

Chapter Eight

SOCIAL WORK HELPING MODELS AND APPROACHES I. For individual, groups and communities: direct provision model, intercession- mediation model, mobilizing resources of clients system to change their realities, crisis intervention approach and problem solving model II. For individual and groups: task-centered model, psychosocial approach, functional approach, behavioral modification, and family intervention III. For groups: developmental approach, interactionist approach, remedial approach IV. For communities: community development model, social planning model, social action model V. Indirect model of intervention: working with the elite, documentation/social criticism, advocacy

The Direct Provision Model: Involves the direct administration of existing programs of material aid. This should not be equated with dole out. Other refers to this as Resource Provision, where resources may be mobilized, created, directly furnished where the client may be advised and counseled in making optimal use of them.

Proponents and principles/Key Concepts Schniederman: the goal of this model is the enhancement of client social functioning through the direct functioning through the direct provision of material and useful in eliminating or reducing situational deficiencies.

Helping Process : APIET Activities:

1. Case by case involvement of the client in the study and evaluation process (determination of need and forms of need-meeting)
2. A determination of eligibility within the administering agency's terms of reference
3. A judgment that the provision of the service or benefits will promote the clients best interest

Recruiting, selecting, training, supporting, collaborating with personnel offering direct care (e.g. Homemakers, foster parents, adoptive parents, health personnel, trainers, day care workers)

Example: A family who's want to take advantage of the government's Balik Probinsya Program

Intercession-mediation Model: Involves the process of negotiating the service jungle for clients, whether singly or in groups. The worker connects the client to need services in

the system until he has availed of them Social Worker takes partisan interest in the client and his cause. Advocacy efforts of the social worker are frequently directed towards securing benefits to which the client is legally entitled. Proponents and principles/Key Concepts Schneiderman: the utilization of non-consensual strategies such as direct confrontation, administrative appeal, and the use of judicial and political systems, as an appropriate Helping Process: APIET Activities: Social Workers may need to argue debate, bargain, negotiate and manipulative the environment on behalf of the client. Example: Working women are denied labor benefits by their employers, juvenile offenders who are arrested, the illegal detained, neglected prisoners who should already qualify for parole privileges, slum dwellers who are having illegally evicted. Crisis Intervention Approach is a Process for actively influencing the psycho-social functioning of individuals and groups, during the period of acute disequilibrium. Involves crisis-oriented, time limited work, usually 2 or 6 weeks in duration. To be really effective, it should be available within 24 to 72 hours after application or referral for assistance. Key Concepts Crisis is defined as an upset in a state, an emotional reaction on the part of an individual, family or group to a threatening life event. The theory is based on the idea that there is no such thing as a problem-free state and life is a series of recurring development crisis. Lydia Rapoport Goals for this approach: • Relief of symptoms • Restoration to the optimal pre-crisis level of functioning • Understanding of the relevant precipitating events that contribute to state of disequilibrium • Identification of remedial measures that can be taken by the client and the family • Recognition of the connection between the current stress and past life experiences and conflicts Downloaded by Eutech1126 (eutech253@gmail.com) IOMoARcPSD|33444725 Summarized and Encoded by: M. Duran BUCSSP- FOR BOARD EXAM ONLY. • Initiation of new models of perceiving thinking and feeling and development of new adaptive and coping Responses Jacobson Two Treatment Approaches • Generic: does not

require assessment of the psychodynamics of the individual in crisis. Can be done by paraprofessional, a non-mental health professional, or a community care giver • Individual: emphasizes assessment of the interpersonal and intrapsychic process, designed for use by mental health professionals. Activities Naomi Golan a treatment offers a treatment model that is rooted in the problem-solving theory of casework and developed as part of the short-term, task centered approach to practice. 1. Assessment of the situation involves mainly an evaluation of 5 components: a. The hazardous event b. The vulnerable or upset state c. Precipitating factors or event d. The state of active crisis and e. The state of reintegration or reorganization 2. Implementation of treatment)the middle phase) is about setting up and working out specific tasks a. Material arrangement tasks b. Psycho-social tasks Some techniques: a. Sustaining techniques reassurance and encouragement to lower anxiety, guilt and tension, provide emotional support. b. Direct influence procedures giving advice, advocating a particular course of action, warning clients of the consequences of maladaptive resolution of the situation c. Direct intervention- used in extreme situation such a threats of or attempts at suicide d. Reflective discussion techniques- used as the client becomes more integrated Eclectic orientation- behavioral modification techniques like positive reinforcement, shaping, modeling and desensitization. Termination emphasizes on the tasks accomplished, the adaptive coping patterns developed and the ties build with persons and resources in the community. Stance of the worker: active, purposive, committed, will to take risks. Example: Sexually abused child, battered wife and victim of calamity etc. Problem Solving Approach it is always the person is being helped in relation to what is focused to be stressful. The goal is to help a person cope as effectively as possible with problems in carrying on social tasks and relationship which are perceived, felt as stressful and found insuperable without outside help. Proponents/ Key Concepts Helen Harris Perlman Elements of the problem solving approach • The

person- a product of inherited and constitutional make up in continuous transaction with potent persons and forces in life experiences. Seen as a product in process of becoming. Personality is an open system continuously responsive to input and feedback from outside itself. Partialization is the recognition that the person is not just living whole; he also has a biological psychological social system.

- The problem- is simply a problem in the current life situation of the help-seeker, which disturbs or hurts the latter in some way.
- The place- the particular organization, agency or social situation, the purposes of which define its functions, services, and its areas of social concern.
- The process- steps of Study, Diagnosis and Treatment (Perlman)

THE PROCESS:

- Identification of the problem
- Identification of the person's subjective experience of the problem.
- Identification of the causes and effects of the problem and its import and influence upon the person in life space
- Search for the possible means and modes of solution must be initiated and considered
- Choice and decision must be made as a result of thinking and feeling through Action taken on the bases of these considerations will test the validity and workability of the decision.

Diagnosis focuses on:

1. The person's motivation, capacity and opportunity including as assessment of what factors and forces deter or thwart these;
2. The persons in the client's problematic role network.

Example: There is no special target group that is addressed by this model. Does not distinguish between treatments of environmental problems for psychological problems.

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BUCSSP- FOR BOARD EXAM ONLY. Task-Centered Model: A technology for alleviating specific target problems perceived by clients, that is, particular problems clients recognize, understand, acknowledge and want to attend to. A task is what the client is to do to alleviate the problem, which makes the task both an immediate goal, and at the same time the means of achieving the goal alleviating the problem. Laura Epstein, Professor Emeritus and William Reid.

This model is 1. Brief and time limited 2. Intervention is concentrated on alleviating specific problems, which the client and the worker expressly contract to work to 3. Work on the problem is organized around tasks for problem solving actions the client agrees to carry out. Features of the model: 1. Assessment 2. Case planning 3. Implementation 4. Tasks

THE PROCESS: Start up: clients referred by an agency or client applies independently and voluntarily Step 1: Client Target problems identified Step 2: Contract, plans, target problem priorities, goals, practitioner tasks, duration, schedule, participants Step 3. Problem Solving Step 4: Termination

TASK CENTERED MODEL WITH GROUPS Preliminary interview – problems are explored, clarified elicited in individual interviews Group Composition- SW decides who should be in a particular group, and the size of the group. Group Formation- The members share the problems that they will seek to reduce or eliminate by formulating and accomplishing agreed-on tasks Group processes for task accomplishments- SW works with the group so they can help each other to accomplish the tasks within the time frame agreed upon. Example: Client who lacks the motivation and interest in continuing his studies. Psycho-social Approach Referred to organismic approach and diagnostic school of thought A systems theory approach concerned both the inner realities of human beings and the social context in which they live. The person being helped is seen in the context of interactions or transaction in the internal worlds and effort are taken to understand the segment of the external world with which the person is in the close interaction. Treatment is differentiated according to the client's needs, hence the term differential treatment. The worker must engage in fact-gathering and come with a professional opinion called diagnosis or assessment. The help provided in this approach will enable change to occur in the person or in the situation or both. Key concepts/ proponents Mary Richmond, Marion Kenworthy, Bersey Libbey, Gordon Hamilton, Lucille Austin and Florence Hollis

6 Procedures of Intervention (Hollis) 1. Sustaining (supportive

remarks) 2. Direct Influence (suggestion and advice) 3. Catharsis and ventilation (discharge of pent-up feelings and emotionally charged memories) 4. Reflective consideration of the current person-situation configuration 5. Encouragement of client to reflect on dynamics of his response patterns or tendencies 6. Encouragement of the client to think about the development of response patterns or tendencies

The process: Initial phase: understanding the reasons for contract, establishing, engaging the client in the treatment, beginning treatment itself (treatment begins in the first interview) psychosocial study (gathering the information needed for the psychological diagnosis and guidance of the treatment) Assessment of the client in His Situation; consists of a critical scrutiny of a client-situation complex and the trouble concerning which help is sought or needed.

3 TYPES OF DIAGNOSIS • Dynamic: Examination aspects of the client's personality interact to produce his total functioning, interplay between the client and other systems, dynamics of family interaction.

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• Etiology the cause or origin of the difficulty usually multiple factors in the person-situation configuration • Classificatory: classifies various aspects of the clients functioning and his place in the world including, if possible, a clinical diagnosis (refers to classify based on personality disturbance) classifying individuals according to socio economic class, race, ethnic background and religion.

Treatment • Indirect treatment: the worker intervenes directly in the environment of their client by obtaining needed resources and modifying the client's situation when change in his situation is necessary • Direct treatment involves direct work with the client himself or what Hollis describes as the influence of mind upon mind

Behavioral modification Approach An approach intended to improve the social functioning of individuals, families, groups and organizations by helping them learn new behaviors and eliminating problematic ways of

behaving. Usually used in group work to shape stabilize, modify, or alter clients's behavior with the use of certain techniques such as reassurance, reinforcement etc. Proponents: Wilhelm Wundt, John Watson, Ivan Pavlov, Clark Hull, Edward Tolman, B.F. Skinner, Joseph Wolpe, Albert Bandura and Hans Eysenck Decisions that guide the change process are made on the basis of data, not on the basis of assumption about why people behave as they do. The process: 1. Initial phase- background information problem identification and goal setting 2. Implementation phase- plan implementation based on the contract and the commitment of the worker and the client 3. Evaluation and termination Phase- usually periodic evaluation and monitor the phase the helping process 4. Termination Focus •Upon observable responses •More on the fundamentally classes of behavior: Emphasizes Observation, data collection and careful measurement before, during and after the intervention Three elements of social learning 1. Target behavior - behavior that will be the focus of intervention 2. Antecedent behavior – the behavior that occur prior from the problem behavior 3. Consequent behavior – behavior that occur after the problem behavior BEHAVIORAL TECHNIQUES 1. Conditioning a. Classical conditioning – learning of a behavior because it is associated in time with specific stimulus with which it was formerly associated. b. Operant conditioning – learned behavior which takes place because it operates upon or affects which takes place because it operates upon of affects environment 2. Reinforcement – anything that strengthen a target behavior, or to increase the likelihood that a target behavior will occur more frequently. 3. Punishment – the presentation of an unwanted or unpleasant stimulus Extinction – refers to withdrawal of whatever forces a target behavior, which will tend to discourage the occurrence of the behavior SOCIAL WORK ROLES: Direct Modifier – the worker is the agent of modification in which she herself directly uses a technique like positive reinforcement to increase a child behavior relating to observing rules. Behavioral Instigator – the worker influences a situation so

that behavior will be modified such as introducing a point of rewards system to encourage task performance in youth home. Teacher – the worker teaches behavioral modification techniques to clients, parents, related professional, and other professionals. Functional Approach – a method for engaging the client through relationship essentially one to one in the use of a social service toward his/her own and the general social welfare. The purpose of the service being offered helps to give sharpness and focus to the diagnosis or the understanding needed for the particular pathological condition for which a type of treatment is defined in order to achieve an environment goal. Agency service is made available Key concepts/ proponents Downloaded by Eutech1126 (eutech253@gmail.com) IOMoARcPSD|33444725 Summarized and Encoded by: M. Duran BUCSSP- FOR BOARD EXAM ONLY. Ruth Smalley, Virginia Robinson, Otto Rank, Jessie Taft

The effectiveness of the SW process is enhanced by the worker's conscious use of time phases in the process The use of agency function gives focus, content and direction to helping process. To be effective the SW Process requires the practitioner's use of relationship to engage the client in making and acting on choices or decisions as central to the accomplishment of a client- identified purpose within the context of agency function The process: Initial phase establish whether the client seems to be able to use the agency services and try to help him/her to use it Beginning phase partialization of problem for work. To find common base for worker and client to work together toward a common purpose Middle phase- characterized by others taking responsibility. Deepening on the relationship involved Ending Phase- termination of the helping process The client and the worker will agree on what the former can do with the service that is being made available. Family Centered Approach – a process of achieving better child and family well-being outcomes. It is an approach to child welfare social work in which the family is seen as the primary unit of attention. Respecting, strengthening and supporting the family- while guaranteeing child safety- are

hallmarks of this method. It is also referred to as family casework. Safety of the child is the first concern and the family is the fundamental resource for the nurturing children. Key concepts/ proponents Virginia Satir, Salvador Minuchin, Jay Haley, Murray Bowen, Nathan Ackerman, Carl Whitaker, Michael White, Gregory Bateson, Donald Jackson, John Weakland, William Fry, Paul Watzlawick and Ross Speck. Families are diverse and have the right to be respected in their special cultural, racial, ethnic and religious traditions. There may be some inner resources within the member which can be mobilized and used to improve family and home conditions for the benefit of the member experiencing difficulty and the family as a whole.

The process:

- Identification of the problem- involves data gathering and answer the question what and why?
- The treatment planning stage- includes diagnostic assessment (the How), and interview-involves planning the treatment setting up the goals and objectives which must be based on the worker's knowledge on the nature of the problem, resources for modifying it, and the motivation and capacities of those involved in it.
- Evaluation and termination evaluation starts as soon as some gains have been made as a result of the treatment taking place.
- Termination of work with families takes place after some services have been reached.

Treatment modifies or changes the barriers in managing the life tasks of the family and its members.

Developmental approach People are not seen as being sick or healthy, but on a scale ranging from socially functional to dysfunctional to eufunctional/ good functioning..... continually move up to scale in a life-long developmental process of self-realization. - Maximizing the potentials to self-realize

Three major themes characterized by developmental approach

1. Humanistic- a view of one human being by another. Tropps elaborate on this theme by describing how the worker functions and relates with the group.
2. Phenomenological – its main concern is what is happening at present, whether in the group or outside of it, or group. The approach is reality-oriented, focusing on current group and individual behavior rather than on the past personality diagnosis

and interpretations of behavior. 3. Developmental – it sees people as being able to move forward in a life-long process of self-realization or fulfillment of potential in social functioning.

CHARACTERISTIC OF DEVELOPMENTAL APPROACH p.350-353

1. Specific kinds of group experience are viewed as most effective in attaining of enhanced social functioning. 2. Common goal group 3. Common goal may take the form of a common concern or common interest or common life situation each of which results in a peer relationship among member. Downloaded

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M. Duran BUCSSP- FOR BOARD EXAM ONLY. 4. The effectiveness of the group goal achieving process is the primary target for both members and the worker. 5. The group members achieve different individual gains in social growth within the context of the group goal achieving process.

6. The group becomes the medium for the member's action for the perception of each other's actions and for the workers perception or both. 7. The group goal achieving process is carried out on the basis of open agreements 8. The group is essentially self-directing Interactionist Approach

William Schwartz - Mediating function of social work is the key concept in this approach -

According to him, the function of social work is to mediate transactions between people and the various systems through which they carry on their relationship with society... - Symbiotic means needing the other for its own life and growth and each reaching out to the other with all the strength it can command at the given moment. - The social worker is the third party

THE GROUP IN THE INTERACTIONIST APPROACH HAS FOUR MAJOR FEATURES

1. Collective 2. People need each other 3. To work in a common task 4. Embedded agency function Phases of Work

****Schwartz**** 1. THE TUNING IN- is the preparation for entry phase which requires the worker to understand the group i.e the member's feelings, doubts, about their own selves, about each other and about the worker. 2. THE BEGINNINGS – the heart of this phase is contracting. The valued

outcome of this phase is an opening consensus: from the members, on what they need and from the worker, on what the agency offer.

3. THE TASK

- A. Search for common grounds between the needs of the client and those of the systems they have to negotiate
- B. Directing the challenging obstacles that come between the members and the systems
- C. The workers contributing ideas, facts and values that may be useful
- D. The workers sharing of her own vision of the work, feelings about the process, and the faith in the clients strengths
- E. The workers defining of the limits and requirements of the situation in which the work takes place.

4. ENDING AND SEPARATION

REMEDIAL APPROACH/ Social Treatment Approach Robert D. Vinter

The group is conceive as a small social system whose influence can be guided in planned ways to modify client behavior. It provides opportunities for direct – client interactions which can help effect change.

TREATMENT SEQUENCE

1. INTAKE- process by which a potential client becomes a client. (preliminary diagnosis)
2. DIAGNOSIS AND TREATMENT PLANNING - more comprehensive and exacting assessment. – the workers writing of a concrete statement that crystallizes the assessment of the client and make it explicit the objectives to be pursued and the way by which they will be implemented
3. GROUP COMPOSITION AND FORMATION
4. GROUP DEVELOPMENT AND TREATMENT – the worker guides the group’s interaction and structures its experience to achieve the specific goals for each of the members.
5. EVALUATION AND TERMINATION

STRATEGY OF INTERVENTION By: Robert Vinter “in the social treatment group, he sees the need for the worker to employ several mode of intervention/ Means of influence”

1. Direct means of influence - Face to face worker –client contact may be in and outside the group session.
- 4 Types of Direct Means of Influence
1. Worker as a central person- object identification and drives.
2. Worker as a symbol and spokesperson- agent of legitimate norms and values. Worker also sets limits and controls on individual and group behavior and applies positive and negative sanction.

3. Worker as motivator and stimulator – definer of individual goals and tasks. 4. Worker as executive – controller of member's roles. Worker also assists a member in the discharge of a given task, assists a member to perform more effectively in a given position. 2. Indirect means of influence Downloaded by Eutech1126 (eutech253@gmail.com) lOMoARcPSD|33444725

Summarized and Encoded by: M. Duran BUCSSP- FOR BOARD EXAM ONLY. - The worker acts on and through the group, its process and its program. a. Group Purposes- it sets for the group determine worker actions which affect the group, shape the group's program and activities and affects the client's attraction t and satisfaction with the group. b. Selection of Group Members – c. Size of Group – d. Group operating and governing behavior □ e. Group development 3. Extra group means of influence - Refers to the modification of the behavior or attitudes of persons in the clients social environment or largely social systems within which both the clients and other individual occupy statuses which may in turn lead to positive changes in the groups member's behavior and attitudes. THREE MODELS IN C.O BASIC ASSUMPTIONS OF ROTHMAN'S MODEL

Practice Model	Change Goal	Staff Role	Constituents	Target of Change	Change Strategy
Community development	Increase community capacity and integration	Coordinator	Enabler	Catalyst	Citizens
Participants	Programs or services	Develop a consensus among groups	Social	Action	Change resources & power dynamics
Advocate	Negotiator	Activist	Victims of oppression	Constituents	Employers
The power structure	Mobilize people to take action against powerful	Social	Planning	Problem □ solving	Expert
Data analyst; Problem Solver	Consumers of Service	Communi ty	Systems	Collect data; choose the best plan	THE MODELS OF C.O ACCORDING TO THE SELECTED PRACTICE VARIABLES BY ROTHMAN

1. Goals Categories (task or processed goals) 2. Assumptions regarding community structure and problem conditions LD- the community may be seen as tradition-bounded, ruled by small group of conventional leaders and

compose of illiterate populations who lack skills in problem solving and understanding of the democratic process. SP- the planner see the community as compromised by a substantive social problems. SA- the planner see the community as compromised of a hierarchy of privilege and power. 3. Basic Change Strategy LD – let’s all get together and talk each other SP- lets’s get the fact and take the logical next step SA – let’s organize to destroy our oppressor 4. Characteristic change tactics and techniques LD- tactics of consensus SP- fact finding and analytical skills SA- confrontation and direct actions i.e rallies, boycotts 5. Practitioner roles and medium of change LD- enabler/encourager SP- more technical and expert role SA- advocate and activist role 6. Orientation towards power structure LD- power structure is included within an all-embracing concepts of community. SP- power structure is usually present as sponsor or employer of practitioner. Planners are usually highly trained professional specialist whose services required a considerable financial outlay in salaries as well as support in the form of supplies, facilities, auxiliary technical and clerical personnel SA – power structure is seen as an outside target of action. The power structure usually represents a force antithetical to the client or constituent group whose well-being of practitioner is committed to uphold. 7. Boundary definition of community client system or constituency (p. 390) 8. Assumptions regarding interest of community subgroups (p. 390) 9. Conception of public interest

THREE CATEGORIES OF PUBLIC INTEREST ACCORDING TO SCHUBERT, GLENDON

1. Rationalist - Postulates a common good that can be arrived at through deliberate processes involving a cross section of interest groups within population.
2. Idealist - Holds that public interest can be best arrived at through the exercise of judgment and conscience on the part of knowledgeable and compassionate advocates of public interest.
3. Realist - Position views the community as made up of multitude of conflicting publics or interest groups which endlessly contend with one another in the public arena.

Unitary- single

set of ends to central decision Individualist- social choice LD- rationalist-unitary SP-idealist – unitary SA- realist-individualist 10. Conception of client population LD- normal citizens SP- Consumer of service SA- Victims of the system Downloaded by Eutech1126 (eutech253@gmail.com) lOMoARcPSD|33444725 Summarized and Encoded by: M. Duran BUCSSP- FOR BOARD EXAM ONLY. 11. Conception of the client/constituent roles LD- active participants SP- Recipients of service SA- benefiting groups

INDIRECT MODELS OF INTERVENTION

I. WORKING WITH THE ELITE

Elite- comprised of individuals and groups who are usually in a position to provide, in one way or another, the resources we need in our work with clients In working with the elite, the social worker should be guided by certain principles. 1. Need and resources determination and matching 2. Clarity of purpose or objectives 3. Involvement in program/project planning and implementation 4. Unitary accountability 5. The SW should treat the elite with respect and recognize their contribution to the agency 6. Professionalism in dealing with the elite

II. SOCIAL CRITICISM/DOCUMENTATION

As a form of intervention requires a good understanding of existing policies, programs and service, accurate knowledge of data about their application or implementation and skill to analyze these data. It requires knowledge of how policies, programs and services ought to be implemented This knowledge is translated into concrete, specific recommendation as to what should be done or what PPS should be replace that which has been shown, through documentation, as ineffective and unsatisfactory.

III. ADVOCACY

Involves the worker in efforts of change policies and programs on behalf of sectors of the population, based on its own professional values. This model personified by Jane Addams who spent most of her life working for social reform In our country, it is Dr. Jose Fabella who espoused the “whole child” concepts in relation to children in public welfare agencies.