OBJECTIVES

- To describe the basic knowledge required in social and human services.
- To discuss the roles, responsibilities and activities of social and human services – worker.
- To identify types of clients and their needs.
WHO IS SHS WORKER?

- A generalist practice.
- A perspective focusing on the interface between systems with equal emphasis on the goals of social justice, humanizing systems, and improving the well-being of people (Schatz, Jenkins, & Sheafor, 1990, p. 220).
- SHS worker provides uniquely designed interventions for individual experiencing emotional, cognitive and/or social problems.
- A generalist works with a limited number of clients or families to provide services as needed by the clients and their families.

SA’ODAH BINTI AHMAD, JPMPK, FEM
• A generalist is able to work in a variety of agencies and organizations that provide SHS.

• A generalist is able to work cooperatively with all the existing professions in the field rather than affiliating with any one of the existing professions.

• A generalist is familiar with a number of therapeutic services and techniques.

• A generalist is a human service professional who is expected to continue to grow.

SA’ODAH BINTI AHMAD, JPMPK, FEM
• SHS workers equipped with the understanding of the nature of human systems.

• Have preparation that helps them understand:
  ✓ human development,
  ✓ group dynamics,
  ✓ organisational structures,
  ✓ how communities are organised,
  ✓ how national policy is set and,
  ✓ how social systems interaction in producing human problems.
BASIC KNOWLEDGE

- 6 main area of knowledge, skill and attitudes needed to ensure the effective function of a SHS worker.

  ✓ The ability to understand the nature of human system.
  ✓ The ability to understand the conditions that promote or limit the optimal functioning to the human.
  ✓ The ability to identify and select interventions that promote growth and goal attainment.

SA’ODAH BINTI AHMAD, JPMPK, FEM
The ability to plan, implement and evaluate interventions.

The ability to be consistent in behaviour in when selecting interventions that agree with values of own self, clients, employing organization and the human service profession.

The ability to process in planning and implementation.

SA’ODAH BINTI AHMAD, JPMPK, FEM
HS PROFESSIONAL STANDARDS

- Responsibilities to clients.
- Responsibilities to society.
- Responsibilities to colleagues.
- Responsibilities to the Profession.
- Responsibilities to employer and self.

(Codes of Ethics, 2004)

✓ Purpose: to maintain integrity and trust within their profession.

SA’ODAH BINTI AHMAD, JPMPK, FEM
HS PROFESSIONAL

- Respect the integrity and welfare of the client.
- Assure that each is treated with respect, acceptance, and dignity.
- Act to protect the safety of all individuals.
- Recognize the client’s right to receive or refuse services.

(Codes of Ethics, 2004)
CATEGORIES OF SHS WORKER

- **Linkage/Advocacy**: E.g. Outreach worker, advocate, mobilizer.
- **Treatment/Planning**: E.g. Behaviour changer, caregiver.
- **Administration/Management**: E.g. Evaluator, consultant, community planner, administrator.
- **Therapeutic/Environmental Control**: E.g. Teacher, lecturer.

SA’ODAH BINTI AHMAD, JPMPK, FEM
WHO ARE CLIENTS?

- SHS workers promotes social justice and social change with and in behalf of clients.
- Client or Client system is used to refer to:
  - Individuals,
  - Families,
  - Groups,
  - Organisations
  - Communities or larger social entities at which intervention is directed.
A majority of SHS workers spend most of their time working with individuals in public or private practice.

Aimed at helping people, on a one-to-one basis, to resolve personal and social problems.

This includes a variety of activities:

- Counseling runaway youth
- Helping unemployed people secure training or employment
- Placing a homeless child in an adoptive or foster home
- Providing protective services or abused children and their families
- Counseling those with a terminal illness
Children and adolescents.

- Particularly at risk for the development of problems.
- **Reasons:**
  - Lack of the coping skills that are developed by adults.
  - Thus, more sensitive to the negative effects (i.e. family disruptions, physical illness and the stresses of school and poverty).
Some problems related specifically to them:

- Significant psychological problems (In US, 7 million children (7–19 years old experienced severe emotional problems that interfere with school.) Suicide rate – tripled from 50s to 90s).
- Homelessness of children.
- Children living in disadvantaged urban or rural environments.
- Child abuse and neglect.
Often focus of SHS work is on the family.

Working with families (children) is often being dealt first – highest priority.

However, no only deal with children issues. Referrals could be rooted in unsatisfactory family relations.

A family is an interacting independent system. The problems faced by any individual are usually influenced by the dynamics within a family.

Because family is an interacting system, change in one member affects other member.
Understanding of the family dynamics – diversity, lifecycles, family patterns.

Another reason for focusing on the family is that the participation of all members is often needed in the treatment process.

Other family members can out pressure on an alcoholic to make her or him acknowledge that a problem exists.

The family members may all need counseling to assist them in coping with the alcoholic.
A group may be defined as:

- Two or more individuals in face-to-face interaction.
- Each aware of his or her membership in the group.
- Each aware of the others who belong to the group.
- Each aware of their positive interdependence as they strive to achieve mutual goals.
- Group SHS work has its historical roots in informal recreational organisations such as scouting and settlement houses.
Today almost every SHS agency provides one or more of the following types of groups:

- Recreational–skill.
- Education.
- Socialization.
- Therapy group.

Leadership in groups involves a set of skills that may only be learned by doing.
• More effective interaction in groups:
  ✔ Co–worker with an experienced group–worker or
  ✔ As a participant observer.

• Group becomes an effective medium for bringing about change – developed specific group dynamics that should not be ignored.

SA’ODAH BINTI AHMAD, JPMPK, FEM
More effective interaction in groups:
- Co-worker with an experienced group-worker or
- As a participant observer.

Group becomes an effective medium for bringing about change – developed specific group dynamics that should not be ignored.

SA’ODAH BINTI AHMAD, JPMPK, FEM
A collectivity of individuals gathered together to serve a particular purpose.

The types of purpose (goals) that people organize themselves to achieve are infinite in number and can range from obtaining basic necessities to attaining world peace.

Exist because people working together can accomplish tasks and achieve goals that cannot be achieved as well (or even at all) by an individual.

It is essential that a SHS worker understand and analyse not only the organisation but also other agencies that the worker interacts with.
Community practice will be defined here as:
✓ the process of stimulating and assisting the local community to evaluate, plan, and coordinate its efforts to provide for the community’s health, welfare and recreation needs.

- Community does not simply refer to a ‘geographical place of residence’
- But also to a social support network of loved ones, relatives, friends, service providers, co–workers and employers who are about and can provide support for an individual.
The most basic skill needed in community practice is the ability to work effectively with people.

In community practice, a SHS worker’s activities include encouraging and stimulating citizen organisation around one or more issues,

- Specifying the nature of the problem
- Coordinating efforts among concerned groups
- Fact-finding and formulating realisable goals
COMMUNITY DEV. APPROACH

- Seek to engage with communities.
- Ensure that the community’s needs are identified and, the resources are demanded.
- Communities operate creatively to advocate resources.
- Meet needs in ways that are meaningful to those in the community.
- Associate with advocacy and user empowerment.

SA’ODAH BINTI AHMAD, JPMPK, FEM
INFORMED CONSENT

- One of the best ways to protect the rights of clients/service users is to help them make informed choices.

- According to the NASW Code of Ethics, clients should be provided a written document that fully informs the client (in clear and understandable language) the nature, extent, and risks of services, right to terminate services voluntarily or, the consequences are for terminating services (NASW, 2002).

- The main purpose of *informed consent* is to increase the chances that the person will become involved, educated, and a willing participant in his or her care.
Informed consent also entails a difficult balance between telling clients too much information so they get overwhelmed or telling them too little (Corey, Corey and Callahan, 2003).

Informed consent does NOT include coercion, manipulation, withholding information (Corey, Corey and Callahan, 2003).

In many cases clients do not realize that they have rights or may not know what they are. So, it is up to HS staff/counsellor to educate people he serves that they do indeed have rights, as human beings and as clients.
Three legal aspects of informed consent:
- Capacity
- Comprehension of information
- Voluntariness

Another important aspect of the counsellor–client relationship is confidentiality.

Confidentiality is a legal mandate.

The counsellor does not share what the client discloses in the counseling relationship.

Purpose: Creates a climate of trust and safety.

SA’ODAH BINTI AHMAD, JPMPK, FEM
THE LIMITS OF CONFIDENTIALITY

- Laws establish exceptions on confidentiality related to both voluntary and involuntary disclosures.
- These laws determine how and when the client information can be disclosed to other relevant parties – requirement of *authorisation to release information*.
- Violation of clients confidentiality without permission:
  - Counsellor’s duty–to–warn and duty–to–protect.
  - Client poses significant threat to self or others – *Tarasoff v. The Regents of University of California*.

  - *Tarasoff I 1974 – general: reasonable care*
  - *Tarasoff II 1976 – specific: duty and obligation*
SKILL AND COMPETENCIES

- **Common Skills:**
  - Sympathy and Empathy
  - Boundary Setting
  - The Hallmarks of Personal Growth

SA’ODAH BINTI AHMAD, JPMPK, FEM
SYMPATHY AND EMPATHY

- **Sympathy**: sorrow or concern for another’s welfare.

- **Empathy**: a person’s absorption in the feelings of another – allowing oneself to actually feel what another feels. Requires: emotional maturity.

- **Challenges**: How to respond empathetically to clients (mandated clients) who do not appear to deserve sympathy or empathy?

SA’ODAH BINTI AHMAD, JPMPK, FEM
BOUNDARY SETTING

- HS professionals must be prudent: able to differentiate between their problems and the problems of their clients.
- HS professionals must establish boundaries in mental, physical, and emotional lives to determine what falls within their domain and responsibilities and what does not.
- Examples of poor boundary setting...
- In HS, some boundaries are determine by the Codes of Ethics.
Failure to set boundary:
- Neglect fundamental value of HS: empowering clients to be more self-sufficient.
- Over functions counsellor/HS professionals.
- Burn out.

How to set and maintain healthy boundary?
- Recognized that people change and grow at varying rates and in their own unique way.
THE HALLMARKS OF PERSONAL GROWTH

- HS professionals are either seed planter, fertilizer or harvester.
- Keyword for success: teamwork.

SA’ODAH BINTI AHMAD, JPMPK, FEM
THE CLINICAL ASSESSMENT

- Combination of:
  - Patience
  - Active Listening Skills
  - Observation Skills
  - Tangible skills: E.g. familiarity with how to administer various psychological tests and assessment.

- The HS professionals is both assessing the mental health of the clients and conducting a needs assessment to determine the quality and level of functioning in the various domain of their lives (interpersonal, work, family, social, spiritual and community).
Patient is imperative in conducting an effective assessment.

Active listening: ability to attend to the speaker fully, without distraction, without preconceived notions of what the speaker is saying and without being distracted by thoughts of what one wants to say in response.
Good observation on clients’ eye contact, whether clients shifting uncomfortably in their seats when talking on particular issues, crossing their arms self-protectively or tapping their feet anxiously will provide clues or indicator of deeper dynamics.

Good observation can also capitulate information about whether client is being direct or evasive, genuine or masked, sincere or manipulative and open or guarded.
FAMILY GENOGRAMS

- Family Systems Theory (Murray Brown, 1978) based on the premise that inter and intrarelational patterns are transmitted from generation to the next.

- Murray Brown studied healthy families – view family as dynamic systems.
FAMILY GENOGRAMS

- **Genogram** – schematic that shows generations of family members, dynamics, relationships, patterns, evaluates patterns of intergenerational transmission of dynamics such as communication styles, ways of managing emotions, shameful experiences, etc.
- A way to grasp a ‘big picture’ of client’s life.
- Difference between ‘enmeshed’ and ‘cut off’.
- Unlock the true underlying dynamics of a family system.

SA’ODAH BINTI AHMAD, JPMPK, FEM
PSYCHOLOGICAL TESTING

- Inventories designed to assess levels of depression, anxiety, social functioning and personality style.
- Less objective measures: interpretive drawing exercises, freed choice drawing, clay manipulation and structure play therapy.
- Essential to use great caution.
- Assessment material should be considered as a whole.
CLINICAL DIAGNOSES

- **DSM-IV-TR**
  - Classification system based upon medical model.
  - Diagnosis made on five Axes system.
  - Based upon large body of research.

- To diagnose the mental and emotional disorders of the clients.

- **Continuum of mental health.**

- Human Services uses the “Strengths Perspective” in evaluating clients strengths and deficits.
CASE MANAGEMENT

- Involves assessment of client’s needs and his/her family needs.
- Involves arranging and coordinating services with other systems impacting the life of a client.
- Involves monitoring, evaluating and advocating.
- Social intervention: micro and macro level.
- **GOALS:**
  - To assist the client in plugging in to necessary and supportive social services within the community.
  - To improve the reciprocal relationship or transaction with each of the social systems (housing authority, local crisis centre, court liaison, school social worker etc).

SA’ODAH BINTI AHMAD, JPMPK, FEM
BASIC COUNSELLING TECHNIQUES
FOR A GENERALIST PRACTICE

- Task–Centered Casework
- Perceptual Reframing.
- Emotional Regulation.
- Networking.
- Advocacy.
- Cultural Competence and Diversity.

SA’ODAH BINTI AHMAD, JPMPK, FEM
SUMMARY

- Understanding of the nature of human systems.
- Increase awareness about the dynamics between different human systems in human problems.
- Boundaries of SHS – very broad and include a great variety of clients and helping programs.
- Diversity of population/programs – allow HS worker to focus on any one of a number of specialty areas.
- View individual as a part of a greater whole, assessing not only clients but the worlds they live in.