Research Paper Sociology

Clinical Social Work Practice: Methods and Modalities

* Mamta S ** Shahid E *** Arif A

* Assistant Professor, Department of Psychiatric Social Work, CIP, Kanke

** Ph.D. Scholar, Department of Psychiatric Social Work, RINPAS, Kanke

** Assistant Professor, Department of Psychiatric Social Work, LGBRIMH, Tezpur.

ABSTRACT

The growth and development of clinical social work were not planned events. The profession evolved from the humanitarian response to human suffering in the early 1900s that led to the creation of a work force to understand that illness can be caused or exacerbated by social factors. Social workers gained a more central role in providing medical and health care. The professional practice of clinical social work is shaped by ethical principles which are rooted in the basic values of the social work profession. These core values include a commitment to the dignity, well-being and self-determination of the individual. A commitment to professional practice characterized by competence, integrity, and commitment to a society which offers opportunities to all its members in non-discriminatory manner (CSWA, 1997); clinical social workers are now regarded as an integral part of modern health care delivery system. In many countries they are often the first to diagnose and treat people with mental disorders and various emotional and behavioural disturbances.

Keywords : Clinical Social Work & Family Therapy

Evolutionary History of Clinical Social Work Practice:

Modern clinical social work has its roots in many welfare programmes and policies done in Great Britain and other Western Countries in 19th Century. In USA mass social welfare programmes in 19thCentury were influenced by English Poor Laws. There were evidences of the existence of benevolent services for special populations like poor people; children and mentally ill people even before the commencement of American Revolution in late 18th Century and those services were guided by the poor laws established in England. By the early 19th century, many states of USA had begun providing relief through towns and counties. In 19th Century a need of more professionalized and organized form of social work was felt in Western nations, particularly USA, Great Britain and other European nations. Few enlightened people like 'Elizabeth Fry', 'Thomas Chalmers', 'Octavia Hill', 'Arnold Toynbee', 'Jane Addams', 'Joseph Rowntree', 'Mary Ellen Richmond', and 'Mary Cromwell Jarrett' contributed extensively to develop professionalized social work to serve mankind. In early 20th Century movement like 'Mental Hygiene Movement' and 'Child Guidance Movement' further propelled the discipline of social work to become more focused and specific to conceptualize human sufferings and devise suitable solutions. The basic philosophy of mental hygiene movement was to give increase emphasis on early intervention, prevention, and the promotion of mental health in lieu of the intervention or treatment of mental disorders. The basic ideas of mental hygiene movement were drawn from the concept of dynamic psychiatry and psychobiology of Adolf Meyer (1866–1950). During the late 19th Century and mid 20th Century, Sigmund Freud's psychoanalytic views became the practice guideline as well as the base of understanding psychological problems of people. Not only the clinical field other areas like art and cultures were also influenced by this approach. Mental hygienists became convinced that preventive intervention was best directed at growing children and those individuals who had the most extensive contact with them: parents and teachers. Initially mental hygienists emphasized the importance of therapeutic intervention in the emotional problems of young children.

EMERGENCE OF CLINICAL SOCIAL WORK:-

It is not clear when the term 'Clinical' was first used as an adjective for case work, group work or social work practice. Eisenbuth reports that clinical social work was first used in a 1931 address by Edith Abbott, a professor of social work at the University of Chicago. Emergence of professionalized clinical social work started with the contributions of Mary Richmond and Jane Adams. The history of theoretical ideas in social work (Soydan, 1999) must begin with the contribution of two classical theorists. Marry Richmond (1917) focuses on the individual personality and unmet needs and social environment upon which the individual depends for the satisfaction of needs. Thus, social case work became the principle method for change. In contrast to Marry Richmond; Jane Addams(1902, 1960) theoretical focus was basically on the structure and culture of society and their influence upon the individual and vice versa. The role of social worker is that of an interpreter of feelings, a promoter of insight. On the other side the behaviour theorist sees client behavior as coping with frustration and aggression in different role settings.The role of social worker is to modify the client problematic behaviour or teach to the client new behaviour and coping skills.

As new school of psychology, sociology, and psychiatry began to emerge, starting in the early 1900s, their influence on the study and treatment of individuals and families had an impact on school of social work and on professional practice. Prominent schools of thought included the dynamic psychology including Freud, behavioural, humanistic, cognitive movement, family therapies and the research on human biology. The influence of social and environmental forces is always significant in individual life and many a time these influences need to be change or modifydepending on the nature of the problem. These early theoretical development provide platform to practice of social case work which further gained acceptance during 1950s with the development of various family centered theory, and over the period of time clinical social worker become integral part of health care system, later on NASW recognized clinical social work as a specialized branch of social work profession (William et.al. 1997).

MODELS AND APPROACHES USED IN CLINICAL SOCIAL WORK:

The clinical social workers tend to be guided in practice by a model that combines principles from several theories and their own individual style.

BEHAVIORAL APPROACH:

Behavioral approach draws on the work of behavior psychologists and applies ideas about learning theory and social learning theory to social work. They are based on separating observed behavior from ideas about why the behavior comes about, or its meaning to the individual "People change their behavior by learning new ways to behave." Techniques focus on how to teach new behavior which is seen as 'more desirable'.

Behavioral approaches have been very influential in clinical social work, particularly with children and young people, and in work with people with learning disabilities. These range from the use of token economies, where desired behavior is rewarded with money or goods or 'privileges', to the use of 'time out' to reduce undesired behavior, and some systems of punishment, particularly withdrawal of privileges. The approach has also been used in group work; the commitment to the group is used to reinforce efforts to change. This has been notable in work with substance abusers. Behavioral approaches are controversial because of concern about who defines what 'desirable behavior' is. Their use in clinical social work is probably not that great at present, although work which aims at teaching social skills, and in preparing people who have been institutionalized to live in the community draws on learning theory and social leaning theory to a large extent, even if it doesn't use specific behavioral techniques of 'conditioning'. Social skills training may be done with individuals or groups, and is widely used as part of rehabilitation programmes.

CRISIS APPROACH

Crisis intervention is based on ego psychology, which derives from Freud and those who build on his work. It developed around the observations of Caplan (1965) and others of how people coped with a crisis in their lives, particularly one which involved a mental health problem or bereavement.

Crisis intervention in clinical social work can be widely used in any situation in which a crisis is predictable. For example, it would be reasonable to assume that a child in 'care' whose mother was pregnant might experience a crisis around the time of the expected birth. Intervention could focus on the child's previous experience of similar events and on planning how to support the child through the likely crisis. As well as being a helpful approach to preventive work, crisis intervention also applies to unpredictable life events, such as sudden death, rape, other forms of assault, burglary, etc. It has the advantage of being time-limited, and of preventing later, more damaging responses and need for help. It is based around stages (relieving immediate problems, making connections with past events, and helping to build supportive networks). The emphasis is on building on the person's resources while at the same time providing enough support to help them get through the initial trauma.

ECOLOGICAL APPROACH:

Ecological approach required an assessment of the eco map. The eco map is the blueprint for plan change and is the first stage in deciding on an action (Hartman and Laird, 1983). The worker should focus on environmental problems first (Kaplan, 1986). This will help the family problem solve around less threatening issues, while at the same time build in supports for the family. The type of ecological interventions used depends on the issues, client skills, and recourses available in the community. The ultimate goal is to help clients learn how to get needs met on their own. It is tempting and perhaps easier to do for the clients instead of teaching them to do for themselves (Kinney *et al.,* 1991).

This theory has influenced the way in which clinical social workers understand families, particularly through family therapy. The family is seen as a system in its own right, interacting with society, but with a permeable boundary, requiring that is maintains its integrity and its equilibrium. The family comprises sub systems (individuals, sibling groups, parents, etc), each of which has its own integrity but interacts to create a system which is greater than the sum of its parts. Clinical social work can help by intervening to adjust the way the system works if it gets out of equilibrium to come under pressure. The focus is thus on the interaction within the family system, and the boundary between the family and the outside world (for example, schools, the workplace etc).

TASK CENTERED APPROACH

Task centered is a pattern of intervention which is predictable and planned. In a way, it is linked to psychodynamic theories in that it developed as a reaction against them, particularly the way they appeared to require lengthy relationships which could result in dependence. It focuses on problem solving, and the problem is accepted as it is, rather than analyzed for its origins or causes.

It is useful in those situations where service users are able to maintain a focus on a single problem, or at most a few problems, and are sufficiently rewarded by achieving a task, rather than in need of a supportive relationship with a clinical social worker. It has been used successfully as part of plans to protect children by working with parents to define goals which reduce risk and abusive behavior.

PSYCHODYNAMIC APPROACH

This is one of the older traditions of social work, based on Freudian ideas. Underlying the various models using psychodynamic theory is the belief that behavior is driven by the. Various theories of how the mind works have derived from Freud's theories, which were strongly associated with the biological nature of human beings, particularly the sexual drive. Later developments have become more focused on the social nature of human beings, but Freud's belief that the mind has a conscious, preconscious and an unconscious part remains a powerful influence on western culture and belief. Two clear systems in particular have emerged, the first associated with the development of psychiatric social work (one of the first areas in which qualifications were offered in social work) closely allied to medicine, particularly psychiatry. The second has been in child care work, particularly following Bowlby's work on maternal deprivation during and after the second world was, and in work with families in child and family guidance clinics. In additions, the tradition of casework had developed. This combines ideas about how pressures from the social world of the client (relationships, money, housing, employment, etc) and the internal world (of emotions) result in problems which require skilled diagnosis and treatment to overcome. The method allows time for the service user to express their feelings and frustrations, and uses the working relationship as a model to help correct problems which have emerged in the service users own relationships, primarily with their parents. The clinical social worker helps the client to gain insight into the way such relationships affect current behavior, at the same time offering support and help with day to day practical problems.

THERAPIES USED IN CLINICAL SOCIAL WORK PRACTICE

Structural Family Therapy:

The concept of the therapy developed by Salvador Minuchin which provides the therapists with a way of understanding the nature and interactions of families. This family therapy considers problems involving a particular family member to have inextricable link with the organizational structure of the entire family. This approach of family therapy aims to solve problems by changing the family's organizational context or structural malfunctioning areas Family structure as per this approach is the internal organization of the family that determines how, when and to whom family members relate while carrying out the various functions of the family (Aponte & Van

Deusen, 1981). Structural family therapists aim to alleviate symptoms by changing family structure from negative type to a positive one.

Strategic Family Therapy:

Strategic therapy is built upon the presumption that a therapist is responsible for developing some strategies that could solve the family's presenting problem successfully. The therapist defines clear achievable goals in front of family members that can be used to change the malfunctioning relational and communicational processes in the family (Madanes,1981). Strategic therapy was developed as a counterpoint to psychodynamic psychotherapy by emphasizing "how" people can behave differently in order to solve problems, rather than "why" they behave as they do. The therapeutic interest of strategic therapy is deriving problem solving. Problems in this approach are viewed as persistent efforts by one or more family members to apply a solution that makes sense but is inadequate for the problem at hand, such that "the solution becomes the problem".

Bowenian Family Therapy (Bowen, 1976, 1978) -

Murray Bowen's model of family therapy is based on family systems theory and psychodynamic approach. This approach is based on the construct that family as an emotional unit and it uses a definite systemic regulation while thinking and describing the complex interactions among the members of the family unit. It is the nature of a family that its members are intensely connected emotionally.

Cognitive-Behavioural Family Therapy:

Behavioral or Cognitive-Behavioural family therapy views interactions within the family as a set of behaviors that are either rewarded or punished. The behavioral therapist educates family members to respond to each others' behaviour with positive or negative reinforcement. Behavioural approaches sometimes involve the drawing up of behavioural "contracts" by family members, as well as the establishment of rules and reinforcement procedures. Behavioural family therapy relies on the ability to perform a detailed, functional behavioural analysis. The therapist begins with an assessment of the thoughts, feelings, and behaviours of each individual family member as they relate to the problem. Next, the therapist works with the family to detail representative sequences of behaviours that mark their current distress.

Psychodynamic Family Therapy:

Psychodynamic family therapy gives importance on unconscious processes (such as the projection of unacceptable personality traits onto another family member) and unresolved conflicts in the parents' families of origin. Eminent theorists of this branch of family therapy were James Framo, Ivan Boszormenyi-Nagy, Nathan Ackerman and Normal Paul. This therapy uses the principles of object relations theory to conceptualize family problems. The goal for psychodynamic family therapy is similar to individual psychodynamic therapy, i.e., having more self-awareness upon one's problem. This awareness is created by bringing unconscious material into the level of consciousness. The core of this approach is the idea that current family problems are due to unresolved issues with the previous generation. Interpersonal function is distorted by attachments to past figures and by the handing down of secrets from one generation to the next. The psychodynamically oriented family therapist wants to free the family from excessive attachment to the previous generation and wants to help family members disclose secrets and express concomitant feelings (e.g., of anger or grief).

Psycho-education Based Family Therapy:

Psycho-education based family therapies are some method based on providing some necessary training and information to families to become more skilled in dealing with patient care and nip the chances of developing negative atmosphere within the family system. According to Bäuml et al (2006) the term psychoeducation comprises systemic, didactic psychotherapeutic interventions, which are adequate for informing patients and their relatives about the illness and its treatment, facilitating both an understanding and personally responsible handling of the illness and supporting those afflicted in coping with the disorder. The roots of psychoeducation are to be found in behavioural therapy, although current conceptions also include elements of client-centered therapy in various degrees. Within the framework of psychotherapy, psychoeducation refers to the components of treatment where active communication of information, exchange of information among those afflicted, and treatments of general aspects of the illness are prominent.

Family-Focused Therapy:

This form of family therapy was developed by David J. Miklowitz and Michael J. Goldstein (1990) for the families with bipolar patients. Basic objectives of this therapy are decreasing family stress and improving psychosocial functioning of patients, But Family focused therapy as an interventions have not been found to reduce negative family interactions or increased parental use of their support network (Ruffolo et al., 2005 ensuring compliance with medication, and the patients' ability to cope with environmental triggers (Miklowitz, 1996). Family focused therapy conceptualized by Miklowitz and Goldstein (1990) consists of education about bipolar disorder, communication and problem-solving skills training to family members as well as patients. During family focused therapy, the therapist works to educate family members about bipolar disorder and related problems, including the burnout that many family members and other caregivers experience when dealing with a loved one who is bipolar. This psychotherapy technique aims to give families better communication skills so they can minimize stress and work together to solve problems, whether or not those problems are directly related to bipolar disorder.

Solution focused therapy:-

Studies results shows positive outcomes for clients on improving self-esteem and coping (LaFountain & Garner, 1996), reducing behavior problems (Corcoran & Stephenson, 2000; Franklin *et al* 2001 Franklin *et al* 1997; Newsome, 2002), attaining goals (LaFountain & Garner, 1996; Littrell *et al* ,1995; Newsome, 2002), and improving social skills (Newsome, 2002). Among criminal justice population, solution-focused brief therapy has demonstrated efficacy in reducing recidivism (Lindforss & Magnusson, 1997) and adolescent antisocial behavior (Seagram, 1997, as cited in Gingerich & Eisengart, 2000). Research has also demonstrated that solution-focused brief therapy results in positive outcomes for improving parenting skills (Zimmerman *et al*, 1996). The evidence-based support on the effectiveness of Solution-focused brief therapy especially in clinical social work practice is limited (Lioyd & Dallos, 2005). According to Stalker *et al*, (1999), practitioners should be cautious when applying the Solution-focused brief therapy model to new client group.

FUNCTIONAL FAMILY THERAPY:

Functional Family Therapy (FFT) is a family-based prevention and intervention program that can be applied to reconcile poorly functioning family processes of the individuals with substance addiction or families with delinquent children or conduct disorders. Functional Family Therapy is an empirically tested, well-documented and highly successful family intervention program for dysfunctional youth. FFT has been applied to a wide range of problem of youths and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk pre adolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse. Intervention ranges from, on average, 8 to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. In most programs sessions are spread over a three-month period. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing the intense negativity so often characteristic of these families. (Morris et al., 1988; Alexander & Robbins, 2010).

NARRATIVE FAMILY THERAPY:

Narrative therapy is a form of psychotherapy, pioneered in Australia and New Zealand in the 1980s(White & Epston, 1990) that emphasizes the importance of story and language in the development and expression of interpersonal and intrapersonal problems.(Weingarten, 1998) It uses therapeutic questioning to help clients recognize and reflect on the discrepant but positive elements of their current problem saturated stories and to empower them to reformulate a more-preferred life direction. Clinical experiences with family practice residents and their patients have convinced us that narrative approaches have much to offer the specialty of family practice. In particular, patients who we label as noncompliant, difficult, somatizing, self-defeating, depressed, or anxious (Goldberg, 1995) can benefit from the incorporation of narrative elements into their encounters with physicians.

CURRENT UPDATES IN CLINICAL SOCIAL WORK

Clinical social work in many developed nations constitutes a large group of mental health care/ health care providers (CCSW, 2007). In the years that follow, clinical social workers may pursue an advanced-generalist practice or may decide to specialize in one or more areas. Clinical social work is notable for the versatility of its practitioners and the variety of their roles, including that of team member and team leader in a multi-disciplinary setting. Clinical social work settings and services that are upcoming in many developing nations are:

• Child and family services	• Private practice offices
• Clinics	• Public and private schools
• Court and forensic venues	• Public sector health/mental health
• Elder care facilities	• Rehabilitation facilities
• Home health care	• Religious/spiritual organizations
• Hospice	• Residential treatment
• Hospitals	• Rural healthcare
• Not- profit agencies and organizations	• Social services agencies
• Palliative and rehabilitative care	• Uniformed services and Veterans Affairs.

The flexible and skilful application of knowledge, theories, and methods in a bio-psychosocial approach is a hallmark of clinical social work. Interventions, the direct person-to-person(s) process are conducted with people of all ages and range in nature from preventive, crisis, and psycho-educational services to collaborative client advocacy and brief and long-term counselling or psychotherapy. Typically, clinical social workers supervise and consult with professional colleagues and may engage in indirect practice (e.g. administration, research, teaching, and writing). It is a standard of practice for clinical social workers to engage in career-long continuing clinical education and to adhere to a professional code of ethics.

- Currently multi-systemic therapy, which uses ecological approaches, intensive family preservation, and structural family therapy, works well with hard-to-reach juvenile delinquents and dependent substance abusers.
- Licensing in the field of clinical social work is followed in many European and American countries and it is an upcoming trend in many other nations. Licensing in clinical social work requires minimum qualification of Masters Degree in Social Work from an aggregated School of Social Work and with experience in clinical area for 104 weeks, and also qualifies the licensing examination.

CONCLUSION:

Clinical social work as a profession evolved from the roots of social work methods and philosophies. From its establishment as a part of health care profession it has evolved in many structured ways. Clinical social work in the field of family and community has its link from the evolution of social work. In the area of family, clinical social work has an established role and its work in the field has been very significant. Where as in the community, the field of clinical social work has not yet established its role in many developing nations and there is still lack of recognition of the profession. On a whole the field of clinical social work in family and community is of significance but the lack of recognition of the profession in developing nations is a factor of concern.

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