UNIT 9 : MODELS OF CASE WORK PRACTICE

UNIT STRUCTURE

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9.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- Explain the Psychoanalytical model by Freud and ego psychology
- Discuss the diagnostic and crisis intervention models
- Understand the competency based approach

9.2 INTRODUCTION

In the previous unit, we have discussed the different theories related to case work practice. These theories provide the base of Case work method as they help in forming a perspective while dealing with individual's cases. In the present unit, let us discuss the varied models of case work such as the psychoanalytical model of social case work, the diagnostic and crisis intervention models and analyze case work as a competency based approach.

9.3 MODELS AND TECHNIQUES

The use of techniques in case work is determined by the treatment objectives

of the particular case/ client or the individual. Apart from developing powerful relationship, and using encouragement, reassurance, support and so forth, the case worker has to strategically design treatment techniques to have positive impact on the client. There are approaches to deal with the issues of the clients as each case is unique. Thus, the principle of individualization should be kept in mind while applying case work techniques. The theories provide the base to understand and analyze each unique case and apply the appropriate techniques. In the following sections of the unit, let us discuss some of the models and treatment techniques commonly used in case work.

9.3.1 PSYCHO-ANALYTICAL MODEL



Individual's behaviour is the result from of interaction of three key sub-systems within the personality: **'Id', 'Ego' and 'Super Ego'.**

Sigmund Freud (1856-1939) made the first systematic attempt to discover the 'unconscious'. The psychoanalytical model identified the important role played by unconscious process in the determination of behavior. **Individual's behaviour** is the result from of interaction of three key sub-systems within the personality: **'Id', 'Ego' and 'Super Ego'.**

The 'Id' consists of primitive biological drives and basic energy of life 'Libido'. It is concerned with the immediate gratification of instinctual needs.

'Ego' initiates between the demands of the 'Id' and the realities of the external world.

'Super Ego', the third sub-system develops by learning the taboos and moral values of the society. It controls the 'Id' and directs the 'Ego' to inhibit/ restrain the desires that are considered wrong or immoral.

The inter-relationship between these sub-systems of personality (Intra-psychic) is very important in determining behavior. There is regular conflict between the instinctual needs and demands of the Id; with the demand of the external world Ego and Super Ego. The appropriate resolution of such conflicts by ego is essential for personality adjustment. Psychopathology is the result of the individual's inability to resolve these conflicts.

The psychoanalytical model states that every moment of human life is determined not by one psychological force but by the whole constellation of psychological processes. Some of them are conscious, some are on the

fringe of consciousness but can be drawn into conscious (preconscious). Whole of behavior is a product of three processes: conscious, preconscious and unconscious. The processes by which an individual is conscious can be influenced by appeals to reason, by argument, by success, failure, rewards or punishment and thus the person has the capacity to adapt to external realities and learn from past experiences. If the unconscious psychological processes determine the same, they cannot be changed by argument, reason, persuasion, appeal, rewards or punishments. Psychopathology neurotic behavior occurs when behavior is determined by unconscious forces. Thus psychoanalysis states that human behavior is normal when it is determined by conscious and the preconscious forces of the human mind.

Sigmund Freud stated the influence of unconscious forces upon conscious psychic processes through his observations in 'psychopathology of everyday life'. The three types of psychic expressions are disguised forms of unconscious desires that are repressed due to anti-social nature. Psychoanalysis is a therapeutic technique for the psychological treatment of psychopathological disorders. This technique is directed towards uncovering and dealing with unconscious processes and helping the individual to achieve more effective personality integration and coping techniques. It uses four basic tools to deal with the unconscious - free association, dream interpretation, analysis of resistance and transference.

EGO PSYCHOLOGY

Psychoanalytical model focuses on the function of the 'ego' that strives to strike a balance the individuals' motivations with each other and with the demands of the outside world. The 'ego' represents the consciously functioning part of the personality through with the person expresses oneself and communicates with others. **The 'ego'** is the sum total of the integrating efforts of the personality and the mechanism of dealing with internal conflict.



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The functions of the 'ego' include: perception and appraisal of the outer world; adaptation; perception and appraisal of the self; controlling instinctual drives (id) and super ego; including control of motor and sensory functions,

language, conscious 'ego' interests.

Case work method relates to the functioning 'ego' to form relationships, to perceive and act upon reality to make some self-observations, meaning of circumstances. Case work uses ego psychology to develop concept for treatment of individual client's problems relating to adaptation which may be caused by underlying conflicts in the personality. Case worker gives knowledge to the client about his/ her mental, emotional and functional capacities and thus makes him capable to solve client's own problem. As the case worker directs the client to change his motive, encourages using adaptive techniques for proper adjustment in his social environment. The concept of 'ego' is more helpful in understanding the personality of parents and children in troubled families. Thus, the psycho-analytic model is one of the most significant model of treatment in case work.

9.3.2 DIAGNOSTIC MODEL

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 her 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 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 Model 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.
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 in the Diagnostic Model:

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 focuss 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 in the diagnostic model of treatment.



CHECK YOUR PROGRESS

Q 1: State the functions of 'ego'.

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Q 2: What is the main foundation of the Diagnostic Model?

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9.3.3 CRISIS INTERVENTION MODEL

The crisis intervention model states that it is important for people to resolve their crises situations and experiences in order to cope with new developments and crises. If individuals are unable to resolve their earlier crises, they become more vulnerable to inability to resolve new crises. Individuals who learn new skills to resolve their crisis are on the other hand strengthened in coping with future crisis situations. Human beings have considerable capacities for handling or dealing with difficult situations. It is only when such difficulties assume significant proportions and people do not have appropriate resources, personal, emotional, social, spiritual or physical, to deal appropriately with stressful circumstances or events that they become involved in crises. Difficult or stressful events do not by themselves result in crisis situations.

Crisis is actually determined by the responses of individuals to specific stressful circumstances or events and their responses to them. ***Crisis develop*** only when individuals perceive specific events to be significant and threatening, try to handle such events with their usual coping strategies without success and are not able to use other alternatives. Behavioural and psychological experts perceive crises to be akin to states of psychological disequilibrium. Individuals experiencing crises are likely to experience a range of emotions like feelings of apprehension, anxiety, fear, guilt and helplessness. Other indicators include alterations in eating and sleeping patterns, activity and energy levels and ability to concentrate. People in crises are also commonly known to suffer from depression and withdraw from social intervention. Social work experts argue that the majority of crises run their course or reach some stability within one or two months, it is necessary for skilled intervention to take place to strengthen the coping mechanisms of individuals. The failure to do so will result in the existence and continuance of crisis associated behaviours, even as the opportunity for change will be gone.



Crisis develop only when individuals perceive specific events to be significant and threatening, try to handle such events with their usual coping strategies without success and are not able to use other alternatives.

The provisioning of skilled intervention by social work practitioners during the occurrence of the crises can result in opportunities for individuals experiencing crisis to learn new skills, achieve beneficial behavioural change and regain stability. Individuals who have been able to successfully cope with crises are strengthened by such experiences and can use their skills in future times of difficulty.

Crisis intervention treatment technique is essentially a professional response that is limited in terms of time and is used to assist individuals, families, and groups. Social workers aim to assess the openness of individuals experiencing crises to learning of new skills and mechanisms for coping. They also help individuals in reducing their feelings of helplessness, isolation, distress and use social resources to help in restoring individuals to their prior functional levels, as soon as practically possible. Such social work intervention is done through "listening, validation, acceptance, normalisation, reassurance, education, advocacy and utilizing, procuring resources".

Crisis intervention can be specifically segregated into 7 stages:

1) establishment of communication and development of feelings with individuals that circumstances can become better,
2) assessment of situation,
3) exploration of available strengths and resources,
4) goal setting with the use of such strengths and resources,
5) implementation of plan, teaching of new skills and mobilisation of other support if required,
6) evaluation and adjustment of the plan
7) follow up and termination of relationship

It is important for social workers to be skilled in crisis intervention because of the constant demand upon them for helping people in crisis situations. Social workers are liable to encounter clients with diverse needs, which may in turn require research, strategic planning and the providing of individualised person centred support. The nature of crisis intervention work also calls for confidentiality and emotional separation in order to deliver services in a professional manner.

9.3.4 COMPETENCY BASED APPROACH

The competency- based approach is a research- oriented approach with the main objective of defining the critical behavior required for effective and superior individual, social and organizational performance. It is of great significance to those case workers who offer direct services to clients. Social workers are involved in either 'direct' or 'indirect' practice with the clients.

Direct Practice

Direct Practice refers to the practice track that involves direct contact with clients and beneficiaries at the individual, group or community level to address their needs. Social workers work in different settings such as voluntary welfare organisations (VWOs) and hospitals, and specialise in different fields of practice such as disability, eldercare, family, healthcare, and youth and children. Most social workers start their careers in direct

practice, as this track forms the base of social work competencies.

Indirect Practice

Indirect Practice is comprised of policies and legislation, research and evaluation and leadership practice tracks. Social workers may move into Indirect Practice tracks after demonstrating proficiency in their foundational-level and intermediate-level competencies. These tracks often have an impact on the organisation, sector and/ or national level. A social worker may assume multiple roles across different practice tracks.

Competencies are measurable or observable knowledge, skills and behavioural attributes that enable case workers/ therapists to perform their job responsibilities effectively. Competencies are generally manifested in some underlying intent driven by an individual's basic motivations, his/her personality, attitude, set of values or his self- concept. It is the persistent characteristic of an individual that predicts his behavior across many situations- home, social environment or his workplace.



Competencies are measurable or observable knowledge, skills and behavioural attributes that enable caseworkers/ therapists to perform their job responsibilities effectively.

Thus, in the case of a case worker or the therapist, he/she would be organized, dedicated professionally, achievement-oriented who sets challenging goals, takes calculated risks, self confident, one who is able to make sound judgements, is able to manage conflicts and is client-focussed. Hence, such 'social competence' is necessary for the case worker. 'Social Competence' is the ability, the possession of necessary social skills to produce the desired effects on other people in social institutions.

The case worker should have the following competencies- counseling and communication skills, individualization, guidance and information, demonstration, and skill in enhacing individual's competent behavior.

Knowledge and Skill Competencies for Social Workers

A social worker in direct practice, needs to possess specific set of knowledge and skill competencies to be useful in his or her job role, as it varies across job roles and fields of practice. In such a scenario, the social worker may focus on the knowledge and skills which are relevant to his or her job role and the setting he/ she work in. Approximately 80% of the

knowledge and skills required of all social workers are applicable in the direct practice. Knowledge and skills specific to other fields of Indirect practice constitute the remaining 20%.

The level of proficiency required of a social worker in Direct Practice for each knowledge and skill competency identified will correspond to Casework, Group Work, Community Work as the most significant areas of practice. Following are the significant dimensions:

- Knowledge and ability to assess psycho-social needs and provide intervention for individuals via planning, exploring, assessing and intervening is greatly emphasized.
- Knowledge and ability to assess group processes and specialised intervention strategies to bring about successful therapeutic outcomes is needed.
- Knowledge and ability to identify issues and mobilise community resources (volunteer management, funding, donors, community resources) to address community issues, environmental systems and social problems.
- Knowledge of the socio-economic-political system within a multi-cultural context and relevant policies.
- Knowledge and application of social work ethics and values, legislation and international conventions.
- Knowledge and application of strategies and instruments to advocate for beneficiaries social Work/ Clinical supervision Professional Leadership Research and Program evaluation.
- Knowledge to provide educative, supportive, and administrative functions to supervisees to enhance their work with clients.
- Knowledge and ability to provide leadership to facilitate the development of profession as a whole, including coaching and mentoring skills for capability development.
- Knowledge to use applied research, theoretical framework and client profiling techniques to evaluate current programmes, or to develop new programmes for users.

Professional capabilities should be achieved and polished consistently

according to social vision and translate it into action to do what is right under challenging circumstances and in the event of a conflict between the client and the social environment. The case worker needs to build and bring resources together and provide leadership for practices, align processes and articulate direction and goals to support the delivery of social service outcomes. The therapist must develop professional capabilities to build ready resource to meet demand of the social service.

For a profession to flourish, it has to have its specific sets of knowledge, skills and techniques. **A skill** is the ability to carry out a task with determined results often within a given amount of time and energy. It is a way of doing task-oriented activity with specific objectives to be fulfilled. Some of the significant skills of social work profession are:



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Resource Management : Approve allocation of resources and define outcomes required of each centres, taking into account competing priorities of the agency, build network with prospective fund providers and lead the sourcing of funds and assessment of funding potential; strategise and build up infrastructure and other resources to fulfill the present and future needs of the agency/ division; human resource planning is also an essential task or skill for a social worker engaged in a development organization; identify and assess internal and external issues that impede the agency/ division from becoming a more efficient and cost-effective organisation and thereafter carry out corrective measures to address the issues and streamline division in the deployment of its staff.

Policy Formulation : Analyse policy issues and trends in a holistic, comprehensive and extensive manner; conduct scans of internal and external environment to keep abreast of latest developments, changes and initiatives in the ministry and social service sector; monitor relevant trends and topics and the impact of developments so as to anticipate any emerging issues that may have an impact on current policies; collect on-ground information that will impact the formulation of policies

Policy Implementation : Identify and act as first-point contact with relevant stakeholders for policy implementation; manage end-to-end activities for the policy implementation process; support the planning,

preparation and execution of public consultation activities.

Policy Development : Draft policy papers and propose appropriate policy actions or solutions to managers/ directors for approval.

Policy Evaluation : Support the data collection process based on an approved evaluation design framework; contribute towards the creation of data collection protocols required for evaluating the success of a policy; analyse and evaluate current policies and services by leveraging on research data.

Organisation and Capability Development : Develop an efficient human resource management system and framework to recruit and retain talent within the agency/ division; assess developmental needs and expertise required of staff and ensure training opportunities for their growth and development for the agency/ division and set direction for capability development initiatives; define framework, develop policies and guidelines for volunteer programme to be used by the agency.

Thus, the competency based approach is a holistic one with focus on various perspectives on efficient functioning of the trained social workers. It lays down the basic guidelines for the social worker/ therapist in order to provide optimum benefit and utilization of available resources for the clients or other target groups/ communities.



CHECK YOUR PROGRESS

Q 3: Why is crisis intervention important?

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Q 4: Define 'social competence'?

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9.4 LET US SUM UP

- The psychoanalytical model states that every moment of human life is determined not by one psychological force but by the whole constellation of psychological processes. Some of them are conscious, some are on the fringe of consciousness but can be drawn into conscious (preconscious).
- Case work method relates to the functioning 'ego' to form relationships, to perceive and act upon reality to make some self-observations, meaning of circumstances. Case work uses ego psychology to develop concept for treatment of individual client's problems relating to adaptation which may be caused by underlying conflicts in the personality.
- In the diagnostic model of treatment in case work, 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.
- Crisis intervention model help individuals in reducing their feelings of helplessness, isolation, distress and use social resources to help in restoring individuals to their prior functional levels, as soon as practically possible.
- The competency based approach is a holistic one with focus on various perspectives on efficient functioning of the trained social workers. It lays down the basic guidelines for the social worker/ therapist in order to provide optimum benefit and utilization of available resources for the clients or other target groups/ communities.



9.5 FURTHER READING

1. Richmond, Mary. 1922. *What is Social Case Work.* New York: the Russel Sage Foundation.

2. Hamilton. G. 1951. *Theory and Practice of Case Work.* New York: Columbia University Press

3. Misra, P.D, 1994. *"Social Work Philosophy and Methods"* New Delhi.Inter-India Publications.



9.6 ANSWERS TO 'CHECK YOUR PROGRESS'

Answer 1. The functions of the 'ego' include: perception and appraisal of the outer world; adaptation; perception and appraisal of the self; controlling instinctual drives (id) and super ego; including control of motor and sensory functions, language, conscious 'ego' interests.

Answer 2. The diagnostic is based on 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.

Answer 3. The provisioning of skilled intervention by social work practitioners during the occurrence of the crises can result in opportunities for individuals experiencing crisis to learn new skills, achieve beneficial behavioural change and regain stability. Individuals who have been able to successfully cope with crises are strengthened by such experiences and can use their skills in future times of difficulty.

Answer 4. 'Social Competence' is the ability, the possession of necessary social skills to produce desired effects on other people in social institutions.