present and future are all interwoven into the nature of the problem. Thus a person's problem

is many-sided and multi-dimensional. The multi-dimensional view of the person and his problem are to be understood by the case worker for effective helping process.

The case worker should realize that human behaviour is always meaningful and purposeful. What seems insignificant to others may have meaning for the client. The problem of the client may not be significant for others. But the problem and the needs of the client are important for the client. The client is trying in his own way to solve some problem as he sees it. The causes of the problem are linked with the client's personality make-up. Hence it is necessary on the part of the case worker to understand the behaviour patterns of the client for helping him to solve the problem.

Structure of personality:

According to Freud, there should be balance between the three distinct drives within the personality i.e. 'id', 'ego' and 'super-ego' if there is no balance between these three distinct drives within the personality, there will be imbalance in the personality. According to him, 'id' represents the basic human drives which crave for satisfaction, for example, hunger, food, sex etc. When these drives are satisfied, there is release of tension. If they are frustrated, the tension will increase. The expression of these drives is not acceptable to the society, unless they are expressed in a manner which is approved by the society. The super-ego is the voice of the conscience. It gives a signal positive or negative to satisfy one's basic urges and drives. The prohibition and encouragement given by 'super-ego' in individual actions generally develop into a scheme of values. It is the 'super-ego' that filters the primitive and animal drives in us. This is the process that we consciously or unconsciously absorb the society's norms as indicated by approval or rejection.

The 'ego' is 'I' part of the personality which weighs and balances the urges of the 'Id' and the instructions of the 'super-ego'. The urges of the 'Id' will have to be modified in the light of the sanctions of the 'super-ego'. The 'ego' has to decide finally what is desirable and how he should function in the given situation. It is the balance achieved between these different urges and the harmonious functioning of these that leads to balance in a person's socio-personal functioning. The absence of balance between these different urges will lead to the malfunctioning of the person in the society.

Defenses:

Defenses are resorted to by the 'ego' for defending itself. When the 'id' urges one to do something which is wrong, the 'super-ego' says 'No'. If the 'ego' decides to take course from the super-ego and decides not to do it, the 'Id' is frustrated. The 'ego' will use the sense of self-esteem and moral satisfaction by not doing the wrong thing which the society has not approved. It will use the satisfaction, or the feeling of doing the right thing in order to compensate for the satisfaction lost, in refusing the urges of the 'id'. On the other hand, if the counsel of super-ego is not followed and one goes ahead according to urges of the 'id' impulse, he has to give justification for his action. In this situation, 'ego' will protect itself by resorting to Defenses or rationalization. They are used to wash away the sense of guilt which the 'super-ego' imposes for going against its directions. The super-ego inflicts punishments or awards, rewards for either going against its dictates or for following the same.

The satisfactory functioning of any person in socially acceptable manner depends upon the proper and balanced functioning of 'id', 'ego' and 'super-ego'. Hence the understanding of personality structure alone will help the case worker to gauge the full meaning of the

reactions and behaviour of that client, on the basis of which alone can the client be helped to function better and effectively.

Client:

The client is a person under stress. He may be in personally painful situation or in a culturally deviant and therefore socially threatening position. A recently arrived immigrant, an unmarried mother and a delinquent adolescent, all are in socially deviant roles, such persons are in need of help. They may come to a social agency for help, or they may be referred to special agency. The case worker finds himself face to face with such persons; the clients have socially unsatisfying modes of adjustment. They have personal social imbalances.

Worker- Client relationship:

To modify imbalances, client-worker relationships are the medium of change in the case work method. The clients goals and capacities would influence case work goals. The client worker relationships may also be influenced by what the society expects from the agency. The goal of case work is to enable the client to enjoy more satisfying, effective and acceptable experiences in the social situation in which he finds himself. This goal may be achieved through effecting changes in the clients environment or social living situation. An effective dynamic balance between the person and his social world is restored; thereby personal social imbalances are removed.

In order to establish such client worker relationship, case workers must be able to use skillfully knowledge of human behaviour in stressful situations. Such knowledge is to be found in psychological theories. Such knowledge should include some awareness of biological theories of maturation and growth.

3.3. Problem:

The changing nature of the problem and the shifting nature of the reactions of the client to various facts of the problem make the process of study itself highly fluid. The problem of the client is not a static entity. It goes on changing in accordance with the changes in the individual or his environment. The strengths and weakness of the client, his hopes and fears in relation to the problem are not definite. They will have their own trends of ebb and flow. Hence the study also must have a changing content, varying approaches and shifting emphasis in relation to the problem-situation. Human nature being what it is, everything changes every now and then particularly in human problems. The case worker must be skilful in dealing with the problem and the person, to understand. Whether the problem is the result of personal failings, environmental pressures or both of these in their interaction to each other.

In order to get the information about the problem, the client is the best source to give it. If we get the information from the client, he develops greater sense of security and confidence in the case worker. Formerly, there was reliance on other sources of information other than the client. It was believed earlier, other sources of information are objective and the client's source is subjective. It is wrong to think that other people know about the client's problem better than the client himself. Those people may know the external manifestations of the problem. The problem can be solved only by using the internal and external resources of the client. The feelings of the client are more important because, ultimately he alone has to solve his problem with the help of the case worker. The client may not be communicative and he may have distorted picture about the problem. But for his feelings and reactions about the problem, the client is the primary source of information.

In the case of clients afflicted by serious types of mental or functional difficulties, we may get supplementary information from others and to verify the facts. When we get the information from others, from collateral sources such sources are considered secondary sources. If other people are involved in the problem of the client, say for instance the family members, it becomes necessary to contact them and get the information. But one should not **give** an impression to the client that the case worker is contacting the person who gave the client the trouble all the while; It is necessary to obtain information from collateral sources. But the misunderstandings and misgivings of the client should be minimized by making the client participate in selecting the sources and keeping the information confidential and it is to be used for him and not against him.

3.4. Process:

The case work process includes various steps i.e. study, diagnosis and treatment. As in the case of medical profession, in a social case work situation, these steps are taken to resolve the problem of psychological nature. For a doctor these steps are definite and they can be taken in sequence. But for a social case worker, these steps cannot be followed in a sequence, because, they are not clearly marked off. They are in a fluid state. A case worker's diagnosis may be fluctuating in the light of new factors and the treatment process will have to be readjusted.

The study of the case means getting factual information about the situation. The case worker from the very beginning is involved in fact finding missions. He studies in detail the nature and extent of the problem and also its social and personal implications. He studies whether **the problem** is due to the incompetency of the client or environmental factors. For getting the information the first and the best source is the client himself; the case worker will also depend on collateral sources other than the client.

Diagnosis means case worker's interpretation of the situation. It is the hypothesis that the case worker arrived at on the basis of information he has gathered from all the sources. It is the professional opinion about the problem of the client. For the **sake** of clarity and understanding, the case worker formulates the hypothesis. The diagnosis may be revised from time to time depending upon the changes in the situation. Diagnosis is not static in the sense, that it can be revised in the light of the new facts. That does not mean, it is not methodical diagnosis is a realistic, frank and scientific attempt to understand the needs of the client, using the most significant data available.

3.5. Study:

The study should be comprehensive to include the manifold manifestations of the problem. The study cannot be done in a stereotyped manner. The reactions of the client to the problem and the internal and external pressures exerted on the client need to be studied. The objective facts of the situation and the subjective feelings of the client must **be assessed**. The nature of the client's problem must be studied in all its dimensions. The study should focus on how the problem affects the socio-personal functioning of the client, the use of internal and external resources to cope up with the situation. The case worker while studying the case, will examine whether the nature of the problem and the kind of services asked for are within the purview of the agency. In the beginning, the emotions and the feelings of the client are tense. The client generally gets confused at the time of approaching the case worker. His hopes and fears, likes and dislikes make him what he is and make the problem what it is today.

The case worker has to make use of his skills in making the client feel secure and confident. The client must be enabled to come out of his difficulty, using personal, agency and community resources for tackling the problems. The use of principles of case work like acceptance, emotional support will greatly help. But these principles may not be of universal application in all cases. And also these principles need not be used in a sequence. There should be intelligent use of these principles in the appropriate situations.

In the course of study, the case worker is able to make initial assessment or diagnosis of the client's current, relevant past and possible future modes of adaptation to stressful situations. It requires an analysis of social, psychological and biological determinants of the client's current stressful situation. The case worker develops hypothesis for understanding the client in his situation.

3.6. Social Diagnosis:

There is need for gaining knowledge of the individual and the family situation. By interviewing the client, the case worker will study the past history and the present situation. He will conduct investigation for establishing facts of personality and the situation. Then diagnosis is to be made on that basis. The case worker has to make tentative assessments for the clients, current, relevant and future modes of adaptation to stressful situations. The case worker and the client will work together to consider possible adjustments and changes in the clients immediate physical and social world. The diagnosis reformulates as the case worker and the client engage in corrective action or treatment. Changes and modifications in diagnosis may lead to modifications in the goals for treatment.

Diagnosis is the professional opinion of the case worker, as he makes an assessment of the client- problem situation. The case worker will make his objective appraisal of the person in relation to the problem. He will also identify the fundamental needs of the client and also indicate the manner of meeting the same. He arrives at the professional opinion after gaining an insight into the behaviour and inner conflicts of the client. In research, the study of a personal or social problem ends with the study. But in case work, the study is purposeful leading to diagnosis and problem-solving effort.

Interviews:

Interviews are widely used in all branches of human behaviour. In case work interviews are used as a basic skill for eliciting information from the client. It is one way of dealing with the problem in a skilled manner. It is not possible to make generalizations with respect to the reactions of the clients to the interview. The reaction of each person in a given situation will naturally differ from person to person. A person will react positively given some encouragement. We can anticipate the behaviour of the clients and their reactions and proceed with the interviews. Much depends on the worker-client relationship and the rapport-established with the client.

Non- Judgmental Attitude

The case worker must be able to understand human behaviour and the reactions of the client, using all knowledge of behavioural sciences. One should not condemn the behaviour of the client simply because, he exhibits antagonistic and non-cooperative attitude. The caseworker can understand the significance of the behaviour pattern of the client against his Social and personal background. Caseworker can understand the significance of the

behaviour pattern of the client against his social and personal background. Case workers own views, feelings, values should not influence the assessment of the client. The client should not be branded as bad or good on the basis of his assessment of the client. Even the concepts of 'good' and 'bad' are relative concepts. The person who is considered may be good in some respects. The person who is considered good may be bad in some respects. The non-judgmental attitude helps the case worker to understand the behaviour and reactions of the client more objectively without the influence of the worker's subjective feelings and values and assessment. The case worker should not label anything good or bad or indifferent viewing the situation of the client from his own angle.

3.7. Treatment:

Treatment has different steps and techniques. The case worker should plan the treatment according to the nature of the case. The treatment plan varies according to the change of the client, problem, situation etc. we use some techniques in treat case work treatment. They include, (i) Support; (ii) Clarification; (iii) Insight; (iv) Identification; (v) Resource Utilization; (vi) Evaluation; (vii) Environment modification.

I. Support:

Here the case worker will give all the support to the client including material assistance, moral and emotional support to improve his weak personality. He will establish a good and strong relationship with the client. The client will share his feelings and problems with the case worker. The client's personality will be respected. Simply because, one has become a client and approaches the case worker for help and assistance, the case worker should not look down upon him. He should have respect for the personality and dignity of the individual.

II. Clarification

In case work, clarification process takes place by gathering the information relating to the client's personality, family background, personal history, family history etc. from this, the case worker will get the past background of the client's childhood, his life style and the personal situation. The personal history of the client will clarify the situation personality and the problem of the person.

III. Insight:

The case worker tries to find the real cause of the problem. For example, the client is a drug addict. The case worker will try to know what made the client a drug addict. He will gather information from the client, his family members, friends and neighbours. The case worker will go deep into the mind of the client and finds out the root cause of the problem. The case worker will create more confidence to his client. It is a confidence improving step.

IV. Identification:

The case worker will try to identify the personality and the problem of the client. He will also identify the strengths and weakness of the client. If he identifies the strengths and weakness, It becomes easy for the case worker to help the client to solve the problem. The treatment will be planned according to the strengths and ability of the client. The case worker totally identifies his client's personality and prepares treatment plans accordingly.

V. Resource utilization:

The case worker will utilise all possible resources for helping the client. The case worker uses Yoga and other meditation techniques for improving the personality of the client. In some cases, the case worker will find a job for the client if he is unemployed. The case worker may arrange a loan to his client for self-employment. The case worker will make use of all the resources available to him. To improve the client's situation, it is the duty of the case worker to help the client to overcome his own problems.

VI. Evaluation:

After completion of the above techniques, the casework should **evaluate** his work with his client. For this purpose, he has to record his work with each client. This would help the case worker to know his mistakes if any. He can rectify those mistakes in other cases. He has to evaluate each and every step in the case work process. If the work is not satisfying, he can make corrections. Through this evaluation, he can do better follow-up. Follow-up becomes essential in case work process. Through evaluation, the case worker can improve his abilities and correct his mistakes in future.

VII. Environment modification:

Even if the problems of the client are solved with the intervention of the case worker, the problems again may arise. The case worker should make the environment suitable for his personal growth and development. For example, with the help of case work intervention, a drug addict has stopped taking drugs. The family members may not accept or believe it. The case worker can give counseling to the family members by series of counseling sessions and change the opinion of the members about the client. Then the environment is modified and it becomes a better environment for the client to overcome his problems.

Treatment is based on the study and diagnosis. They indicate whether the problem is the result of personal or environmental factors, whether the problem would be solved by material or psychological assistance. The type of services given by the case worker can be divided into direct and indirect help.

Direct and indirect help:

Helping the client with specific service, or material assistance, or working with environmental factors to enable the client to function better is indirect help. Here directly very little is done with the client.

In direct treatment, the focus is on the client, the case worker directly works with the client. The root of the problem lies with the client. The nature of direct help is psychological in the sense that the problem is defective functioning of the person. A person may have normal abilities and capacities, but he may have excessive fears and anxieties which prevent him from functioning normally. Here the problem is nothing to do with the environment. The case worker has to work with the client directly to understand the reasons for the anxiety. The case worker has to create self confidence in the client and use his strengths, to function better. By indirect help, we mean material assistance and using agencies and institutions for providing services to the client. Direct help means psychological support and help for the client.

3.8. Rehabilitation:

Rehabilitation is also one of the components of case work. This is important in case of alcoholics and drug addicts. The family members may not accept them. The case worker should help the client to support himself. That is to say, the case worker has to try to get him employment or help him for self employment. If the child is an orphan, the case worker has to accommodate the child in an orphanage or arrange for adoption by some childless parents. It is the responsibility of the case worker to rehabilitate his clients by providing to them suitable placements in agencies, helping them to engage themselves in self employment and arranging referral services.

3.9. The Place (Agency):

Social case work is traditionally practiced through an institution or agency. The agency may be private or public, large or small. Some of the agencies in which case work is practice, are hospitals, courts, social welfare departments, child guidance clinics, schools etc., the agency according to penman (1957), may be either in primary or secondary settings. Primary settings are those in which case work is used as a major means of administering their services. In secondary settings case work is used as a supplementary service to the major services rendered by other professional groups like physicians in hospitals etc., thus social case work services are rendered as major services in primary settings like welfare agency; community service and family counseling centres. In secondary settings, case workers are to supplement the services of other professionals like psychiatrists, psychologists and doctors. In both the settings, the case workers try to achieve the objectives of the agencies. In both the settings, he also collaborates with others like physicians and teachers etc.

The agencies function with certain objectives. The case worker functions in those agencies, promoting those objectives. The case worker is linked in this process with the community. The objectives and values of the community are carried out and executed by these agencies. Say for instance the objective of the community is to promote awareness about AIDS among the people. The agency will utilise the services of the case workers to work with the HIV afflicted patients. The agency executes the objectives of the community through the case workers. The case workers will work within the purview of the agency. Thereby agency functions put some limitations on the use of case worker's services. One may find such limitations in psychiatric hospitals, probation services, rescue homes etc., the limitations are because of the policy of the agencies. The nature of the services of the agency may help or limit the effectiveness of case work services.

Agency is a social system it is an organisation made up of sub-units, small groups and individuals. Expectations of other professional and officials are source of conflict for case workers. Agency functions are affected by the expectations of funding agencies, community and clientele, professional's bodies and other welfare agencies. Agency functioning is also affected by various socio-economic forces, e.g. social, economic trends, political forces, government regulations etc., Agencies may be understood in terms of its purposes, objectives and values, its financial and material resources, governing bodies, staff and the clientele. To understand agency as a social system, one should understand the persons who influence the interactions and decision making in the agency.

There is close relationship between the components of case work. The worker and the client are closely related to one another as evidenced by the worker client relationship. The functions of the worker are rejected by the functions and programmes of the agency. The worker and the client are involved in the process namely study, diagnosis and treatment.

Both worker and the client engage in appropriate treatment. Thus the components of case work are related to one another.

3.10. Summary:

Components of case work situation comprise the person, the problem, the process and place (Agency) and their relationship with one another. The client is a person with a problem in a difficult situation. In case work, it is necessary to know more about the person. According to Freud, there should be balance between the three distinct drives within the personality i.e. 'id', 'ego' and 'super-ego'. Defenses are resorted to by the 'ego' for defending itself. The satisfactory functioning of any person in socially acceptable manner depends upon the proper and balanced functioning of 'id', 'ego' and 'super-ego'. A client is a person under stress. To modify imbalances, client worker relationships are the medium of change in the case work method.

The changing nature of the problem and shifting nature of reactions of the client to various facts of the problem make the process of study itself highly fluid. The problem of the client is not a static entity. It goes on changing in accordance with the changes in the individual or his environment. In order to get the information about the problem, the client is the best source to give it. If we get information from the client, he develops greater sense of security and confidence in the case worker. The problem can be solved only by using the internal and external resources of the client. The feelings of the client are more important because, ultimately he alone has to solve his problem with the help of the case worker.

The case work process includes various steps i.e. study, diagnosis and treatment. As in the case of medical profession, in a social case work situation, these steps are taken to resolve the problem of psychological nature. The study of the case means getting factual information about the situation. Diagnosis means case worker's interpretation of the situation. The study should be comprehensive to include the manifold manifestations of the problem. In the course of study, the case worker is able to make initial assessment or diagnosis of the client's current, relevant past and possible future modes of adaptation to stressful situations. Diagnosis is the professional opinion of the case worker, as he makes an assessment of the client problem situation.

Treatment has different steps and techniques. They include 1) support, 2) clarification 3) insight, 4) identification, 5) Resource utilization 6) Evaluation, 7) Environment modification. Rehabilitation is also one of the components of case work.

Social case work is traditionally practical through an institution or agency. The agency may be private or public, large or small. The agency may be either in primary or secondary settings. The agencies function with certain objectives. Agency functions put some limitations on the use of case worker's services. Agency is a social system.

There is close relationship between the components of case work. The worker and the client are closely related to one another by worker-client relationship. The worker and the client are involved in the process namely study, Diagnosis and treatment. Both worker and the client engage in appropriate treatment. Thus the components of case work are related to one another.

3.11. Keywords:

- a) id, ego, super-ego

- b) Diagnosis
- c) Non-judgmental Attitude

3.12. **Exercise:**

1. Discuss the components of case work-person problem, process and place.
2. Explain case work process- study, Diagnosis and treatment.

3. Reference :

1. Batra, Nitin, 2004 : Dynamic s of social work in India, Raj Publishing House, Jaipur
2. Upadhyay, R.K. (2003) : Social case work- A therapeutic approach Rawat Publications Jalpur and New Delhi.

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LESSON-4

CASE WORK PROCESS : STUDY, DIAGNOSIS AND TREATMENT

1.0 Objective:

The aim of this lesson is to explain social case work process. At the end of the lesson the student will be able to understand the concept of case work process and the various components there in.

CONTENTS

- 4.1. Introduction
- 4.2. Study
- 4.3. Diagnosis
- 4.4. Treatment
- 4.5. Summary
- 4.6. Important terms
- 4.7. Model Questions
- 4.8 Reference Books

1.1.Introduction

Social case work is the medium through which social work service are provided to the individual to enable him to come to grips with his problem and lead a normal life. For this establishment of relationship with the client normally called rapport is essential. Rapport refers to making the client feel at home so that he will be enabled to contribute his best in the process of finding a solution to his problem.

1.2. Study

When the 'client' comes to the worker or to the 'agency' (normally case work services are provided in the frame work of an agency) the client will be 'accepted' for rendering help after the determination of his presumptive eligibility. After accepting or admitting the client in the agency the worker tries to help him through 'study', 'diagnosis' and 'treatment', i.e. the worker helps the client to help himself, to come to grips with his situation. When the client comes to the agency for help the worker starts 'treating' him straight away in the process of making him feel 'at home', even as we try to understand his problem (study) we 'diagnose' (make a tentative statement of his problem). These are not water tight compartments; nonetheless they should be understood separately and in detail.

Methods of Study:

In a sense 'intake' may be treated as the first phase of social study, but it forms a part of the whole case work process. The request of the client is the starting point for the worker to start his process of enabling the client to tackle his problem with the existing and available resources. The case worker explains the policy of the 'agency' the resources available in the agency and what is it that can be done in the given situation. Then the worker tells the 'client' what is it that the worker must know if he is to be useful to the client. If 'he' is to be helpful in a meaningful way to

the client; at this stage the worker explains to the client the limitations of the agency also. Then together they start defining the problem of the client; even as they keep explaining the problem, the worker tries to plan 'what to do; 'how to go about it' and how far the client can utilize the help extended to him (his recovering ability). As the process of exploration of the problem of the client continues and gains momentum, the bonds of relationship will be forged and strengthened between the worker and the client.

If they (worker and client) are to define the problem of the client, the worker must have full and total knowledge of the problem; for this the worker must look beyond the client for getting the total picture of the problem, he must look to the 'others' (besides the family members) in addition to the family source 'collateral' sources also must be taken into consideration. In this connection the relevant records and documents must be duly made use of a correction him the importance of tests, depending upon the situation should be remembered and made use of.

For this, the cooperation of the client plays a prominent role; only when the client cooperates willingly can the problem be understood and future steps are dependent on this. The client normally co-operates with the client because he will be happy to note that someone else is interested in his problem. Though the client shows occasional resistance, it can be broken by the sincere interest evinced by the worker in helping the client to overcome his problem.

History of the Problem:

It is important that the worker should have enough factual **material** to facilitate the understanding the current situation in which the client is, it is important to know what he has done in the past and what is his current expectation. The worker must understand the problem of the client in all its dimensions, for this the worker must get to know the history of the problem-its genesis-how the problem started originally. What were the various twists and turns it had taken how it all started in the first instances and how it has taken the present shape; all this the worker must know if he is to be helpful to the client in a meaningful way. This must include factors influencing him by the social environment in which he lives and also how he influenced the environment. This kind of gathering of the history of problem of the client is important, for it can be only then be understood in its real perspective. This can be done through interview of the client and his other family members. Appropriate history - taking is not only essential to sound evaluation; but it may also be helpful in preventing from embarking on the wrong course of treatment.

The interview provides a good and reliable way of observing a person's behaviour. It is also a good way to get the facts about a particular configuration of circumstances it is the only way to understand the individual and his reaction to the situation. The problem is most often a combination of inner as well as outer aspects. These along with the client's ability to communicate them can be observed by the case worker in the interview. In interview the worker tells the worker the facts about his problem, also the way he tells the problems along with his tone can be observed. Also the way the client relates himself to the worker can be seen. This also provides a window to gauge the client's strengths and weaknesses. This would provide an opportunity to the worker to evaluate the social functioning of the client but also to see his ability for adaptation. These enhance the importance of interview.

It is important while taking history to draft the main out lines and the main events of social functioning. There are two aspects that are to be covered: (a) initial history for diagnosis; (b) history on abreaction -reliving certain emotional experienced; this comes rather slowly and should be treated as a part of the treatment process.

Social history is important because life is not a total of disconnected episodes, it is a continuous flow. In this the cause and effect relationship may be found. In most of the social problems the social worker must be able to explain how far the present behaviour of the client is a reaction because of the client's rearing or whether it is his normal reaction. In problems of disturbed emotional balance a reliable account of the main events and of the significant persons in the client's life must be secured. A central point of enquiry is **always** the family configuration, specially the parent-child relationship, as most of the causal factors can be found here. The parents or children or spouse are to be interviewed if a holistic picture of the client's problem is to be gained.

Men live in a social world; they have homes, they have to go to school and to church; they have neighbours and friends and relatives. In many instances an observant interview in the home may help the social worker understand the circumstances better than in other places. Though it is not always necessary to make home visits for certain purposes there is no substitute for seeing a person in the home. **The nature of the problem and the condition of the client** decide which method is to be taken up for understanding the client. For example if the client is a chronically ill patient or a child it is pertinent to observe home conditions. Before discharging from an institution, especially for delinquents, it is customary to observe the kind of home environment and the client's associations. While observing children it is useful to observe them in 'group process' - children at play, the way they talk and interact.

Contacts need not be restricted to individuals for gathering information about the client's problem. 'Collateral sources' - schools, churches, relatives, places of work, places or sources of information also need to be contacted. The worker should frankly and openly explain to the client what 'he' should know if the worker has to be helpful to the client and the methods he uses to verify the data. This has to be done even if it happens to be painful, in the interest of avoiding future complications.

The worker has to decide ~~whether~~ he needs the expertise of other professionals like Psychiatrist, Psychologist, depending upon the situation of the case. Specific request of the client is the starting point for the worker. A personality problem is often displaced on to a practical matter. In such cases the worker should help the client to express his problem either orally or in writing. This specific request will be the starting point for the worker to collect data on: To start with and to focus the case always requires some basic data. While this forms the starting point for the worker data may later be collected on the lines on which the understanding of the case develops. Economic and cultural factors form significant components of the history of the client. Actually a well focused **interview** promotes the beginning of 'relationship', as the worker is only a representative of the agency to the client at the time of 'intake'.

Even as the 'family' is important for the understanding of the problem, the cultural influence on the family and on the individual is not given the due importance it deserves. It

should be remembered that needs are created by the totality of psycho-biological, cultural and interpersonal interactions.

An individual grows within the culture, culture influences growth and functions. Every individual's needs are conditioned and modified by culture. Hence it is important to be sensitive to caste and class and the worker must understand that these result in defenses. The worker must get the Psycho-Social Case.

It is not difficult to elicit feelings about the social situation and about himself in an adult; but eliciting access to more significant emotional experiences has to wait till the relationship is deepened. The accent, in social case work is on helping the client use the service responsibly for himself. To understand the meaning of case sufficient Psychological and social facts gained through appropriate methods of study are essential. Knowledge about the client's environment- both immediate and historical, the present cultural and social situation, extent of social pathology, attitudes, feelings of the client are the usual subjects of observation and inquiry.

4.3. Diagnosis:

The thought process aimed at understanding the nature of the problem and its causes is called diagnosis, it tries to 'know through' or understand thoroughly. It tries to explain the 'what' of any problem. The worker in the process of assuming responsibility of treatment of problem of a client must understand the problem thoroughly. It is a systematic and scientific attempt to understand the problem of the client. It helps the worker to understand in the client in the typical situational configuration, a set of components related to each other besides the interrelationships of the client. It is a professional opinion of the worker about the client in his unique situation.

Diagnosis and evaluation are Psycho-social perceptions, these are professional opinions of the worker. Ever since the client makes an application he is encouraged to express his feelings about his situation and problem. It is important to know what the client thinks is wrong with him, as it is a part of the 'whole' of the problem solving process, it may be different from what the worker thinks.

Irrespective of what the client thinks of his problem, the worker must try to put together various components of the problem and see how far it is meaningful to him. For this the worker must try to elicit information from all accessible sources and try to 'fit' it together. Occasionally, it may so happen that the worker only confirms what the client has 'said'. That should not discourage the worker, because 'diagnosis' is concerned with causal interaction evaluation is concerned with social purpose. Diagnosis involves consideration of treatment goals and possibilities; this includes appraisal of resources and evaluation of the client as a person.

Diagnosis and evaluation are aimed at making treatment more effective. The worker 'analyses' the client's request and explores it to find out clues to his problem. A diagnostic hypothesis helps explain phenomena and also to predict to a limited extent the path to treatment. In the process of understanding the problem other complications may emerge. The request for help to

sort out a particular problem may not be the real problem, it may force the worker to 'reframe' his diagnosis or 'rediagnose' the problem of the client taking into consideration new men and phenomena. In spite of all this the worker should not hesitate to formulate his definition of the problem basing on the request of the client -- the request of the client is the starting point. While doing so the worker must estimate **the client's ability to deal with his problem.**

In case work diagnosis is essentially a Psycho-social 'configuration. Every client and every problem is unique the total configuration is made up of the individual interacting with environment. The worker's attempt to understand it enables him to forge initial bonds with the client.

Sycho-social diagnosis is concerned with the whole situation, inner as well as outer components, the relationship of the person to the situation and to other persons. The personality of the client reacts to a whole set of cultural stimuli, external events and the psychosocial diagnosis covers them all or else it ceases to be Psycho-social and meaningful.

It is essential to understand the problem presented consciously by the client; the diagnostic formulation is the worker's considered opinion of this problem its elements in relationship and structure. The 'gestalt' person-in-the-situation relationship-reveals the conscious feelings, needs and desires. Normally social diagnoses are descriptive they indicate causality in 'relative terms and not in absolute terms. By causality is meant that certain factors operate in association with others in a given situation indicating relationship.

The case worker is interested in knowing the past of the client because he is **aware** of the fact that the present is a consequence of the past. As the behaviour is purposive, the individual's (client's) behaviour gives at least a clue to understanding him even in a complex situation.

The drawing of purposive inferences 'diagnostic thinking' starts with the very first interview and continues till the problem is terminated. All diagnostic skill is based on 'what' to look for and how to review new things in the light of the subsequent data. Diagnosis can never be complete and no interpretation of living human being is final. As the worker progress along with the client in the exploration of the request the meaning of facts gathered becomes clear. As a method case work is effective when there are social components to be manipulated besides psychotherapeutic objectives to be **achieved**

A complete definition of a case is rarely possible and it can rarely be final. The client does not ask the worker to treat the whole of his life. When the problem the client has come with is solved or is found to be having no solution the worker does not make a new diagnosis. But as and when new insights or facts are brought up and new phases of treatment are to **be taken** up diagnosis of the case should be done afresh. Classification is an essential part of **diagnostic process**, it is indispensable to thought. Classification is a key to meaning. Complete diagnosis requires complete information including differential factors. The social workers contribution to diagnostic thinking is the picture of the family dynamics, these cannot be easily expressed in one label.

Even as diagnosis is different from treatment, diagnosis is different from findings. **Findings** are the breakdown of essential factors in a case. Diagnosis requires the synthesis or **interpretation** of these factors and gives psychosocial meaning of the case as a whole. The facts which are significant for the understanding of the problem or the person are called 'findings'. Findings are arranged in several ways depending upon the goal to be achieved.

Diagnosis and evaluation are complementary processes aimed at defining the problem. Both of them commence at the time of intake and continue till the termination of relationship. Evaluation is an assessing process in which 'assets' and 'liabilities', 'strengths' and 'weaknesses', and **positive** (useful) and negative (destructive) courses of action are weighed. It begins with the initial **interview** wherein the presumptive eligibility of the client will be decided. Ever since the first contact the personality of the client is being assessed continuously in terms of his adequacy and willingness to cooperate and assuming responsibility towards finding a solution to his problem, his ability to withstand failures etc.

The social worker cannot arrive at a plan just by knowing the type of problem or the intensity of the problem; he must also know how the client is facing his problems. It is not the anxiety that is important but how the client is 'facing' it is important i.e. his anxiety tolerance. It is important to get an idea of anxiety in relation to ego defences.

Recording carefully is important for evaluation as it is in other phases of social case work. Some impressions about the client his readiness to face failure, his capacities, his ability to use treatment will be helpful. Assessment **regarding** client's present condition, his progress in treatment when can his case be terminated should be noted down. This should be done only after discussing with the Client

4.4 Treatment

Social work and social case work aim at enhancing the functioning of the client in terms of adjustment or social adaptation. It aims at enabling the client to maintain balance between inner and outer forces. Mores and culture condition the treatment. It is also conditioned by the ability of the worker to handle the case and may shall the resources of the community to help the client.

The case worker may help the client to see the reality in the outside world. This can be easily understood if one thinks of a child in an unfavorable home setting. In such a case the case worker tries to change the attitude of the parents and that of others. The case worker may try to **work with** the child, if he does not succeed in the environmental manipulation (working with others in the family). The worker's attempt to modify the feelings of the child is called 'direct treatment'. In intra Psychic conflicts resulting in behaviour disorders a psychiatrist should be consulted. But in cases where the 'problem' or 'case' is not too 'confused' the case worker may help the client with the **problem**.

Personality adjustment may be attempted by direct **treatment** or by environmental manipulation or by a combination of both the prerequisite in this is that the client is amenable to **change** and will pursue whatever course of action is recommended to him. The psychosocial object is implemented through the following methods : (1). to improve the person's situation through provision of **social** resources; (2) to help a person change his attitudes or behaviour or attitude through **environmental** manipulation or through 'interview'; (3) or a

combination of both. Occasionally the **object** of the 'case' may be maintenance of the 'status quo' prevention of deterioration from the **existing** condition using the above methods.

the 'treatment' process is to be helpful it should be based on sound 'diagnosis' only. The direction of treatment will have to be determined only after weighing the various components of the given situation. Initially the **treatment** is directed towards the main complaint of the client, its relation to the main problem may emerge at a later date. At this stage the efforts of the worker and the client will have to be 'focused' as in the early stage. 'Focus' means determination of the direction of the 'treatment' this has to be periodically reviewed. Maintenance of 'focus' **on the** 'specific' request of the client should be continued till the problem is solved, the client **should be** helped in this direction till the relationship is terminated.

Methods of treatment have been classified as executive, enabling, direct and indirect, direct and environmental. The classification is not a water-tight arrangement, they are telescopic in nature• one protrudes into the other or even more than one may be taking place simultaneously as in the case of study, diagnosis and treatment. It may be noted that the terminology is not precise and it is only for the sake of convenience that they are classified. 'Treatment' is the word most commonly used, but 'the helping process' and 'social service' and '**therapy**' also are frequently used.

The main attribute of treatment is that irrespective of the method used the aim is better psychosocial adaptation or functioning of the client. Its another important feature is its interpersonal and multiple client focus. The aim of treatment may be one of the following:

- (1) The 'client' as a psychosocial patient the client because of his individual problem of disability or other problem requires social adjustment like a job or attitude modification.
- (2) The client's whose problem solving requires working with other members of his family.
- (3) Several members of the family may become 'patients' either individually or in relation to one another. Each of these situations is different and calls for a specific 'diagnostic formulation' and treatment process.

These approaches may be seen under 3 different headings: 1. Administration of a practical service; 2. Environmental manipulation; 3. Direct treatment;

1. Administration of a Practical Service:

This is a very old and well known type of case work treatment. In this method the worker helps the client to choose a social resource available and use it. This was first used by Porter Lee in his 'executive and leadership' classification. These days it is being referred to as 'administration of a social service'. Most often diagnostic formulations in case work are psychosocial; service may be provided either through one's own agency or through the cooperation of two or more outside agencies.

More often than not the client does not know what he wants, how to get the service or the resource. Occasionally he knows what he wants but does not know how to get it, or he is not in a condition to act by himself. If possible the worker must try to help the client within the frame work of his agency as far as possible failing which he must know the best possible other agency that caters to the client's need. The worker must not only have knowledge about his own agency and its policy but also must have knowledge of other agencies (community resources) that can be of help. The referral service performed well is one of the valuable services of social work. Arranging financial assistance and shelter, arranging convalescent opportunities are examples of providing services. The social worker is a 'trustee' of his agency's resources; he is the trustee of other agencies resources in the community as well.

The following factors bring practical services within the fold of social case work: (1) how far the worker individualizes the client, (2) ability to understand the problem through systematic diagnosis; (3) how far the case worker creates self-help, independence and self-awareness so that the client can contribute towards the solution of his problem. Even an outwardly simple case may require a lot of diagnostic skill as the clients tend to displace their problems and the problems of the clients are like icebergs. The case worker must have the ability to analyse get to the roots of the problem of the client or else the client feels indifferent to the efforts of the worker.

2. Environmental manipulation:

This term 'environmental manipulation' is used by social workers in a different sense than the layman. The layman uses the term for physical handling of an item, in social work it is used in a different sense. This is used in a positive way. After listening to the client and observing his behaviour of the client the worker understands the conflicts and needs of the client, the worker gives certain suggestions to him to alter his behaviour and also the worker tries to affect certain changes in the people around the client with the ultimate object of enabling the client to get adjusted in his situation normally. This effort on the part of the worker in bringing certain changes in the people around is called environmental manipulation. These efforts on the part of the worker were termed as environmental manipulation by Grete L. Bibring. All the attempts of the worker to improve the situation or correct the client, modifications to enhance the living experiences to facilitate growth or correction which is normally referred to an environmental manipulation is also called as 'indirect treatment'. Interviewing and relationship are deployed to help the client to change with a focus on environmental manipulation. This is also referred to as 'social treatment' or 'therapy'. The term environmental manipulation has a specific meaning-this approach may be toward a social or inter personal adjustment. It also includes plans of reduction of stress and in providing new outlets through social situations and experiences.

Environmental manipulations involves interviewing the client with the object of getting his acceptance of taking up certain programmes aimed at it. At times reduction of stress and pressures in the environment may be enough, but this depends on the intensity or depth of the worker-client relationship, the relationship may have to be further strengthened resulting in the self-awareness of the client through supporting the ego of the client by worker; this may help the client to see the reality more clearly. This can be done through direct treatment.

3. Direct Treatment:

A series of interviews arranged and conducted with the ultimate object of reinforcing attitudes that facilitate equilibrium maintenance and growth are called direct treatment interviews. This also includes psychological support, this is an important factor in case work methods of psycho-social adjustment. In social case work it is believed that the client is enabled to be aware of himself, the situation and his place in it. Since Marry Richmond's 'Social Diagnosis' appeared the balance tilted in favour of psycho-analytic psychiatry in interviews. Even as case work is psychosocial so also psychotherapeutic efforts retain their psychosocial features.

Counseling:

Counseling is the most common form of direct treatment interviewing. It is different from therapy mainly in goals it differs in the intensity of worker client relationship. In dealing with social problems and social adaptations counseling tries to enlist the co-operation of the conscious ego. These days it includes information giving, explaining a course of action and analyzing it and steps involved in this. If the social problem involves another person – parent, child, spouse or other intimate relation counseling may turn in the direction of psychotherapy. Family and child guidance demand understanding of the familial problem and treatment based on diagnostic understanding. Question of treatability, aim, focus and timing are involved in diagnostic understanding. These in turn are determined by the needs and capacities of the client, function and purpose of the agency and the needs of the community. As the boundaries of knowledge are getting widened concepts in one branch of knowledge are being taken into other areas of knowledge. The field of medicine has broadened to take psychological and social concepts into its fold. So also other branches of knowledge make claims to concepts used in medicine. Psychotherapy is no more the exclusive concept of medicine. It is being used in social sciences and social work and in fact all other subjects which study the behaviour of man, like psychology, religion etc.

Lock of proper adjustment in social functioning may be, by and large, the consequence of pathological environment. For this environmental manipulation may be the right remedy. But when a person resorts to projection, when he displaces his conflict on the environment psychotherapy is normally indicated. A good number of unhappy and disturbed persons seek agency help; these persons may have a psychological component in their situations.

In transference part irrational elements are displaced on the worker; this refers to unconscious behaviour which needs to be understood and controlled. For tackling 'transference' professional education and supervision are essential. Transference is aimed to enable the patient to think freely and assess his behaviour and relationships realistically and to create confidence in the client to face the reality. In limited therapy transference is controlled through discussions and interviews. Transference elements can be controlled through support and clarification.

The case worker when acting as a therapist makes careful use of interpretation of either social or personal factors or their interaction. He supports the ego within the transference. No hard and fast rules can be drawn here regarding its use as 'clients' are individuals with ego and have different levels of self-awareness.

The case worker acting as a therapist looks as far as possible positive strengths' in personality and 'assets' in the social situation. Therapy is also based on the worker's ability to accept the unpleasant side of life, which in favourable cases may lead to greater self-acceptance in the client. The therapeutic goal of social case work is to reduce pressures in the environment and to strengthen the client to tolerate pressures. The basic thing for the case worker here is to understand the personality structure from the point of view of life experience. The worker must always remember that diagnosis and evaluation are dynamic, they keep changing with the behaviour and interaction of the client and that the functioning of client is at the centre of these processes.

4.5 Summary:

In this lesson an attempt was made to explain the concepts of study, Diagnosis and treatment. Since the point of first contact the worker along with the client embark on the process of finding a solution to the problem of the client. In the first phase the worker tries to direct his efforts to elicit information for disentangling the problem of the client. This is called 'study'. After gathering information from diverse sources primary as well as collateral the worker tries to put in places the different pieces of zig-saw puzzle and give a shape to the problem of the client. This is called "diagnosis". After getting to know the nature of the problem of the client, the worker tries to solve the problem this is called 'treatment'. This may be either 'direct' when the focus of the efforts of the worker is on the client, trying to bring certain changes in the client's personality; or it may be 'indirect' when in the process of helping the client the worker works with other people assured the client. It should be kept in mind that the worker always works for the client and with the help of the client.

4.6 Important Terms:

Agency	: Place where services are provided to the client.
History	: Past details of the client which have a bearing on the problem of the client and which throw light on the problem of the client.
Client	: When the person with a problem comes to the agency seeking help, he is treated as a client, if he is accepted by the worker.
Diagnosis	: Pooling together the information that is elicited regarding the client's problem, analyzing it and coming to a professional opinion regarding the nature of the problem.
Resource	: Anything material or non-material that is used or can be of help in solving the problem of the client is a resource.
Collateral Source	: Secondary source, any other source than the client and his immediate family members that can provide information regarding the client's problem.
Treatment	: Helping the client to come to grip with his problem.
Environmental Manipulation	: Affecting changes in the people or situation in which client is living is called environmental manipulation.

Intake : When the client contacts the case worker in the agency, if it is **decided** to admit him into the agency to help the client to come to grips with his problem.

4.7. Model Questions

1. What is a Social Work Process?
2. What is Study?
3. Explain Treatment. How many types of treatments are there?
4. Explain Diagnosis. What role do you assign in the process of Treatment.

4.8. Reference Books:

1. Crispin. P. Cross : Interviewing in Social Work. **LSW Series. London**
2. Compton & Galaway : Social Work Process
3. Hamilton. Gordon : Theory & Practice of social case work : 2nd edition, **New York**, Columbia University Press, 1951
4. **Perlman, Helen.H** : **Social case work : A Problem Solving Process**, Chicago University of Chicago Press, 1957
5. **Jonathan** Moffet : Concepts in case work treatment, LSW Series, London
6. **Sanjay** Bhattacharya : Social Work: An Integrated Approach, Deep & Deep Publications Pvt. Ltd., New Delhi 2003
7. Howard Jones : **Towards a New Social Work** Routledge & Kegan Paul Ltd., London, 1975

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Lesson -5

CASE WORK TOOLS (OBSERVATION, LISTENING, COMMUNICATION SKILLS, RAPPORT BUILDING)

5.0. Objective

The object of this lesson is to make the student conversant with the tools of case work. By the time the student completes reading it, the student gets to know the various tools used by social workers in their attempts to help the clients to come to grips with their problems.

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- 5.1 Introduction
- 5.2 Observation
- 5.3 Listening
- 5.4 Communication Skills
- 5.5 Rapport Building
- 5.6 Summary
- 5.7 Keywords
- 5.8 Model Questions
- 5.9 Reference Books

5.1. Introduction

The social worker since the time of contact with the client, he deploys different processes like observation, listening and communicates with the client to forge bonds of relationship called 'rapport' with the ultimate idea of helping the client understand his problem better and finally solve it. Thus the worker does gradually by using different techniques one by one or more at a given time.

5.2. Observation

According to P.V. Young "observation is a systematic and deliberate study through the eye of spontaneous occurrences as they occur. The purpose of observation is to perceive the nature and extent of significant inter-related elements within complex social phenomena, culture patterns or human conduct". As per this definition observation is carried out with the help of the eye. The purpose and aim of observation is to discover significant mutual relations between spontaneously occurring events and thereby pin point the crucial facts of the situation.

Both scientists and non-scientists rely on observation- to learn about behaviour, the difference between scientific and non-scientific observation being the manner in which observations are made. Non-scientists are likely to observe casually. They are frequently unaware of personal and situational biases that may observe their observations. Non-scientists rarely keep formal records of what they observe; they heavily depend on memory for information about an event. What are remembers about an event may not be a literal record of one experienced, memory can be affected by information added after an event is observed.

Scientific observation is made under well planned conditions in a systematic and objective manner with careful record keeping. When observation is made in this manner, valuable information about behaviour and its antecedents can be obtained. An important task of social worker is to describe behaviour in its natural context and to identify the relationship

among various variables that are present. Changes in behaviour are observed to result from the context in which behaviour occurs. Moderately observed people eating in a cafeteria were observed to purchase less food and to consume fewer calories when eating with others than when eating alone. By describing behaviour in natural settings, the psychologist and social worker seek to establish a basis for predicting future behaviour.

Often observation is the first step in discovering why organisms behave the way they do. Observation is an important step in hypothesis generation. Both animals and humans are known to display distinct reactions to novel or unfamiliar situations. Systematic observation is an important tool of social scientists, more so of social workers.

Observation of behaviour in a more or less natural setting without any attempt by the observer to intervene is normally called naturalistic observation. The events witnessed are those occur naturally and are not manipulated or not controlled by the observer in anyway. In general we can consider a natural setting as one in which behaviour occurs ordinarily and has not been specifically manipulated. The major goal of observation in natural setting is to describe behaviour as it ordinarily occurs and to investigate the relationship among variables that are present.

Observation of behaviour by someone who also plays an active and significant role in the situation or context in which behaviour is recorded is called participant observation. In 'undisguised' participant observation, the individuals who are being observed know that the observer is present for the purpose of collecting information about their behaviour.

When the observer's role is not known to those who are being observed, it is referred to as 'disguised' participant observation. As is well known, people do not always behave the way they ordinarily would when they know their behaviour is being recorded. Our own behaviour is likely to be affected by knowing we are being watched. This was used and is being used to investigate the basis of psychiatric diagnosis in the context of mental institution.

Participant observation allows an observer to gain access to a situation that is not normally open to scientific observation. In addition, the participant observer is often in a position to have the same experiences as people under study. The worker's interaction with the client may be taken as participant observation giving him an opportunity to keenly follow the reactions of the client to various kinds of 'stimuli' (the questions the worker puts to the client). The worker may choose to observe his client, specifically if he/she happens to be a child, from behind a one-way-looking glass so that he can observe without his being seen (to see the client's normal and natural reaction and interaction). This would help the worker understand the nuances, his pauses and silences and the way the client is expressing himself. This is a very illuminating way of getting to the roots of the problem of the client.

Normally methods of recording behaviour may be classified, into those that seek a detailed description of behaviour and the situation in which it occurs and those that focus only on certain kinds of behaviour or events. Whether all behaviour in a given setting or only selected aspects are to be observed depends on the purpose that the object the worker has in mind.

5.3. Listening:

In social case work, the worker must communicate his 'concern' to the client in helping him to come to grips with his problem. This can be done, amongst other things, by patiently

listening to him about his problem. It is not merely 'hearing'. It is a search for **and understanding of the client's problem** through his communication. **The worker** need not necessarily agree with what all the client says. But he must pay attention to what the client says through patient hearing and creating a positive feeling in the client that the worker is as much interested in the client's problem as he himself is. This can be done by patiently listening and observing the client. The way the client says what he intends to is as important as what he says. In the process of saying his gestures, his pauses and nuances gain attached importance. Through these he is saying may gain additional importance or his pauses and silences may totally abnegate what he is orally saying. Hence 'listening' is 'concerned' hearing; also patient and attentive hearing may communicate to the client that he is 'concerned' with the problem of the client and that he is equally interested in finding a solution to the client's problem. So in social case work 'concerned' listening gains added importance, because this holds the key to the problem of the client.

5.4 Communication Skills

Communication is an interactional process which gives, receives and verifies meaning. This takes place when people interact with each other in an attempt to transmit messages, and verifies meanings. The verification part of communication is an important part of interview. For instance sends a message to A, B receives it. But how does B know that he has received the same message. A sent or intended to send? His receivers were perhaps defective, A's transmission was perhaps defective or perhaps there was interference between A and B which distorted the message. Here B verifies that he has received the same message which A intended to send by indication and confirming that the message he received was the same message that was sent by A. Communication difficulties crop up when this verification process is omitted.

The concepts of encoding, transmitting, receiving, decoding and noise used in communication theory are helpful in understanding problems in social work interaction. Encoding refers to transforming the message into the symbol form in the process of transmission. Transmission refers to the process of sending the encoded message. Receiving refers to the interpretation of stimuli received; noise to outside influence, that may have distorted the message on its way to the receiver from the transmitter. Feedback or verification provides a way of overcoming problems, problems through noise, or inadequate coding, inadequate decoding or defective transmission or reception.

Communication takes place at many-levels at the same time. It may be overt or covert communication verbal or non-verbal communication. Virginia Satir speaks of denotative and meta communication levels of messages. She refers denotative level to the literal content of the symbols (words). She refers to messages about messages as meta communication; meta communication refers to gestures, manner of speaking, voice inflection etc; each of them provide additional clues about the communication. Communicating several messages simultaneously often contradictory messages-leaves the receiver in a confused state. Communication may be described as an interactional process involving giving, receiving and verifying of meaning. It occurs at many levels and may be conflicting. But communication always does not take place smoothly as expected; there may be many hindrances at any phase. These hindrances may be visualized easily; they may be of the following nature; encoding problems lack of ability to conceptualize and use symbols; decoding problems-speech hindrances, hearing or receptor hindrances, failure to understand concepts received; noise hindrance environmental influences, those which interfere with the messages or prevent them from traveling clearly from transmitter to the receiver.

The following may be hindrances to communication:

1. The worker's inattentiveness ~~the~~ worker may be thinking about the same client's future action. ~~worker~~ may be thinking other client's; worker may be planning his course of action in relation to his clients.
2. Failure on the part of the worker to explain clearly the purpose of the interview.
3. Worker anticipating the client to change in a rather early stage.
4. Worker's anticipation of the other (client) and assumption of meaning.

The worker should not be in a hurry to bring results and he should not forget that he is get. good results in entirely dependent on the co-operation he gets from the client. The worker shot always remember that 'rapport' is the 'sine quanon' for good result and that he should make eve, possible effort to create a congenial atmosphere in which the client feels relaxed and at home. Only in a such a situation the client gives 'himself' out and co-operates whole heartedly in embarking on the solution finding path.

5.5 Rapport and its use:

As Sslavson says face to face relations activate intellectual and emotional processes, set attitudes and socialize the individual. Professional relationship involves a mutual process of shared responsibilities, recognition of other rights, acceptance of difference. In social work most professional relationships are also conditioned by the fact of an agency setting. The relationship will be used by both worker, and client with reference to what the agency is equipped to do. The social **worker** must be willing to listen to the other's view of the problem. The idea that the relationship of worker and client, helping people is a very old one in case work. **Clients bring into the case work relationship feelings and attitudes and behaviour which they have experienced with the others. The client reacts to the case work situation in terms of his family experience also.** Democratic idea requires one's self, must not be authoritatively imposed upon another's personality.

Rapport:

It is only when a rapport is created for a professional purpose that there may be said to be client. The case worker creates when he is able to create a comfortable atmosphere in which the client feels accepted and his need recognized. The very fact that a friendly and interested worker listens to one's trouble, tends to induce a warm response in the client. This leads to a sense of being understood by the worker, which is the deepest bond in the relationship.

Transference:

The person, who is less well, or less mature with distorted perceptions of the real world, does not see the worker so clearly. The attitudes of such clients are carried (over from other) usually childhood experiences to the present relationship. These are transference phenomena. Such manifestations may be temporary. An actually ill person worships his nurse and **when** he has recovered, she becomes again an ordinary nurse. It is an aspect of the mature personality to see people objectively. Generally speaking it is the child-like or the less normal persons perceive the worker wrongly (when circumstances force him into a dependent or receiving role). Face to face discussions of reality factors in the clients situations tend to reduce transference phenomena. In all forms of psychotherapy, transference is a major component, i.e. in treatment. In case work transference is only an aspect of relationship.

History of the Client:

The relationship must be strong enough to permit disclosure of the self is a person's whole story. It includes his impression of what has happened to him and the facts and events that have significance for him. History is of importance for diagnosis and treatment. The ability of the client to give relevant history, indicates that he can assume further responsibility. The case worker must follow sensitively the feeling tones while listening to the story. People think that their own emotional conflicts are very private. The client's sense of being understood will permit him to disclose his self. Inexperienced workers take refuge in personal character. This confuses the client. In the beginning small talk may take place in a friendly way. But one should proceed as rapidly as possible to the business of the interview.

Ethical consideration:

Every case worker has a fourfold set of Ethical obligations by which he is bound to his, clients, to his agency, the community and to himself. Case work responsibility includes respect and acceptance of the client as a personality and human being. This implies the client is not a problem, but a person with a problem. He may never be exploited, nor may his social situation be exploited for personal gain. Appointments made with client should be punctually kept. Privacy for interviews should be maintained. Assured promises, always sparingly made, should be fulfilled. When they are broken the reason should be carefully explained. The case worker should not give false hope of his ability to solve a problem or case or the person.

The Confidential Relationship:

The confidences of the client must be protected. The personal affairs of the client should never become the subjects of gossip or of public or private conversation. While working with several members of the family what one member says should not be communicated to the other members.

Self Knowledge in the Relationship:

Case worker must first be able to understand himself and his own emotional drives and impulses before he can accept the bad feelings, aggression or even love and gratitude in others. Insight and self awareness are pre-requisites in an ethical use of relationship. It is important to know one's self in order to be able to accept others. Knowledge of the self is essential for the conscious use of the relationship. In the beginning the case worker may confuse his own feelings with those of the client, he projects upon the clients reactions but also manage one's own.

Clients involvement in change:

In the case work process the choices as far as possible must belong to the client. A client has a right to be himself; he makes his own decisions, to use his own abilities and resources to work out his own problems. This is related to the belief in self help. The client should mobilize his own resources, his work capacity and the resources of his family and his community. Help is directed to elicit this lot of activity from him. Inexperienced workers don't believe that the clients can do anything to solve their own practical problem. Case work is less corrective and more reciprocating. Not everyone is equally capable of self help. The amount of help one must give people is directly inverse to do what they can do for themselves. The case worker stimulates the client to think and act for himself and to make his own decisions. The technique calls for the case workers skills to motivate the client to use both personal and social resources in working through his difficulties and achieving his own solutions.

The use of Authority:

In social case work authority is occasionally exercised in the interest of the client through **suggestion** and **advise**. Authority largely arises from the prestige and worker's status and his **expert training**. Authority is not used as coercion or threat. If the client has not developed internal and **external** restraints, the worker may have to exercise restraint or authority. Children need to be **restrained** just as they need to be loved. Both case worker and client act with in reality situations, of which, authority is part of the frame work.

Multiple worker Relationship:

A social case may present several problems. An economic problem may be coupled with health problem in the same family or more than one patient may be involved, husband and ill parent and child, ill person and relative. In some cases team approach is necessary. In social work there will be a great deal of cooperative effort between 2 or more workers. In family counseling one worker may interview either spouses or two or more workers closely collaborating. In certain agencies in take or admitting is done by a worker who may not carry on the case. Unnecessary shifting from one worker to another should be avoided as far as possible.

5.6 Summary:

It is seen that the worker makes use of various tools to help the client to solve his problem. In this process observation of the client by the worker plays an important role the worker very keenly watches what all the client does, the way he communicates and the gestures he uses while communicating. Even as the client conveys orally something, he communicates as much through gestures which is equally important; this either supports or negates whatever the client is telling the worker. Thus the worker keeps a track of this is called observation.

Listening is not simple hearing it is much more that listening, the worker carefully follows the **gestures** of the client and the tone with which the client is communicating, the nuances which **play a very important role in the process of the** client's narrative.

Communication **refers to the ability of the worker to** convey in a facile way what he intends the client and eliciting responses in an equally facile way. Conveying to others what he intends and making clients react to what the worker says and creating a situation where the client 'pours' himself out is called communication. It is a two-way process.

Rapport building is the arch stone on which all the social work processes are built. This is to a process where in the worker creates a situation in which the client not only feels at home but develops warmth towards the worker and develops confidence. In fact the whole of social work and its processes are dependent on this rapport-building. The ability of the worker can be gauged by the bonds of rapport that are forged. The above are the various tools used by social worker to help the client to help himself and solve his problem.

5.7 Key Words:

Communication	: Workers ability to put a cross what he intends to say.
Covert Communication	: Non-verbal communication, conveying through gestures and pauses even the tone with which the client is saying communicates- the worker should have a trained eye and ear to catch this.
Overt Communication	: Oral communication, the oral communication-work of month

	and also gestures.
Authority	: The ability of the worker to make the client do something what the says or suggests.
Transference	: Projecting one's feeling on to others
Rapport	: Establishing professional relationship with client, making the client feel at home and relaxed.
Report	: Write up of the client's case, highlighting strengths and weaknesses of the client; it highlights social-economic and psychic condition and his ability and readiness to make use of services.
Observation	: Keenly watching the client, to note his feelings and gestures, to see whether he means what he says

5.8. Model Questions:

1. What is listening? what is its role in social case work?
2. What is a communication skill? What role do you assign to it in social case work?
3. What is rapport? Is it relevant to social case work?
4. What is observation? What are the various kinds of observations? Do you assign any role to it in social case work?
5. What is a report? What role do you assign to it in social case work?

5.9. Reference Books

1. Crispin. P. Cross: Interviewing in social case work; Routledge, Kegan & Paul Publications, London, 1975
 2. Hamilton Gordon: *Theory and Practice of social case work* (2nd Edition) New York, Columbia University Press: 1951
 3. Jonathan Moffet: Concepts in case work treatment, Routledge, Kegan & Paul Publications, London, 1975
 4. Mass, Henry.S: 'Social Case Work' in walter Friedlander (Ed), *Concepts and Methods of social work*, Englewood Cliffs, N.J. Prentice Hall. Inc. 1958
 5. Perlman, Helen H: *Social Case Work, A Problem solving process*. Chicago: University of Chicago Press, 1957.
 6. Robert Hewitt Stron P: *Social Work: An Introduction to the field*; Eurasia Publishing House, New Delhi, 1960
 7. Young P.V. : *Scientific Social Survey & Research*, Prentice Hall of India(P) Ltd., New Delhi, 1979.
 8. John J. Shahghnessy&: *The Mc Graw Hill Companies, Inc. (IIIEd)*, New Delhi, 1997.
- Eergene B. Zechmester

Dr. M.S. Parthasarathi

Lesson No: 6**INTERVIEW AND HOME VISIT****1.0. Objective:**

The student will be able to understand different concepts described below by the time he/she completes reading it.

Contents:

- 6.1 Introduction
- 6.2 Interview
- 6.3 Home Visit
- 6.4 Summary
- 6.5 Key words
- 6.6 Mode Questions
- 6.7 Reference Books.

Case Work Tools**6.1. Introduction:**

In social case work ever since the client contacts the case worker, the worker in the process of enabling the client to solve his problem makes use of many processes, like Interview, Home Visits, Observation, Listening, Communication skills and Rapport building. These are called tools in social case work, not in the physical sense of the term but as means to end, the end being finding a solution to the problem of the client. In this processes the worker takes the client into confidence, in fact this is a reciprocal process. Because without the help of the other party each one (the worker and the client) cannot make any headway. Each of these processes is described in the following pages:

6.2. Interview:

Interview is a face-to-face situation which facilitates communication. It is a frame work for communication (Crispin P. Cross). This presupposes that the client has come seeking the assistance or help of the case worker; this is based on acceptance. This may be defined as a pattern of interaction with a set purpose which varies depending upon the condition of the client. In social case work interviews are purposeful and directed i.e. they are arranged for the attainment of specific goals. This interview has four characteristics: (1). It has a context or setting, (2). It is purposeful and directed, (3) It is contractual, (4) It involve role relationships.

The setting for the interview will normally be the agency to which the client comes with a specific problem.

In Social Case Work 'interview' is the medium through which the case worker 'reaches' the client for the attainment of the objective of both the case worker and the client viz. treatment. The case worker enables the client to make use of the services of the worker as well as the resources of the agency. Interview is used by the worker for various purposes in the process of enabling the client to solve his problem; Interview is used after the purpose for which it is used.

Principles of Interview Types of Interview**Objectives of Interview:**

The interview can motivate, can reach, can secure information and can help clients to bring out things which are bothering them. The interview provides one of the best ways of observing a person's behaviour. It is a good way of getting facts about situation. It is the only way to achieve an understanding of attitudes and feelings. Communication is essential in all forms of interpersonal relations in many aspects of social work, as well as in case work. The interview technique is a basic skill to be attained. The purpose of interview in case work is to obtain information, provide an appropriate service, clarify a decision in counseling, sustain or support the client emotionally or motivate a change in attitude and behaviour.

Principles of Interview

The case worker has to bear in mind the following principles while interviewing the clients. Interviewing skill rests on a fundamental professional attitude called acceptance. This means acceptance of the other person as he is. This attitude can come only from respect for people and genuine desire to help anyone who is in need or trouble. This attitude is developed through courtesy and willingness to listen. The part of the client the first requisite in any interview is to make the person feel welcome and comfortable.

Accrediting is another principle. The client must be encouraged to put something of himself into the treatment process. Honest efforts of the client must be recognized and accredited whenever necessary in the interview, the interviewer supports honest efforts to participate, to cooperate, and to work, actively towards a solution. The interviewer should avoid raising false hopes and giving false encouragement. Dependency needs must be accepted. Hopes, potential and actual strength must be recognized by the interviewer. The interviewer must emphasize principles of self-direction and self-help. Quick guesses, clever deductions and leading questions must be avoided by the interviewer. A good interviewer must have natural liking for people and concern about them, and a sincere desire to help them. The interviewer must listen fully and respond frequently.

The interviewer must keep in his mind the client's request for assistance - this is the first professional bond between worker and client. The request to help is the immediate point of contact. The interviewer tries to put the client at ease. It is usually better to find out what the client is looking for, than to ask how he expects to be helped.

Questions which can be answered by 'yes' or 'no' should be avoided by the interviewer. Specific questions in social & physiological situation are necessary. The client tends to generalize. The worker tries to help him to be specific.

The interviewer at all times would notice the emotional tone, pauses, blockings in giving information, evidences of pain or anxiety. He must always be sensitive to these points of stress. A general interviewing principle is to use simulative questions and interpretative comments. Those are to be made in the client's own words. The good interviewer never minimizes the seriousness of what is made in the client's own words. The good interviewer of whatever the client complains of. He never laughs it off.

The general principles of interviewing and their application call for **specification training** particularly the interview has to have realistic aims. When the interviews are therapeutically focused, the client's pattern of behaviour gradually emerges. In the ordinary case work interview, interview dealing with the unconscious should be reserved for those with special and vigorous training. The interviewer should not make promises on behalf of his agency which it's impossible to fulfill.

Types of Interview

The following are different types of Interview in social work.

1. Intake interview:

'In intake' interview the interviewer must define the nature of agency's service. In hospitals and other administrative agencies this propose is called 'admitting'. In a social work agency, this process is called '**intake**'. Intake has the objective of determining the question of presumptive eligibility. This is the initial enquiry by which it is determined whether the client's need can be met effectively by the agency, in the intake interview the client is usually nervous and confused and cannot readily tell what his troubles. The interviewer will recognize the feelings of insecurity and **anxiety of the client**. Skilful interviewers learn how to help limit and nervous applicants to feel **comfortable at first**. It is the first task of the interviewer to bear the applicant's description of his **problem**. The intake interview is also called the first interview. This gives an opportunity for full and **patient hearing**. This intake interview is otherwise known as application interview. Application interviews allow for a tentative diagnosis of the area of the difficulty. Preliminary estimate of the clients and agency's capacity to deal with the difficulty is also made in the intake interview.

2. Home interview and observant interview:

An observant interview in the home may help us understand the circumstances better than in office setting. Men live in a social world; they have homes. There is no real substitute for seeing a person in his home, it is easy to observe customs, the kind of home and environment and associations which the client has. Home interview is important in social case work. **We learn** more of the person at home than otherwise.

3. Psychogenetic Interviews:

In interviews designated for understanding of the growth of the **personality in a specific** environment are important. In social case work enquiry into a family history **and social relationship**, developmental and health data, symptoms defences or behaviour patterns, attitude and emotionally charged experiences are done through psychogenetic interviews. The information obtained through these interviews leads to formulation of psychogenetic diagnosis.

4. Play interview:

For the **young child**, **observation of what he is actually doing** is important. **Hence the play interview is** extensively used. The child will reveal in the play situations at home and elsewhere events which have disappointed, frightened or otherwise emotionally affected him. Through his selection of play incidents he may show his personal experiences in nursing, in being reared and in toilet training and other events. In most child guidance clinics today play interviews are used. These interviews emphasise the current behaviour of the child in the interview and also the genetic development of the child.

5. Diagnostic Interview:

In the diagnostic interview we arrive at a more precise definition of the problem the causal components will be elicited. Psychological diagnosis is concerned with the whole situation, inner as well as outer, the relationship of person to situation and of person to person. In those interviews the relationship between cause and effect is attempted to be analysed.

6. Direct Treatment Interviews:

By the direct treatment is meant a series of interviews carried on with the purpose of modifying attitudes, making constructive decisions and preparing for growth and change. In direct treatment, interviews are designed for psychological support also.

Under the direct treatment interviews are designed for counseling also. Counseling is an educational process, counseling is intended to help a person in a rational way by clarifying the problem and sorting out the issues in the situation.

7. Therapeutic Interviewing:

The therapeutic interview is curative. By this we mean interviews designed for cure and treatment. Traditionally this has been associated with the province of physician. In the hospital setting, nursing, psychotherapy, occupational therapy and other therapies are intended for exercise by the physician. In the recent years the field of medicine has broadened to include psychological and social therapy. Psychological therapy is not merely confined to one branch of knowledge. The medical psychiatrist, the general practitioner, the psychologist, and also the social worker exercise psycho-therapy. Therapeutic interviewing is designed for treatment psychological and sociological.

Interviewing Process

Interviewing is a skill in professional relationship. It is a skill in the approach to the living experience. The following are the components in the interviewing process.

1. The client's own story:

Human beings can think and talk and what he can tell us of the situation becomes medium for discussion and explanation. The interview technique is a basic skill to be acquired.

2. Acceptance :

Interviewing skill rests on the foundation of professional attitude called acceptance. This means acceptance of the other person as he is in whatever situation, with whatever behavior he may manifest. This attitude comes from a genuine desire to help anyone who is in need or trouble.

3. Resistance:

Initial resistance to telling one's troubles may result from personal or cultural inhibitions or from both. A person may be ashamed to admit his failure to manage his own affairs. His particular problem may also be culturally stigmatized. Poverty, unemployment, unmarried motherhood and certain diseases are culturally stigmatized. One cannot disclose anything

about these problems. Social workers are taught how to recognize and disarm such initial resistance, courtesy, patience, willingness to listen and immediate attention to a request may help to overcome the resistance. The first requisite in any interview is to make the person feel well and comfortable. Unless we overcome resistance, we cannot elicit the story of the client. The history of the client will throw some light on problem of the client.

Accrediting

The client must be encouraged to put something of himself into the treatment process. The effort of the client to disclose social facts, social history and his feelings must be recognized and accredited verbally whenever necessary in the interview. The interviewer supports honest efforts to participate, co-operate and to work actively towards a solution. The worker should avoid raising false hopes or giving false encouragement. Dependency needs must be accepted as well as potential and actual strengths recognized. The worker not only tries to stimulate the client's capacity but whenever necessary he offers some of his own strengths and active assistance. Case work has always emphasized principle of self direction and self help, quick guesses and clever deductions, like leading questions are often barriers to understanding. What the client needs to tell is more important than what the case worker wants him to tell. The case worker can stimulate the client in all sorts of ways in order to get his story.

Beginning with request:

One must always keep in mind the client's request for assistance. This is the first professional bond between worker and the client. One must find out early what was the client's idea in coming for help. The request for help is the immediate point of contact. The interviewer tries to get him to discuss it, since they are often vague. The client's purpose must be more clear and resources and functions equally so. It is better to find out what the client is looking for than to ask how he expects to be helped. He must join his request with our service.

Specific Facts and Responsive Questions:

At first essential facts must be obtained. We require enough facts to determine eligibility for service and further want acquaintance with the situation. The average client regards questions as evidence of intelligent interest in him. Questions which can be answered by 'yes' or 'no' should be avoided. Specific questions in social and psychological areas are necessary. In interviewing worker has to ask skillfully questions which are responsive to what the client is already saying, not routine questions. The art of taking histories is dependent upon the ability to relate questions to the main themes in the client's story. The client tends to generalize and the worker tries to help him to be specific.

Noticing points of stress and conflict:

The interviewer at all times should notice the emotional tones, pauses, blockings in giving information evidences of pain or anxiety. He must always be sensitive to these points of stress. In many instances the effect is produced nearly by repeating the word, used by the client in recognition of the pain. In general skilled interviewing is responsive to points of stress helping the client to bring out rather than to keep back relevant facts and specific feelings. The interviewer never laughs it off and never minimizes the real difficulty which may be in the path of treatment or of recovery.

Interpretation and Explanation:

Interpretation takes several forms in the interviewing process. The most familiar types are explanation, clarification, pointing out patterns of behaviour and interpretation at the level of motivation.

Explanation

Explanation may be clarification of policy and procedure or stating the nature of statutory requirements and eligibility. The worker explains the functions and programmes of his agency to the client. He also explains to the client other resources available in the community. He interprets their own and of other agency's procedures. He does not tell the client how the other agency will treat him. He neither tells nor deprecates the importance of other agencies. The worker discusses about education and physical problem to the patient and his family. Doctors do not have time to do this. The worker must be thorough with the medical or psychiatric implication to carry on a discussion which will enable the patient to overcome his fears, dependence and resentments. Whenever the client expresses a conflict or dilemma the interviewer clarifies it, using the client's own words. This has the effect of further clarifying the problem. The client must be helped to expose the factors which have placed him in the dilemma. The worker understands what is really troubling the patient about his operation or disability or social situation. He clarifies the same to the client. The worker brings out the conscious fears and helps the client to reconcile the subjective ideas with the scientific reality. The patients entertain funny ideas about the reality. The patients entertain they are ashamed to admit. The worker helps to bridge the gap between fantasy and reality. The worker interprets the actual procedures in the hospital to the client.

Pointing out patterns of Behaviour:

Because a person tends to behave in the ways customary to him patterns can be noticed by the trained eye and an ear. In the interviews the client's pattern of behaviour gradually emerges. For instance one tends to be extravagant and reckless about spending money. When the worker catches the pattern of behaviour it is part of the problem itself. Case workers must sometimes bring to the attention of the client's ideas and feeling, whether acceptable or not of which he was previously unaware. These ideas and feelings are in the ante-chamber of the mind or the preconscious. Such thoughts can become conscious in the appropriate circumstances. The case worker deals with accessible memories and feelings he does not have ready access to the impulses lying deep in the unconscious. Inexperienced workers wish to point out the behaviour immediately and expect the client to agree that it is undesirable immediately and expect the client to agree to it. He expects the client to give it up but the matter is rarely so simple. The client can allow himself to see his patterns of behaviour, only when he believes in the workers acceptance and non-criticism.

Interpretation at the Level of Motivation

Primarily this motivation lies in the areas of psycho analysis. The level of motivation is usually unconscious and cannot and should not be reached, under ordinary conditions of interviewing. It is possible to interpret attitudes and feelings which the client brings forward of which he is already aware or half aware. The wise case worker is conscious about appearing to know too much too soon about the client's attitudes and feelings. Any interpretation of these attitudes and feelings may make the client feel as if he was getting caught, most people have defences against learning truths about themselves.

Interviewing designed for insight the Unconscious determinates" of behaviour should be reserved for those with special and **vigorous** training.

Treatability and Termination:

The termination of treatment is always related to the original request. The approaching termination of treatment must be appropriately timed and discussed. Definite date for review or termination may be discussed. Early termination is the sign of resistance. The client's desire to discontinue may enter into the matter of termination. At one time it was believed that reapplication meant that there had been failure on the part of the client, or the worker or both. But this is a false assumption. Presence of new factors or recurrence of the old problems may be responsible for the reapplication. The chief technical problem is to determine the goal and method of treatment as based on the psychological diagnosis evaluation. Measurements and failure is still not mature.

6.4 Home Visit:

A fish swims happily in **water**, as **water** is its natural habit. So also a human being will be his natural self in his normal habitat i.e. his house. Social case work intends to help clients to overcome their problems for which understanding them in their 'totality' is essential. This can be done only when the individual is observed in his home. An individual has many facets to his 'persona'. The 'personality' of the individual is **made up** in his home; in the home he lives with the people with whom he is close, he sheds his inhibitions and behaves 'naturally'. The social worker, if he is to be helpful in a meaningful way, must understand the 'natural' personality of the individual. In the home the social worker can understand the various 'influences' that have moulded the personality of his client.

Home visit is important for the correct understanding of any client, more so, of a child. In the process of playing children different roles that they have seen in their house and their neighborhood. In their play they take on the role of a doctor, a nurse, a police, a thief etc. depending on their interest and exposure. Also they do the role which holds the key to their problem.

6.5 Summary

Interview is the backbone of social work processes and social case work. For it is only through interview that the case **worker** establishes contact with the client or vice-versa; and it is only through interview that the professional relationship of the worker is terminated which is called termination interview. Even while treating treatment is provided to the client by the **worker**, it is called treatment interview. At every stage and phase **worker** and client interact with each other through interview. It is only through interview services are provided to the client. Hence in case work interview is an important medium and tool which comes in handy to the **worker** in the process of helping the client.

In the process of helping the client home visits will be very useful, for, the client has to be observed in his natural environs where he will be less affected by external influences. Hence the worker may find it useful to make home-visits and see the client in a relaxed and natural environment.

5.6 Key words

Accrediting : Giving the client due recognition for his/her efforts in solving his/her problems. Everyone has certain potential and intimating the client so will be helpful to both the worker and client. This is called accrediting.

Therapeutic Interview : Treatment Interview. When a worker with advanced training (psychiatrist) or long

experience is trying to help the client .

Resistance : When the client has certain personal or cultural inhibitions, the client does not like to give information or co-operates with the worker. This kind of drawing-in or hedging on the part of the client

Termination of Treatment: When the worker feels that they have reached a point where his presence will not be of any use, either because the client is strengthened sufficiently or psychologically or when it is realized that his working together with the client will not be of any use, to the client the worker puts an end to the relationship. This also has to be done in a phased fashion and with the putting an end to the professional relationship with client.

Processes : Steps and procedures followed for eliciting information and enabling the client to come to terms with his problem.

Interview : Face to face situation which facilitates communication.

Communication skills : Workers ability to convey his ideas and feelings to the client in a clear way, so that the client understands what the worker is saying and trying to do.

Rapport : Workers establishment of working relation with the client making him/her feel at home and relaxed so that he/she cooperates with the worker in attaining towards the predetermined target.

Acceptance : If the worker, after the first contact with the client, feels that the client can be helped in the framework of the agency. The worker's decision to take the client into the agency is called acceptance.

6.7 Model Questions

1. What is a tool? What are the tools used in social case work?
2. What is meant by interview? What role do you assign to it in social case work?
3. Describe the various types of Interview?
4. What is treatment? Describe the different types of treatment?
5. Is readmission an indication of failure of case worker and social work? Substantiate your answer.

6.8 Reference Books

1. Crispin P. Cross : Interviewing in Social case work, Routledge & Kegan Paul, Publications, London, 1975
2. Hamilton Goardan : Theory and practice of social case work. 2nd Ed. New York, Columbia University Press. 1951.
3. Mass, Henry. S. : 'Social Case Work' in Walter Friedlander (Ed). Concepts & Methods of social work, Englewood Cliffs, N.J. Prentice- Hall, Inc. 1958.
4. Perlman, Helen. H. : Social case work, A problem solving process. Chicago: University of Chicago Press 1957.
5. Jonathan Moffet : Concepts in case work treatment, Routledge & Kegan Paul Ltd., Publications, London, 1975
6. Karen Healey : Social Work Practices : Contemporary perspectives on changes : Sage Publications. New Delhi 2003
7. Ian Shaw & Joyce Lishan : Evaluation and social work practice, Sage Publications, New Delhi, 2003.

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Lesson- 7

SOCIAL CASE WORK AND GROUP WORK IN HEALTH/ HOSPITAL SETTINGS.

13.0 Objectives:

The objective of this lesson is to learn the role of a social caseworker and the group worker in health and hospital settings.

Contents:

- 7.1. Introduction.
- 7.2. Casework Practice In Health Setting.
- 7.3. Role of Case Workers, In General.
- 7.4. Specific Roles of Social Case Workers.
 - 7.4. I. Half Way Homes.
 - 7.4. II. Crisis Work.
 - 7.4. III. Therapeutic Communities.
 - 7.4. IV. Rehabilitation Work.
 - 7.4. V. Long Term Care.
 - 7.4. VI. Family Care Homes.
 - 7.4. VII. Day Care Centers/Night Hospitals.
 - 7.4. VIII. Treatment and Training
 - 7.4. IX. Work and Retraining:
 - 7.4. X. Recreation and Education:
- 7.5. Group Work Practice In Hospitals.
- 7.6. Summary
- 7.7. Key words
- 7.8. Exercises
- 7.9. References

7.1.Introduction:

Social casework in its most informal method is being practiced even before the recognition of Social Work as a profession. Social casework is widely known as method of helping people individually through a one to one relationship. As a method it deals more with the conscious and subconscious aspects of the mind than the unconscious aspects. It thus differs from the traditional psychotherapy and psychological techniques of dealing with the problem. It is extensively practiced in various fields with a specific purpose. Some of the fields where it is practiced are:

7.2.Casework Practice In The Health Setting:

Casework practice in the health setting can be as varied as the countless number of health problems itself. In a broad sense, health problems can be classified into physical, psychological (mental), neurological, neurosurgical and the like. Though in general a caseworker follows common principles/techniques to help the client, he/ she needs to fine-tune the skills and techniques to suit the needs of the respective field. The kind of difficulties the client has may also be according to the disability one has.

A social caseworker's role in the health setting can be termed as psychiatric social work and medical social work. In a psychiatric set up, a social worker basically deals with all the psychiatric (mental health and mental illness) issues. **Whereas** in a medical set up, a social caseworker deals with all those issues that are not purely psychiatric and which have medical origin for the problems.

The opportunities and challenges for the social caseworker in the health settings are quite different from what it was around two to three decades ago. There is a much wider range of local community based services available now. Also, better information, new philosophies and knowledge have contributed to raised expectations all over

Any form of ill health affects not only the person suffering from it but also the ones who are involved in the care taking of the sick person. It leaves one pondering where to go for help, what are the procedures involved in the treatment process, the likely duration of treatment, the outcome that could be anticipated, the severity of the illness one has, the likely expenditure and finally the acceptance of the treatment and continuation of the same. In a health setting a social workers role becomes very crucial in disseminating the right kind of information to both the treating team and also the party being treated. A social caseworker's active involvement in the treatment process from the initiation of the treatment till the completion of the procedure and even in the post recovery period is essential.

It is often observed that both the patients and their family members become very anxious and stressed as soon as one of the family member falls sick. Though only a **few** are able to cope up with the situation, most people succumb to it. Surprisingly enough more than the illness itself, it is the anxiety and the panic that hits them worse. Thus a social **caseworker** in a hospital setting has to work both with the patient and their family members to bring harmony in the existing family conditions.

7.3. Role of Caseworkers, In General:

1. The prime responsibility of the caseworker is to establish rapport with the patient so as to get a realistic understanding of the client's problems.
2. Once he has gathered all the information, he needs to help the client also to analyze them.
3. Based on the information gathered, he needs to break the news in such a way that the client does not break down in despair.
4. The client needs to be helped to prioritize his problems.
5. The caseworker instead of acting as a judge or a decision maker, needs to act as a facilitator and help the client look for choosing the alternatives and also explore the available resources.
6. The caseworker needs to help the patient realize the importance of the timely treatment.
7. A client also needs to be told about the necessity of continuing the treatment procedure as long as he is advised to.
8. The client needs to be helped to realize his strengths and weaknesses.
9. Client also needs to be guided toward the utilization of his strengths in the right direction.
10. Wherever necessary, client has to be told about the need for regular drug compliance.
11. Emphasis should also be in the need for regular follow up.
12. The client also needs to be given a clear picture (as far as possible) about his current condition and the likely duration for recovery.
13. The client has to be informed about the post recovery measures that are to be taken.

14. The patient needs to be actively involved at every step of planning for his future plan.

17.4. Specific Roles of Social Case Works:

A social caseworker needs to utilize his or her experiences as a practitioner and the knowledge of individual client to contribute to a new style of service planning that is more personal, local and involves assessment of community resources as well as the individual. The specific roles of a social worker in a non- traditional (mental) health services are as follows:

7.4.I. Half Way Homes:

Half way homes are an arrangement for clients to stay for a short while. It is basically to assist the clients to get adjusted to the community life after a period of long stay in the hospitals. It is generally located in the middle of the hospitals and the community where the client stays. It is also for those who do not require a complete institutional regimen. In some cases it also serves as the permanent facility for people who are not able to fully move into the community. The chief functions of a social caseworker in a half way home are:

- i. To assist the client and the family members in having an understanding of the client's condition and the burden caused to the family as a result of client's condition.
- ii. Enhancing the capabilities of the residents or those who are impaired by residual deficits from mental illness to remain in the community, participating to the fullest possible extent.
- iii. To provide facilities for mediating **between** a person with emotional problems and the community with its requirements and opportunities.
- iv. To ensure a proper balance **between** rehabilitative measures and the need to provide a home like atmosphere.
- v. In fact, a case worker in units for residential care work at two levels;
 - 1) Personal level – working with the feelings and behaviour of the clients
 - 2) Interpersonal level- concentrating on the relationship between the client and others.

A social caseworker in any residential care unit needs to be well equipped with the following four approaches

7.4.II. Crisis Work:

Working with the individuals and the families in crisis is one of the major responsibilities of a social caseworker. Using residential care as an integral part of crisis work presents a considerable challenge for those involved in it. It calls for expertise and confidence. It requires that the workers involved in it share aims, objectives and information and whether the ups and downs involved in managing limited resources in the face of considerable demands.

7.4.III. Therapeutic Communities:

These **have** developed on the premise that it is helpful for individuals with psychological problems to live in a group where they are encouraged to confront and share their difficulties with others. Such communities have been organized on the basis that all aspects of the daily routine provide therapeutic opportunities.

Some of the benefits of this form of residential care have been described as providing individuals with experiences that help minimize distortions of reality, encourage better communication and participation, reduce anxiety and increase self esteem and insight into

the causes of individual difficulties. It is claimed that a period spent in such a community can result in growth and development and therefore long term changes in behaviour and ways of relating to others.

7.4 IV. Rehabilitation Work:

The use of residential care to rehabilitate mentally ill has become much more important. The focus of this kind of care is to use the intense experience of communal living to enhance the abilities of individuals to cope with recurring or long-term difficulties. The emphasis is on doing, on improving skills by practice and graded learning opportunities in order that individuals can survive more successfully in the outside community. The workers concentration on individual and group programmes is on the social skills needed to cope with life in the community, with personal needs, occupational and recreation. For the worker, this kind of a unit can be an invaluable resource in planning to support individuals who need to stabilize more independence from their families or re-establish routines of daily living.

7.4. V. Long-Term Care:

The main goals of a social caseworker in long-term care are to:

1. Counsel: in the initial stage the main role of a social caseworker is to identify for whom the institutional care is required. Also, to match the individuals to the appropriate facilities that serves the purpose. The nature of the problem needs to be examined, alternatives need to be explored, offering choices and an opportunity for the client and family to collaborate in the planning has to be done. An appraisal of the total situation that includes the mental and physical health of the person, physical environment, social and economic situation, family relationships should be made.

2. Provide direct individual and group services to the clients and their families.

3. Collaborate with other staff and professionals both in and outside the facility in developing and implementing co-ordinated, individualized treatment programmes and supportive services.

4. Help to maintain ties with the community, family and friends

5. Help in sustaining earlier lifestyles or finding substitute roles.

7.4. VI. Family Care Homes:

Family care home is used to describe a system of care in which discharged psychiatric patients are cared for in non – institutional living groups that are not their own. It is an attempt to find alternative sheltered care for the mentally ill in the community with private families other than their own. The social care worker's roles in a family care home are as follows:

i) to set the standard policies and the goals for the agency

ii) to assess the coping abilities of the families with a sick person iii) to help families to understand the problems of the mentally ill.

iv) To assess the family income of the clients to find out any financial liabilities and also to assess nearby community services for the welfare of the client.

v) To modify the attitudes by encouraging the interchange of experiences with the worker and also between other families.

vi) To encourage continuous supervision and periodical group meetings.

7.4.VII. Day Care Centers / Night Hospitals:

The main aim of this kind of facilities is:

The provision of treatment and training designed to improve individual functioning. The provision of work experience and also preparation for work in paid employment. The provision of opportunities to pursue educational, recreational and leisure activities.

7.4. VIII. Treatment and Training:

The non-physical treatment or training that is available in most psychiatric day care units are based on group therapy and rehabilitation techniques. Day cares provide more limited contact between staff and residents to test out new skills and ideas at their homes.

7.4 IX. Work and Retraining:

The emphasis in some day care centers is on work and retraining for work stems from two traditions. First, is to provide a sheltered alternative to work for groups in the open market. The second is to increase client's chances of finding suitable employment by establishing or re establishing work habits and teaching new occupational skills.

7.4. X. Recreation and Education:

Picking up the challenge that unemployment poses for some center users will influence the content of the third main area of work in a day care center (opportunities to pursue educational, recreational and leisure activities). It is significant to note that students of day care centers consider talking to others as one of the major positive activity to spend time. Recreational and educational opportunities that provide social contact and stimulation are a valued part of day care.

The other forms of traditional services could be sheltered workshops, psychosocial rehabilitation centers where the role of a social caseworker would be the same as in day care center.

7.5. Group work practice in hospital settings:

In a hospital setting, various group activities can be conducted based on the requirements of the situation. The groups could be conducted for the clients exclusively, family members exclusively or for both the clients and the family members together. Further, the group could either be homogenous or heterogenous both in terms of the disease conditions and the gender of the members involved in it. Often group work plays a very important role in the psychiatric set ups. However, group activities are very helpful in medical set ups too. In imparting the knowledge about several communicable and chronic diseases, its causes, remedies and the preventive measures, group work is indispensable.

In a psychiatric setting, the group activities are required for insight facilitation, reality orientation, skills learning and the like. The purpose of the group can vary according to the settings where it is conducted. For eg, the group activities required for those suffering from a schizophrenic disorders may be quite different from the group activities conducted for the alcoholics. Further, the group activities usually are more productive in case of the neurotics than the psychotics.

Often in the child guidance clinics, the group activities are more rigorously required for the parents of the children with problem than the children themselves. Through group activities, the parents are taught several techniques that are very essential for the handling of their child's difficulties. The group activities for the children are basically recreational in nature.

Effective group activities can be conducted with the family members of the clients too. These group activities usually emphasize on the handling of the negative and expressed emotions, over involvement of the family in client's care taking, negligence of the client and also on the various ways and means through which the family members can help the client in speedy recovery.

7.6. Summary:

It could be stated that the role of a social caseworker in a non-traditional mental health services is manifold, where the welfare of the client is first and foremost catered. The worker acts as a liaison with the agency, where the agency standards are made clear to the family. The family and their needs are also catered to. Most of all, the client is helped to be integrated back into his community. It is not just the casework but also the group work activities that are very essential in the total recovery or rehabilitation the client. It would not be an exaggeration to say that both casework techniques and the group work techniques go hand in hand in this direction.

7.7. Key words:

Half way homes Therapeutic communities Family care homes Rehabilitation work Long term care

7.8. Exercises:

Elucidate the responsibilities of a social caseworker in a health setting. Bring out the importance of group work in a psychiatric set up.

7.9. References:

Banerjee, G.R.- Papers on Social Work – An Indian Perspective, Bombay, Tata Institute of Social Sciences.

Mathew, Grace 1992, An Introduction to Social Case Work.

Prof. M. Lakshminpathi Raju

M.A Degree Examination January -2022

First Semester

Social Work- Paper-IV: Social Case Work

Time : Three Hours

Maximum : 70 Marks

Answer any FIVE questions. All questions carry equal marks

- 1) Explain the Social Case Work as a method of Social Work.
- 2) Describe the values and principles of social case work.
- 3) Elaborate the principles of social case work.
- 4) Discuss the components 'person and problem' in social case work method.
- 5) Explain the social case work tools.
- 6) What is rapport? Is it relevant to social case work?
- 7) Elucidate the counselling as a recording technique of social case work. .
- 8) Discuss the various types of recording in social case work.
- 9) Explain the role and importance of social case work in Industrial settings.
- 10) How essential is social case work in a school setting? Discuss.

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