Basics of Social Casework

Introduction

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

Principles of Social Casework

The principles of social casework are applied in establishing close relationship between social caseworker and the client. Relationship is the medium through which changes are brought in the behaviour and personality of the client. The term relationship in

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social casework was used for the first time by Miss Virginia Robinson in her book, “A Changing Psychology in Social Case Work” in 1939. The social casework relationship is the dynamic interaction of attitudes and emotions between the social caseworker and the client with the purpose of helping the client to achieve a better adjustment between himself and his/her environment. Thus the purpose of establishing relationship is to help the client with his/her psycho-social needs and problems. The relationship between caseworker and client may be more strengthened by using certain principles. These principles are:

1) Principle of individualization
2) Principle of meaningful relationship
3) Principle of acceptance
4) Principle of communication
5) Principle of expression of feelings
6) Principle of controlled emotional involvement
7) Principle of non-judgmental attitude
8) Principle of client’s self-determination
9) Principle of worker’s self-awareness
10) Principle of social functioning
11) Principle of tuning behaviour
12) Principle of social learning
13) Principle of confidentiality

1) **Principle of individualization**

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

2) **Principle of meaningful relationship**

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

3) **Principle of acceptance**

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

4) **Principle of communication**

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

Purposeful expression of feelings is the recognition of the client’s need to express his/her feelings freely, especially his/her negative feelings. The caseworker listens purposefully, neither discouraging nor condemning the expression of those feelings. Sometimes he/she even stimulates and encourages them when the expression is of therapeutic nature.

6) **The Principle of controlled emotional involvement**

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

7) **Principle of non-judgmental attitude**

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

8) **Principle of client self-determination**

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

9) **Principle of self-awareness**

It means that caseworker should known his/her own strengths and limitations in dealing with client’s problems. If he/she feels that the problems of the client is beyond his/her capacity, the client should be transferred to the appropriate authority.
10) **Principle of social functioning**

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

11) **Principle of tuning behaviour**

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

12) **Principle of social learning**

Social learning is a pre-requisite to the changes that are inevitably involved in problem-solving. The social learning processes involves (1) arousing and focusing attention and concern, (2) organising and evaluating the problem and planning future action, (3) searching for and acquiring new information, (4) providing opportunities to the client for new experience.

13) **Principle of confidentiality**

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

**Schools of Social Casework**

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

**Diagnostic School**

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

The Diagnostic school is based on the following main foundations.

**Principles of Diagnosis**

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

The diagnosis is based on the following principles:

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

2) Diagnosis is based on the knowledge of the worker about the interplay of social and psychological factors affecting the client.
3) The knowledge of interaction between inner and outer forces influencing the client makes the process of diagnosis helpful and therapeutic.

4) Every problem of the individual should be understood in the light of multiple factors theory.

5) In the initial stage also, relieving of pressure of stresses and strains on the client, helps the caseworker to arrive at a proper diagnosis.

6) The initial appraisal of personality and motivations and their significance in the development of client’s problem provides the basis for planning the treatment of the client’s problems.

7) For the solution of the problem of the client, it is of utmost importance to gain some knowledge of his/her current capacity to work and to recognize the motivating forces in his/her behaviour.

8) The understanding of the psycho-dynamics and the pathological symptoms of the personality of the client provides the basis of determining the kind of help that can be appropriately offered.

**Principles of Treatment**

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

1) The forces of the discussion in the interview is centred on the problem and ways of resolving it. Attention is paid to know the obstacles both situational and behavioural that stand in the way of solution.
2) Nature and extent of both social and psychological factors differ in each situation.

3) Treatment goals and techniques are planned after a careful study of the particular needs of the client.

4) The success of the treatment programme is based on the utilization of the relationship purposefully.

5) Social therapy and psychotherapy are the two broad classifications of social casework treatment.

**Use of Techniques**

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

**Use of Relationship**

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

**Functional School**

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

1) Potentials for help to a person is inherent in the existence of service. Inspite of the differences in the clients and ways of using of agencies services, the kind of service an agency gives and their
purposes remain the same.

2) The use of agency service gives psychological experience that differs from the form of another kind of service regardless of the similarity of problem in the people using the two services.

**Diagnosis**

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

**Treatment**

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

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

**Difference between Diagnostic and Functional School**

1) Diagnostic School follows the theory of personality developed by Sigmund Freud whereas functional school is based on the theory of ‘will’ developed by Otto Rank.

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

3) According to diagnostic school, the ego is the chief of psychic energy, the strength of which is determined largely by the favourable or unfavourable course of one’s psycho-social environment. But according to functional school the ego (self) is the result of the creative use of inner and outer experience through the ‘will’ and is not the product of interaction of inner and outer forces.

4) In the diagnostic view, the goal of treatment is to increase the individual’s ego capacity whereas functional school tends to direct his/her effort toward helping the client to release his/her inner capacity of feeling, organising and acting.

5) Total information about the client’s ego functions, total personality, motivating forces, reality pressures and his/her current feelings is essential according to diagnostic view for enabling the client to take part in the therapeutic relationship. Functional school gives emphasis on the client’s feelings in the immediate situation which includes both his/her problem and the casework relationship through which he/she may solve the problem, other information are secondary.

6) Diagnostic School believes in doing planned and goal directed help to the client –both psychological and social. Functional school gives full freedom to the client to give direction to his/her own process of change. Agency services are made available.

7) The Diagnostic School accepts responsibility for apprising client’s capacities and weakness and for organising and arranging measures for self development. The functional school believes in the
client’s right for choices and goals because of the constructive value of the use of self.

Theories of Social Casework

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

1) Psycho-social Theory

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

Psycho-social Study

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

Diagnosis

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

**Treatment**

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

II) **Behaviour Modification Theory**

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

**Techniques of Behaviour Modification**

The following techniques are used for behaviour modification:
**Simple Extinction**

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

**Systematic Desensitization**

It is a technique to deal with a wide variety of maladaptive emotional behaviours, particularly involving anxiety, irrational fears and phobias and other forms of dysfunctions i.e. neurotic tendencies. There are five basic steps in systematic desensitization: (1) assessment, (2) construction of anxiety hierarchies, (3) training in muscle relaxation, (4) imaginary training, and (5) implementation.

**Impulsive Therapy**

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

**Assertive Therapy**

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

**Aversion Therapy**

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

Family is a system which is composed of three sub systems: marriage, parenthood and siblings. There are continuous interactions and transactions among these sub systems. It is quite often observed that sometimes relations may not be harmonious and at that time outside help is required to bring the family on proper track.

Family therapy is based on the assumption that marital relationship system influences the family adjustment and therefore it is necessary to understand the nature of marriage. It is also true that the nature of the marital equilibrium affects all family members but its effect differ on each of the member. The development of children are affected also by the nature of the marital equilibrium because they interject the parents as models and guides. Further each developmental phase in the family has stressful situation which requires new relationship.

Family therapy is significant because whenever one member of a family is in trouble, all are in trouble. Communication in the family is the channel through which members of the family interact. Whenever there is problem in the family communication become faulty or dysfunctional.

In family therapy, the diagnosis is confirmed on the basis of various types of interviews with the client and family. The social caseworker tries to know family structure, and the processes in the family responsibilities, roles patterns of daily living, role performance, role relationship, dependency, separateness, independence level, capacity, tolerance and control of feelings, intimacy, anxiety, regression,
taboo, etc. He/she records the family history and analyses its contents.

The social caseworker uses most of the techniques in one to one treatment, such as guidance, advice, education, suggestion, clarification, and interpretations.

**Self-control and Self Management Therapy**

Helping clients to help themselves is an old casework phrase. Self-control refers to the ability of individuals to change behavioural patterns that they or others perceive as harmful. The role of social caseworker in this process is to help the client to develop the knowledge about how, when and where to use strategies for change. The worker acts as an instigator and motivator to help the client to start the programme and have motivating force to complete it. A multi-step guide has been presented by Watson and Tharp to develop a self-control plan.

1) List a current dissatisfaction.

2) Select one particular problem of behaviour that occurs in a particular situation.

3) Describe the effect of problem on behaviour.

4) Be as precise as possible in stating the behaviour that occurs and the situation in which they occur.

5) Gather baseline data. Count every instance of target behaviour and keep a record of count.

6) Catalogue enforcements. Answer three questions for each potential reinforcer. (a) Is it a reinforcement or specially formed, (b) Is it a strong reinforcer? (c) Is it accessible?
7) List and attempt to verify through observation possible antecedents to problem behaviours. Devise a plan for intervention for altering antecedents.

8) Identify the emotional components of the problem and plan for desensitization.

9) Select one of the plans that you have developed.

10) Continue to collect data on the problem behaviour. Make a graph of the data to determine that the intervention plan is working.

11) If the plan is successful, consider termination of relationship.

**The Problem Solving Theory**

This theory was propounded by Helen Harris Perlman in the book "Social Case Work: A Problem Solving Process". This model stands firmly upon the recognition that life is an outgoing problem encountering – problem solving process. Every person is involved every time in coping with his/her problems. Sometimes he/she is capable of coping and sometimes fails to resolve the crisis situation. Through problem solving process individual or family is helped to cope with or resolve some difficulty that he/she is currently finding difficult to solve. Thus the primary goal of problem solving model is to help a person cope as effectively as possible with such problems in carrying social tasks.

In the initial phase the attempts are made to engage the client with his/her problems and to do something about it in a working relationship with the agency. The problem solving process starts at once, from the first movement with treating the person. The client is not treated for his/her problem but he is treated for the purpose of helping him/her to know himself/herself i.e.
strength and weaknesses and how to remove those weaknesses.

In short, the problem-solving casework process involves the following steps:

1) It tries to release, energize and gives directions to the client’s motivation for change.

2) It tries to release and exercise the client’s mental, emotional and action capacities for coping with the problem.

3) It tries to find and make accessible to the client such aids and resources as are necessary to the solution of the problem.

**Role Theory**

Role is mainly behavioural concept. Role may be seen as a product of an interplay between (i) individual member’s needs and resources, (ii) the solution in the social network, and (iii) the forces acting on the social network from the environment. When there are internal or external difficulties, which are beyond the capacity of an individual, he/she feels the problem and fails to perform his/her role.

Social Caseworker with such clients suggests new ideas and ways of facing the problem and suggests solution for a difficulty that the external factors have encountered. He/she offers facts, which relate to his/her own experience for understanding the problem. He/she gives suggestions in terms of examples, and tries to explain how suggestion would work if followed by the client. He/she mediates between other members, attempts to reconcile disagreements, and relieves tension in conflict situation. His/her efforts are also directed to keep communication channels open by
encouraging others to participate in the business of the client.

**Rational Emotive Therapy**

This technique is used in the area of modifying irrational elements control over the self. Some of the irrational ideas at the core of emotional and behavioural problems are as under:

1. It is dire necessity for an adult to be loved by everyone for everything he/she does.
2. Certain acts are awful or wicked, and people who perform such acts should be severely punished.
3. It is horrible when things are not the way one would like them to be.
4. It is easier to avoid rather than face life’s difficulties and self-responsibilities.
5. One needs something stronger or greater than one self on which to rely.
6. Human happiness can be achieved by inertia and inaction.
7. One has virtually no control over one’s emotions and one can not help feeling certain things.

Rational Emotive Therapy includes four stages:

1. **Presentation of Rationale**
   
The worker attempts to elicit the problems or significance of self-statements in general without mentioning the client’s problems.

2. **Overview of Irrational Assumption**

   The worker presents a number of irrational self-statements before the client and tries to makes
the client realize that his/her statements are irrational.

3) **Analysis of Client’s Problem in Rational Emotive Terms**

Client is made aware of his/her problem rationally and is provided with the knowledge of how he/she has labeled the event.

4) **Teaching the Client to Modify Internal Statement**

In this stage the client is taught to change his/her opinions and attitudes which are anxiety provoking.

**Conclusion**

In this chapter we have examined the similarities and differences between social casework, counselling and psychotherapy because these three methods are used in providing services to the individual client. There are different principles, which are significant in the practice of social casework, have been analyzed here. If the social worker working with the individual follows these principles he/she will be more useful to the client and will be able to perform his/her job efficiently. There are two schools of approaches in social casework—diagnostic and functional—are practiced in social casework. These have been highlighted with their main features. Certain important theories or models of social casework practice have also been narrated in this chapter.

**References**


