FEM 3108
SOCIAL AND HUMAN SERVICES
(PERKHIDMATAN SOSIAL DAN MANUSIA)

UNIT 1 – 8/8

By:

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Dr. Rahimah Ibrahim

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Universiti Putra Malaysia
Serdang, Selangor Darul Ehsan
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MODUL PEMBELAJARAN : FEM 3108 SOCIAL AND HUMAN SERVICES disediakan dalam bentuk bahan pengajaran dan pembelajaran kendiri di bawah program Pendidikan Jarak Jauh, Universiti Putra Malaysia. Sebarang pertanyaan dan cadangan untuk memperbaiki gaya penyampaian dan isi kandungan modul ini bolehlah dikemukakan kepada penulis dengan menggunakan alamat Pusat Pendidikan Luar.

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Introduction

Assalamualaikum Wr. Wb and Selamat Sejahtera. We, the module writers would like to congratulate you on enrolling in this course – Social and Human Services. As one of the core courses in the program, this course is about basic concepts of social and human services and major elements governed under the respective concepts.

You will study the development of the discipline, basic theories that define social and human services, understand the basic units of social and human services, problem solving, volunteerism, professions in social and human services, laws and public policy related with social and human services, and issues and challenges within the field of social and human services. Upon the completion of the module we sincerely hope that students will be able to comprehend the concepts of social and human services and the influences they may have on the individual, family system, other groups and society at large. We also hope that you will be able to use this basic knowledge in order to construct a better environment and for those of you who are already working in the discipline would benefit directly from the entire course.

This module covers 8 units, which are:

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<td>Law and public policy in social and human services</td>
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<td>The importance of law and public policy in social and human services</td>
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<p>| Mid semester exam |
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<th>Impact of law and public policy on social and human service providers and clients</th>
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<td>8</td>
<td>Issues in social and human services</td>
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We believe in commitment and continual efforts in order to obtain excellent outcomes in life. Therefore, it is expected that students would study all these materials and refer to the references that have been listed in the module regularly. Feel free to contact us should you ever encounter any difficulties with the content of the module.

Best regards,

Associate Prof. Dr. Rumaya Juhari
Dr. Rahimah Ibrahim
a. The course:

<table>
<thead>
<tr>
<th>Department</th>
<th>Human Development &amp; Family Studies</th>
</tr>
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<tbody>
<tr>
<td>Course title</td>
<td>Human and Social Services</td>
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<tr>
<td>Code</td>
<td>FEM 3108</td>
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<td>Credit hr.</td>
<td>3 (3+0)</td>
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</table>

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c. **Course synopsis**

Pengenalan kepada konsep, teori dan amalan perkhidmatan sosial dan kemanusiaan; perkhidmatan sosial dan kemanusiaan sebagai pengantara penyelesaian masalah individu, keluarga, dan komuniti; kesukarelawan, profesion dalam perkhidmatan sosial dan kemanusiaan.

*(An introduction to concept, theory and practice of social and human services; Social and human services as mediator in problem solving for individual, groups, family and community; volunteerism; professions in social and human services).*

d. **Assessments:**

1. Mid semester exam 30%
2. Assignment (1 only) 30%
3. Final Exam 40%

e. **References**


New References:


f. The icons in the module:

All the icons are meant to facilitate your learning process. The meanings of each item are as follows.

<table>
<thead>
<tr>
<th>Icons</th>
<th>Meaning of symbols</th>
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<tbody>
<tr>
<td>![Icon]</td>
<td>INTRODUCTION</td>
<td>Introduction to a topic or a unit or a sub topic</td>
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<td>![Icon]</td>
<td>OBJECTIVE</td>
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<td>A group of important facts within a unit or a topic</td>
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<td>SUGGESTED REFERENCES</td>
<td>Suggested additional references in order to enhance understandings of the unit / topic (Books / articles / appendices)</td>
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<td>![Icon]</td>
<td>CONCLUSION</td>
<td>Conclusion made based upon he contents of a unit or topic studied</td>
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<td>Answer scripts / keys</td>
<td>Answering schemes accompanying selected questions of the exercises in the module</td>
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<td>![Icon]</td>
<td>Activities / Questions</td>
<td>Questions posted by the authors in discussing certain topics or activities</td>
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<tr>
<td>symbol</td>
<td>Questions for the exercise</td>
<td>Questions to help students check their understanding level of the topics studied</td>
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<td>CAUTION / PLEASE TAKE NOTE</td>
<td>A symbol used to attract students attention on specific topics</td>
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GOOD LUCK & TRY YOUR BEST
FEM 3108 - ASSIGNMENT

Assignment must be done INDIVIDUALLY. All assignments MUST REACH PPL OFFICE (UPM) NO LATER THAN Monday, 2 weeks before the FINAL Exam. Late assignments will not be entertained.

You are to prepare a folio which includes the following:

1. A 5 pages summary of 1 (ONE) Human Service Agency of your choice
2. A 15 pages paper on clients: 2 families/individuals recipients of human services facilities/ aids

Format of report:
- Font types/size: Times New Roman/12 font OR Arial/ 12 font
- Standard Margins, Justified; Spacing: 1.5
- Both papers must be submitted together in a bound version; use separator to differentiate them

- WRITE clearly by using your own words. Keep, spelling and grammar errors to a minimum. Refer as much as possible, compare the services with other relevant agencies within and outside the country. Give your constructive comments.

- Use information provided by the agency (such as pamphlets, annual report etc) as guideline for your writings; do not copy them!

- Blatant plagiarism is not tolerated and will be strictly penalized.

- Strictly observe the following formats:
1. Format of summary of agency report: (5 pages)
   o Name of the agency (you can choose a government, private or NGO based agency)
   o Name of the person in-charge (the one you interviewed to gather information for this assignment)
   o The themes and the purposes of the human service organization you choose
     a. What kinds of problems are being addressed
     b. Why was the organization established / Background of agency establishment, goals, funding, management etc)
   o The helping relationship
     c. The client & The helper/ human service workers; The importance of both these components in service delivery
   o The principles of the human services management
     d. Does the organization network with other organizations/ departments to provide more comprehensive services?
     e. Do the professionals/ workers in the organization work in partnerships for as a team to provide services?
     f. Does the organization implement case management?
     g. Does the organization evaluate its outcomes?
   o Professionals roles and activities
     h. Who are the professionals in the organization? Are they generalists?
     i. Who are the nonprofessionals (volunteers, para-helpers, self-help groups) in the organization? What kinds of activities do they perform in the organization?
j. What kinds of ethical standards do these professionals/nonprofessionals follow?
   ○ YOUR own critical observation about the agency (weaknesses, strengths etc)

2. **Format of summary of paper on clients: (10 - 15 pages)**

   ○ Identify 2 different cases of recipients of human services aids / facilities
   ○ The two cases must be of different roots i.e poverty and elderly; or handicap and abused woman or drug addict and clinically ill patient etc.; and they MUST HAVE received services from any relevant human services agencies
   ○ Interview the cases. If they are minor (under age) you must obtain parental consents prior to the interview
   ○ Gather information on the following:
     ○ Background of the client and his/her family
     ○ Background of the provider (agency)
     ○ How did client come to know about the agency? Any sponsor i.e. JKKK or police etc. Provide important dates, procedures that have been involved; whether it was an easy process or not
     ○ What kind of services that have been delivered to the clients? How long has it been? Has there been any supervision / follow ups services?
     ○ How satisfied are the clients with the services / provider? How much has that helped the client to overcome or manage his or her problem(s)?
     ○ Would the client recommend the agency / service provider to others? Explore.
UNIT 1
DEFINITIONS AND HISTORICAL DEVELOPMENT OF SOCIAL AND HUMAN SERVICES

INTRODUCTION

Many of us assumed that human and social services are meant for the needy clients only who are normally poor or underprivileged. Have you ever wondered on the whole idea of human and social services? Who are the providers and recipients of human and social services? How was the historical development of such services? This unit will guide you along the topic and answer the above questions.

Objectives of the unit:

At the end of this topic you should be able to:

- Define social and human services.
- Identify the domain of human services and differentiate human services from other traditional helping professions.
- Discuss on how human and social services began.
Definitions of Social and Human Services

Social and human services is defined as:

An organized method of helping others to meet their needs, enabling them to:

- cope with change and problems,
- prevent stress or crisis, and
- lead fulfilling lives (Harris & Maloney, 1999).

In general, different views of ‘social services’ and ‘human services’ exist, and ‘Social services’ and ‘human services’ are often used interchangeably.

Social services is sometimes used as the broader term that covers human services or vice versa (e.g., human services department with a social services component).

Human service is a new field that integrates many different fields of the social sciences. Its distinct feature is the generic approach to helping people.

see CSA Social Services Abstract @
The purpose of Social & Human Services Practice

"The purpose of practice is to promote the development of equitable relationships and the development of individuals' power and control over their lives, and hence to improve the interaction between individuals and social arrangements" (O'Connor et al 1998, p.10).

Goals of human services

In general, social and human services aim to:

1. Prevent health, mental health, family and financial crisis from happening.
2. Prevent these crises from worsening.
3. Develop individual and social functioning and/or family life of those needing help.

The domain of practice in social and human services

"The interaction between people and social arrangements"

This domain includes individual, social and institutional relationships.

The focus of social and human services work

The focus of human services work is the lack of fit or tension between people and social arrangements. This is sometimes referred to as concept of social functioning.

Human services work may have conservative (to provide formal help) and radical interpretations (to create social change and to achieve social justice, e.g. 'personal' is 'political').
Depending on the human services workers' training, experience and goals, they can improve the quality of life of people most in need through applying human services as:

1. A new consciousness and approach among workers and clients in the formal helping systems
2. A concept of integrated service delivery to consumers.
3. A socio-political movement with underlying motive of social change.

**Important assumptions of social and human services practice**

- Individuals actively participate in the construction of realities (how we perceive the world around us). Therefore, it is important to understand the perspectives of others.
- Social arrangements and structures are real constraining forces in people's lives.
- Social arrangements are reproduced and changed through individual and collective actions.
- Power is central and has many sources—economic, sexual, ideological, professional, race, age etc. That is, these relationships can be oppressive or empowering.
- Difficulties are influenced by age, class, race, ethnicity, gender, health, social connectedness.
- The state (government) understands and regulates particular relationships in ways that provide a powerful context for human services.
The landscape of social and human services

Social and Human services are activities that enable people live better lives by improving their present condition and changing their future. The services may include formal systems such as:

- Government welfare programs
- Education system
- Mental retardation services
- Mental health organizations
- Child care programs
- Physical health care establishment
- Correctional services of the legal justice system

Social and human services is an integration of a wide range of services provided to individuals or groups who are excluded from the mainstream society / culture or those who are troubled by pain and problems. Such services deal with all major social, psychological and economic problems using available (but limited) resources at the federal, state and local levels.
The Functions of Social and Human Services

Human services have three main functions: 1) Social care; 2) Social control and 3) Rehabilitation. Most of the times, these functions overlaps.

**SOCIAL CARE**

To help clients meet their social needs, especially those who cannot care for themselves (temporarily or long term). Examples of social care clients: The elderly, children, people with mental disabilities/illness, and survivors of crime, disasters, crises.

**SOCIAL CONTROL**

Aims to control the recipients of services and the recipient's circumstances when receiving social care (societal control). Examples of social control clients: Children, youth, and adults in the criminal justice system. These people either fail to care for themselves or lead a life that violates the norms/laws of the community.

**REHABILITATION**

An independent person can lose the ability to function socially, physically or psychologically due to a crisis, an accident or other life circumstances. Rehab aims to return the functioning of a person to its prior level of independence. Examples of rehab clients: Veterans; People with physical disabilities; Victims of psychological trauma.
Social and Human Services Worker

Such worker is a trained, entry-level professional who:

1. Brings in multidisciplinary or interdisciplinary perspective
2. Is concerned of the person as a whole
3. Recognizes that the field of human services has a unique philosophy that changes continuously

A social and human services worker provides uniquely designed interventions for individuals experiencing emotional, and/or social problems. He or she designs services to enable individuals /groups to function at the highest possible level within the societal context they live.

Human Services work is based on the three pillars of:

1. Advocacy: Respecting individuals and families
2. Research: Improving social and political awareness
3. Credentialing: Community building through the training of the students, development of resources and the professional support.
Typical Human Services Job Titles

<table>
<thead>
<tr>
<th>Mental Health Technician</th>
<th>Psychological Aide</th>
<th>Neighbourhood Worker</th>
<th>Protective Services Aide</th>
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</thead>
<tbody>
<tr>
<td>Drug Abuse Counselor</td>
<td>Residential Case Manager</td>
<td>Group Activities Aide</td>
<td>Family Support Worker</td>
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<tr>
<td>Client Advocate</td>
<td>Assistant Case Manager</td>
<td>Case Monitor</td>
<td>Social Service Liaison</td>
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<tr>
<td>Social Service Aide</td>
<td>Case Worker</td>
<td>Child Advocate</td>
<td>Behavioral Management Guide</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>Youth Worker</td>
<td>Group Home Worker</td>
<td>Eligibility Counselor</td>
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<td>Parole office</td>
<td>Residential Counselor</td>
<td>Crisis Intervention Counselor</td>
<td>Adult Daycare Worker</td>
</tr>
<tr>
<td>Gerontology Aide</td>
<td>Case Management Aide</td>
<td>Community Organizer</td>
<td>Social Skill Trainer</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>Alcohol Counselor</td>
<td>Community Outreach Worker</td>
<td>Social work Assistant</td>
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<tr>
<td>Mental Health Aide</td>
<td>Activity Guide</td>
<td>Community Action Worker</td>
<td>Life skills Instructor</td>
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<tr>
<td>Intake Interviewer</td>
<td>Case Coordinator</td>
<td>Halfway House Counselor</td>
<td>Rehabilitation Case Worker</td>
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</table>
Human Services Systems
There are two major conceptions of the human services; 1) Human Services Integration and 2) Generic Human Services

Human Service Integration

Definition:

“The linking together by various means of the services of two or more service providers to allow treatment of an individual’s or family’s needs in a more coordinated and comprehensive manner”. (Parham, 1974)

This concept remains as an important and desirable concept despite major problems in its implementation. It focuses on the integration of a wide range of human services systems under one central organizational or administrative system (an umbrella agency).
Features of human services integration:

1. Comprehensive program services
2. Facilities are decentralized and located in highly populated areas
3. Coordinated by an integrated administration that promotes continuity of care from one service to another. Integrated administration increases efficiency by reducing wasted time and duplication of activity
Four models of an integrated human services organization (from simple to complex):

1. Information and Referral Center
2. Diagnostic Center
3. One Step Multiservice Center
4. Linked Comprehensive Network

Limitations of the concept:

- (In the US), some state governments emphasized more on simple integrated budgeting rather than systemic change
- While the application of an integrated human services model has shown some improvements in service delivery, the model does not carefully consider the services that it would integrate
- Thus, the model has partial success in some states in the form of an umbrella agency (for example, The State of Illinois Department of Human service only integrated the upper level administration but had little impact on actual service practice)
Generic Human Services

The common attributes of a generic human service become clearer as the boundaries between the specific fields of human services (mental health, corrections, child care, education, welfare, mental retardation, etc.) disappear. Dr. Harold McPheeters (1989) described a human services delivery model as follows:

- The roles of human services are different from social work
- Oriented more towards helping the client in any possible way
- Human services worker does whatever that needs to be done – whether it involves, e.g., helping clients with their psychological, medical needs, or social needs.
- Human services workers are not restricted by a single philosophy or technology and instead apply a range of biological, social and psychological approaches with confidence.
- The major philosophical difference between human services and other profession is in the generic approach of getting the job done.

A comprehensive service system has the following characteristics:

1. **Service delivery through an integrated service system** - Maintains the concept of integration and avoids fragmented services – the client-consumer should be able to get all the required services from the same system.

2. **Increasing emphasis on macro social environment** (cultural demands, here and now relationships) as a contributing factor towards problems of adjustments in an individual’s life, but does not ignore psychological issues. The human services approach
attends to the basic needs of the clients before focusing on the clients' behavior, thinking or feeling.

3. **Focuses on the problem solutions rather than on treatment** - treatment implies illness (medical model's approach) and may force clients into a long-term dependency on the system. The focus of human services is on developing solutions to client's problems and building their problem-solving skills.

4. **Aims to understand the impact of social institutional environment**, e.g. social institution, social systems, and particularly cultural diversity on social problems - Human services focus on problem areas that are largely ignored by traditional professionals and look for new solutions to human problems.

5. **Acknowledging and valuing the experience by which people grow, mature or change** - Identify natural or existing systems that shape people's experience—such as communities, groups, programs—and use these communal resources to support the client.

6. **Human service workers are identified by their competencies and not by what course they studied or how high their academic level is.**

   There is an increase in entry level professionals in the current service system. A degree does not necessarily mean the ability to work well with clients. Studies indicate that relatively uneducated staff can perform as effectively on many of the tasks performed by traditional professionals (Hattie, Sharpley and Rogers, 1984).
7. **Training is more focused on skill acquisition, yet knowledge is not ignored** - Focus on the competency to do the job, not just knowing a lot of things. The trend now is toward skill-focused degree programs, with emphasis on practical experience.

8. **The human services system requires evidence to show that its approaches and technologies are effective** - The helping profession seldom evaluate their effectiveness due to the belief that they are providing services that are good for the client. Human services is based on valid evaluation and a commitment to act on the results of the evaluation.

9. **Human services is practical and diverse, therefore, it employs all the workable solutions to clients’ problems** - The system of human services use all kinds of approaches (multidisciplinary) based on their proven effectiveness and does not compartmentalize solutions based on their theoretical orientation.

10. **Human service is efficient ans aspires to give the most value (of service) for the resources it used (“Best Value for Dolar”: “Most Bang for the Buck”).** Most human services systems are publicly funded to help people who are unable to pay for services. Funds are always limited. Traditionally, the system provided long-term services to small number of clients. Therefore, the human services systems aim to be efficient to ensure that the greatest number of client-consumers get a basic level of effective intervention.
Crane (2005) highlighted the following key themes from the social and human services practice literature: Social and Human Service ...

- Involves social change process
- Emphasizes on the person-environment interaction
- A focus on tension or ‘problem’
- Work towards more equitable social relations
- Emphasizes mutuality and respect
- People are able to define the lives, issues and futures – not passive recipients
- Not driven by methods – generalist orientation
- Both outcomes and processes are important.

The Evolution of Social and Human Services

Early societies
Agricultural and horticultural societies
Industrial societies

Read “Evolusi Institusi Kebajikan Sosial dalam Memenuhi Keperluan Manusia” by Siti Hajar Ahmad (2006), pp 27-38

Social welfare has evolved since 30000 B.C in early societies through to agricultural and horticultural societies and later in industrial societies. Social welfare depends on the needs of the societies during the period.
The Evolution of Social and Human Services:

1. Early Societies
   - Hunters and gatherers. Nomadic and Sedentary societies.
   - Social services provided to family, clan, or tribe (group solidarity)
   - Everyone fulfills his / her basic needs – no individual property, reserve or extras (kept moving from one place to another)
   - Based on the principles of egalitarianism.
   - Communal cooperation is central in economic activities.
   - Sharing of rights – fulfill shared needs for the survival of the clan, group or tribe.
   - Significant gender differences in the division of labor. Men=hunter, women=gatherer.
   - Cooperate to protect group, clan, or tribe. Implications: families, groups must be in the same locale to fulfill basic needs.

2. Agricultural and Horticultural Societies
   - Social welfare is still in the responsibility of tribe, clan or family.
   - There is a concept of property (due to people staying in one place to cultivate land or rear animals) → social stratification and social status due to wealth.
   - Therefore people with more property would have more responsibility for social welfare towards the people from lower class/status.
   - Technological advances in agriculture contributed to civilization.
   - Mass agriculture/pastoral activities required more manpower (beyond family, clan, tribe) → slavery.
   - Egalitarianism gave way to more social inequalities.
   - Social welfare is the responsibility of landlords (personality characteristics).
• Increase in power base → introduced political system.
• Social welfare is the core aspect of economic and political system →
  created laws and regulations for social control.
  • Ancient Egypt - wheat taskforce/ committee; Hammurabian code
    of behaviour
• Religious system as the value basis for welfare:
  • Helping behaviour, altruism, to reduce or offset inequalities;; mutual
    obligation

3. **Industrial Societies**

• Complex Society – ICT.
• Product and service industries as economic activities (mass production →
  affluence)
• Rigid division of labor → organic system of solidarity (based on the
  division of labor)
• People must rely on others for things / services they want to produce
  themselves. Instead they purchase products products and services from
  others (must have income)
• Social relations are influenced by capital or human resource ownership,
  provision of manpower for pay, skills or professional competencies and
  social network (complex and interdependent network).
• Gaps between the rich and the poor.
• Workplace become the welfare agents with social benefits for workers and
  their families (welfare as the responsibility of the employer or work
  organizations)
• Welfare system in capitalist societies: iceberg with three layers (Tilmus):
  1. Social Welfare – Social program
  2. Fiscal Welfare – transfer income maintenance

• The increasing power of the State – centrality of governance.

• Two ideologies for distribution of resources, strategies, eligibility and procedures for social welfare:
  1 = RIGHT WING – individualistic, residual approach; anti collective, conservative, liberalism
  2 = LEFT WING – Communal, institutional approach, socialism, social democrats

• Social welfare – formal institutions with own structure
• Quasi market approach in social welfare – contractual relationship with funding bodies, case management.
• Government (funder / purchaser of services) and public or private organizations (service providers)
• Third Way
  • The significance of religion in meeting the social needs
• Sharing / Partnership between government and other public, NGO and private organizations.
• Social welfare is fundamental to maintain social justice and social equality.
Activity

1. Get in your groups (of your choice) and discuss how you can get help and services in the context of:
   a. Early Societies (Simple societies)
   b. Agricultural and Horticultural Societies
   c. Industrial Societies

2. Discuss the historical / development of Social and Human Services in Malaysia.
UNIT 2
THEORIES AND CONCEPTS IN SOCIAL AND HUMAN SERVICES

2.1 INTRODUCTION

Theories and concepts are important in social and human services. They provide the method and rationale for social and human services workers to plan prevention and intervention programs for those in need. Theory can be defined as a coherent statement of assumptions regarding a set of phenomena that provides a basis of explanation and prediction of those phenomena. A theory includes concepts, facts, principles and hypothesis.

Concepts are agreed upon terms developed by a discipline to describe the phenomena with which it is dealing. Facts are aspects of relationships of the phenomena that have been empirically verified (derived from naturalistic observation of from experimental procedures / data that have been studied in systematic and valid manner).

Theory provides guide for the kind of information needed, framework or organizing and interpreting the phenomenon, basis for identifying problem solving alternatives and intervention. Theory also provides basis for designing prevention and remedial steps, means to improve accountability, consistency and communication among workers in a given setting. Knowledge of theory enhances the confidence of practitioner. Workers without a clear understanding of their own theoretical assumptions risk collecting information that they wouldn’t or can’t use.
Unit Objectives:

- To identify and apply the underlying theories and concepts of social and human services
- To examine the relationship between the theories and concepts in human services with the social and human development

2.1.1 Medical versus Psychiatric Models

- To deal with people in need, the medical model provides an approach to deal with problems that are directly related to physical health. For example, people who are injured in accidents or contracted diseases that affects their general well-being usually go to medical care centers to seek medical treatment.

- In ancient Greek, Hippocrates rejected the notion of demonic possession which was believed to be the common cause for illness. He introduced the idea that behavior problems are results from natural illnesses hence physical ailments should be medically treated.

- The psychiatric model deals with non-physical issues such as behavioral, emotional and cognitive problems. Severe physical illnesses can cause psychological, social and economic issues which are not specifically treated by medical doctors who tend to focus in the physical aspect of the problem. These non-physical problems rely on the support
from human services and often require assistance from human service workers.

• The basic assumption of the medical and psychiatric model is that an abnormal or deviant action results from diseases that affect the psychological processes and behavior. For example, inherited disorders like Huntington’s chorea and Alzheimer’s disease will generate behavioral changes that are linked to senility. Destruction to brain tissue due to tumors, high fever, syphilis or severe head injury could also be the cause to outcomes such as lack of coordination and speech deficits.

• Patients suffering from the organic damage to the brain resulting from the above factors may also show personality changes in which they become more aggressive and seem to be uncontrollable. These behaviors are not completely due to the brain damage; rather they are prompted by the feeling of helplessness and frustration when people fail to understand their needs.

• When the physical injury to the brain leaves the patients slurred in speech and slows in movement, it limits their ability to speak and walk on their own. Confined to a wheelchair and unable to call out for attention, patients are inclined to cause trouble and hurt other people in order to get noticed by medical staff or care givers.

In cases like this, a human service worker may use a simple behavior program to help patients control their temper and encourage their efforts to communicate in a more efficient manner.
Example:

A young male patient was told that his privileges will be taken away every time he hits another patient. On the other hand, if he could restrain his aggressive behavior for thirty minutes, he will get a cigarette for being good. If he shows no violence at all in a day, he will get to have a thirty minute session with an attractive young female human service worker. As a result, this patient began to gradually learn to control his temper and the aggressive behavior disappeared completely in five weeks. He also participated in rehabilitation program and could walk on crutches after four months of training.

Although his speech deficit and motor coordination were initially due to the brain damage, but his aggressive behavior and inability to walk responded well to the behavioral treatment provided by the human service.
Case Study: AIDS—Bridging Between Medical and Psychiatric Models

The Acquired Immune Deficiency Syndrome or AIDS is a physical disease that has been spreading throughout the world at an alarmingly increasing pace. This disease is caused by the Human Immunodeficiency Virus or HIV that attacks the immune system in our body. When the body is left defenseless, infections that are normally treatable may now cause harmful effects and trigger other sequential illnesses. For now, there are no known cure for AIDS and those who show symptoms of this disease face imminent deaths due to massive infections of pneumonia, tuberculosis or even cancer.

Although AIDS is initially a medical problem, its impact has become more apparent in behavioral changes in the society. Sharing of bodily fluids, such as through homosexual and heterosexual intercourse as well as using contaminated needles while taking drugs, is the primary method of transmission. Therefore, the fundamental change needed involves changing these behaviors. This is where human service workers can help by educating people on the disease and its preventive measures.

When a patient is identified to be a HIV positive or has contracted AIDS, there is also the need of support services besides medical care such as counseling, legal advice, financial aid, child care and hospice services. Not to mention, patients and their families need guidance in understanding and coping with progressive psychological dysfunction as the disease advances. Physical and mental capabilities begin to deteriorate, and effects of the disease often result in disfigurement, causing severe pain and fatigue. Other psychological and behavioral problems include anxiety attacks, depression, lowered self-esteem, social withdrawal, drug and alcohol abuse, cognitive impairment and sometimes, cognitive dementia.

Through counseling, education and other AIDS service programs, human service workers can help their clients who are at risk or who have been diagnosed with the disease to deal with potential issues. The worker themselves need to learn more about the disease to be able to protect them from becoming infected and to better understand the need of those in need of help.

Discussion: Describe existing AIDS and HIV support programs in your community and what can a human service worker offer for the terminally ill patients and their families in these programs?
2.1.2 Common Treatment Strategies of the Psychiatric Model

Two types of treatment strategies in the psychiatric model are electroconvulsive therapy and chemotherapy.

Electroconvulsive therapy

- Electroconvulsive therapy (ECT) is also known as electroshock therapy. It is used in treating severe depression and the process is normally administered in a controlled inpatient setting. Patients are heavily sedated and a short wave of electric shock is given via electrodes placed on their temples. Treatment is given several times a week and best results often show after five to ten treatments.

- This method suits cases in which there are no obvious external factors that cause the depression. It is also a popular choice to treating depression occurring in patients who are middle aged or suffering from bipolar or manic-depressive syndrome.

- In the early and mid 1960s, there were abuses of the treatment and since then, the use of ECT is closely monitored and constantly reviewed by the medical authority.

Chemotherapy

- Chemotherapy is a drug treatment involving medications like antianxiety, antidepressants, antimanic, antipsychotic and atypical antipsychotic. The primary function of these drugs is to modify emotional states without impairing cognitive functioning.

- Chemotherapy drugs has diverse side effects including drowsiness, weakness, headache and nausea (antiaxiety); tremor, dry mouth, insomnia, constipation, low blood pressure and dizziness
(antidepressant); weight gain, cardiac irregularity and rashes (antimanic);
impotence, lowered seizure threshold, Parkinson's reaction and tardive
dyskinesia (antipsychotic); and agranulocytosis seizure (atypical
antipsychotic).

- Other types of chemotherapy using drugs are antabuse for alcoholics,
  methadone for heroin withdrawal and Ritalin for treating Attention-
  Deficit/Hyperactivity Disorder (ADHD) in children. Psychoactive
  medications are most commonly used in mental hospitals and many
  children with ADHD are being given Ritalin in child care or primary
  education facilities.
### TABLE 2.1 Chemotherapeutic Drugs

<table>
<thead>
<tr>
<th>Category</th>
<th>Generic Name</th>
<th>Trade Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antianxiety</td>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>Also known as <em>trquilizers</em> often prescribed to treat tension and anxiety.</td>
<td>Clonazepam</td>
<td>Klonopin</td>
</tr>
<tr>
<td></td>
<td>Buspiron</td>
<td>BuSpar</td>
</tr>
<tr>
<td></td>
<td>Paroxetine</td>
<td>Paxil</td>
</tr>
<tr>
<td>2. Antidepressant</td>
<td>Sertraline</td>
<td>Zoloft</td>
</tr>
<tr>
<td>Divided into two categories – <em>tricyclics and monoamine oxidase inhibitors</em> that treat symptoms of depression.</td>
<td>Fluoxetine</td>
<td>Prozac</td>
</tr>
<tr>
<td></td>
<td>Doxepin</td>
<td>Sinequan</td>
</tr>
<tr>
<td></td>
<td>Citalopram</td>
<td>Celexa</td>
</tr>
<tr>
<td>3. Antimanic</td>
<td>Lithium</td>
<td>Lithium</td>
</tr>
<tr>
<td>Used as <em>mood stabilizers</em> for patients with bipolar disorder or manic-depressive disorder. Highly toxic, levels of drug in blood is closely monitored.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Antipsychotic</td>
<td>Haloperidol</td>
<td>Haldol</td>
</tr>
<tr>
<td>Also known as <em>psychotropics</em> that covers strange behaviors such as combativeness, tension, hyperactivity, negativism, hallucinations, sleeping disorder, acute delusions and sociability.</td>
<td>Thoridazine</td>
<td>Mellaril</td>
</tr>
<tr>
<td></td>
<td>Thiothixene</td>
<td>Navane</td>
</tr>
<tr>
<td></td>
<td>Chlorpromazine</td>
<td>Thorazine</td>
</tr>
<tr>
<td></td>
<td>Fluphenazine</td>
<td>Prolinixin</td>
</tr>
<tr>
<td>5. Atypical Antipsychotic</td>
<td>Clozapine</td>
<td>Clozaril</td>
</tr>
<tr>
<td>An advanced development of antipsychotic with less side effects to improve social functioning, reduce hostility and existing tardive dyskinesia. Also performs better at treating chronic schizophrenics.</td>
<td>Risperidone</td>
<td>Risperdal</td>
</tr>
<tr>
<td></td>
<td>Olanzapine</td>
<td>Zyprexa</td>
</tr>
<tr>
<td></td>
<td>Quetiapine</td>
<td>Seroquel</td>
</tr>
</tbody>
</table>

Application: Watch a "doctor" program on television. What are the examples of medical and psychiatric models used in treating patients?
### 2.2.1 The Four Models of Learned Behavior

- **The Classical Conditioning Model**

This model is based on the assumption that all behaviors are learned and a stimulus causes an unconditioned response (UCR). If a stimulus such as showing food causes a dog to salivate, then when the stimulus is paired with another action, for example, ringing the bell when showing the food, it will cause the same reaction. In the end, the dog will salivate every time it hears the bell, with or without the food. This reaction is considered a *conditioned* response.

- **The Operant Behavior Model**

This theory argues that all behaviors have consequences on the environment and that these consequences, in turn, reinforce the response. One example of *behaviorism* is when a child who throws a tantrum gets the attention from the parents will soon learn that throwing tantrums is the only way he or she may get the parents’ attention. Thus, it is the reaction towards the action that determines whether such behavior will reoccur. There are seven types of consequences which produce different outcomes:

<table>
<thead>
<tr>
<th>Concept</th>
<th>Event or Behavior</th>
<th>Consequence</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Generalization</td>
<td>Dog bites child</td>
<td>Emotional reaction</td>
<td>Fear towards all dogs</td>
</tr>
<tr>
<td>2. Discrimination</td>
<td>Fear of dogs</td>
<td>Meet friendly dogs</td>
<td>Fear only to unfriendly dogs</td>
</tr>
<tr>
<td>3. Punishment</td>
<td>Child swearing</td>
<td>Parent slaps</td>
<td>Less swearing</td>
</tr>
<tr>
<td>4. Positive</td>
<td>Tantrums</td>
<td>Parental attention</td>
<td>More tantrums</td>
</tr>
<tr>
<td>reinforcement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 2.2 Operant Behavior Concepts**
According to this model, the operant behavior must be clearly defined, the steps selected to change it must be clearly specified, and the reinforcement approach must be consistently applied.

- **The Social Learning Model**

  The social model stresses on the importance of both environment reinforces and internal processes. Through *observational learning*, people learn behaviors by making mental images prior to physically doing it. Trial and error with different reinforcements shapes the behavior.

- **The Cognitive Learning Model**

  The cognitive learning theory focuses on the internal process of learning. Cognitive events such as thoughts, talking to oneself, mental images, self-evaluations, feelings, memories and beliefs are most important in the process of *reciprocal determinism*. These mental factors affect people’s perception on the environment and the way they behave in specific situations.

### 2.2.2 The Behavioral Treatment Approaches

**FIGURE 2.1 The Behavioral Treatment Approaches**

<table>
<thead>
<tr>
<th>Behavioral Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Treatment</td>
</tr>
<tr>
<td>- Systematic Desensitization</td>
</tr>
<tr>
<td>- Operant Approach</td>
</tr>
<tr>
<td>- Cognitive Behavioral Approach</td>
</tr>
<tr>
<td>Group Treatment</td>
</tr>
<tr>
<td>- Token Economies</td>
</tr>
<tr>
<td>- Cognitive Behavioral Approach</td>
</tr>
</tbody>
</table>
There are two approaches to behavioral treatments; one focuses more on individual experiences and the other deal with group-system problems.

- **Individual Treatment**

  **Systematic desensitization** is effective to treat individuals who have irrational fears and anxiety reactions. This technique is designed to combat fear in a phobia situation based on the principle of **reciprocal inhibition** which involves the ability to relax and control anxiety. Treatment begins with training in relaxation, and then client is required to rank possible events according to their level of distress. For example, someone who is afraid of dogs might rank a picture of a vicious-looking Rottweiler as highest in rank and adorable wide-eyed puppy as the least threatening. Client practices dealing with one situation at a time using the relaxation techniques, starting with the lowest rank. As client moves up in the hierarchy, client learns to control anxiety through desensitization.

  **The operant approach** to individual problems stresses on the effects and consequences on the environment following specific behavior. Controlling the consequences (i.e. rewards) can change the behavior, for example; a person who suffers from anorexia nervosa and completely refuses to eat can be encouraged through giving rewards for each little step taken towards eating normally. Various **positive reinforcements** such as praises, television privilege, social visits can help persuade client to begin picking up utensils, placing some food into the mouth, chewing and swallowing, and gradually increasing the amount of food eaten. Actual treatment can be administered by human service workers in a controlled environment or by trained family members at home.
The cognitive behavioral approach aims to improve client's awareness using negative self-statements through problem-solving and coping techniques. Firstly, the client must assume the role of a self-observer and identify problem behaviors, thoughts and reactions that need to be changed. Then, using inner speech or self-talk, client is taught to create new internal dialogue to be used before, during and following the behavior. Finally, clients are trained to produce new behaviors through extensive rehearsals. Positive thinking with reinforced practice is not only effective in changing individual behaviors, but also works in groups.

- **Group Treatment**

Token economies offer rewards in forms of tokens that can be exchanged for goods and services. A desired behavior earns the client points or tokens whereas inappropriate behavior causes client to lose points or tokens. For example, a senior resident gets 25 points for putting out his cigarette before entering the bedroom and loses one smoking privilege every time he brings in a lighted cigarette. This approach is most effective on people who are institutionalized such as mental hospital, correctional facility and juvenile detention centers.

Alternative group therapies include the cognitive behavioral approach in which a group of clients practice identifying the problem, developing solutions, rehearsing and evaluating outcomes together. Using taught problem-solving skills and exchangeable rewards for positive behavior, group clients are encouraged to behave positively. Rewards or points accumulated may also be redeemed for a bonus activity that can be enjoyed by the whole group, such as group trips or excursions. However, this cognitive approach needs to be reinforced with continuous positive reinforcement following the program.
Questions:

1. Which learning model seems most relevant to human behavior: classical, operant, social or cognitive? Why?
2. Identify learned behaviors in your pet cat/dog. What behaviors does it engage in as a result of reinforcement?

2.3 THE PSYCHOTHERAPEUTIC APPROACH

2.3.1 The psychotherapeutic approach is based on the assumption that most of people's problems are results of internal psychology. Thoughts and emotions especially from past experiences is a major factor that shapes individual personality structure in dealing with the environment. Psychotherapeutic approaches include psychoanalysis, Rogerian client-centered therapy, and prescriptive therapy. Therapies are also varied in structures such as group and family therapy.

- Psychoanalysis

Psychoanalysis is a directive therapy in which the therapist directs the client to speak of their thoughts out loud through free association. In this method, client verbally reveals their experiences, attitudes and ideas. Psychoanalysis also uses transference which is the tendency to relate or transfer past emotions and attitudes from childhood experiences to present environment. Releasing of repressed emotions and developing insights of understanding is called abreaction. The therapist helps the client to interpret these emotions and learn how best to control the
unconscious forces in the personality. It is a process of breaking down the personality and rebuilding it by changing the reaction patterns.

- Rogerian client-centered therapy

Rogerian client-centered therapy is a non-directive therapy whereby clients are encouraged to come up with self-examination in order to achieve self-understanding and be able to reorganize own perception. The phenomenological field is an understanding of events as perceived by the individual and it includes the development of self-concept. The awareness of thoughts, feelings and behaviors that do not fit the self-concept will be denied thus resulting in psychological distress. The Rogerian method provides a non-threatening environment for client to explore oneself, discover denied attitudes, reorganize own perception and try new behaviors. The nonjudgmental support from the therapist is important as the client progresses through these stages.

- Prescriptive Psychotherapy

Prescriptive psychotherapy assumes that a treatment is most effective when it is specifically designed for a targeted problem. Different types of problems require different approaches of therapy. One example of prescriptive psychotherapy is multimodal therapy (MMT) which identifies seven major domains as Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationship and Drugs and physiological states (BASIC-ID). Therapists use these domains to identify the problems and to suggest treatments as well as the timing of interventions.
TABLE 2.3 The Seven Domains of Multimodal Therapy (MMT)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example</th>
<th>Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Behavior</td>
<td>Anxious behavior</td>
<td>Systematic desensitization</td>
</tr>
<tr>
<td>A Affect</td>
<td>Depressed</td>
<td>Verbal expression</td>
</tr>
<tr>
<td>S Sensation</td>
<td>Muscle spasms</td>
<td>Relaxation training</td>
</tr>
<tr>
<td>I Imagery</td>
<td>Poor self-image</td>
<td>Positive coping imaging</td>
</tr>
<tr>
<td>C Cognition</td>
<td>Intrusive worry</td>
<td>Cognitive rehearsal</td>
</tr>
<tr>
<td>I Interpersonal relationship</td>
<td>Shyness</td>
<td>Client-centered counseling</td>
</tr>
<tr>
<td>D Drugs and physiological states</td>
<td>Drug dependency</td>
<td>Substance abuse counseling</td>
</tr>
</tbody>
</table>

- **Group and Family Therapy**

Psychotherapy sometimes utilizes group and family therapy whenever the need arises.

In group therapy, people with similar problems share their experiences and express their feelings freely to the group. It is an opportunity to release their tension as they speak of their problems and benefits from feedbacks given by the therapist and group members. In return, they get to offer support to other members in managing their own problem behaviors.

Family therapy is especially effective when the client’s problem is heavily linked to the family environment. **Family homeostasis** is the act of maintaining an optimal balance in relationships between family members. When a family suffers disturbance in the relationship, family members usually act in distorted behavior to cover the real problem. The therapist
gets to observe the structure and function of the family, while encouraging them to communicate directly and clearly to each other. Improved clarity in communication helps to resolve repressed issues thus resulting in decreasing incidents of problem behavior.

Application: Identify an event that caused an imbalance in your family’s homeostasis. What effect did it have on the members of the family and how was it resolved?

2.4 PERSONAL RELATIONSHIP SKILLS

2.4.1 Effective personal relationship skills are important in human services for the workers to be able to help their clients. These skills are divided into two categories: being and doing. Being covers attitudes, values and feelings that affect human relationships and doing involves observable skills or activities that enhance relationships. Developing both skills

Being

- Three major aspects in being are warmth, empathy and genuineness. They are interrelated and also known as the Truax triad.

FIGURE 2.2 The Truax Triad
Warmth refers to subtle expression of tender, caring feelings in communicating with other people. Empathy is the ability to identify with someone else’s feelings in deeper understanding. Genuineness is being able to express awareness of his or her own emotions and values accurately through words and actions.

Doing

Doing refers to personal relationship skills that enhance relationships through communication techniques such as paraphrasing, reflection, confrontation, interpretation, and other nonverbal communications.

- Paraphrasing is clarifying what has been said by the client through repeating exact words or rewording it with new phrases. It signals to client that the counselor is listening and ensures correct understanding.

- Reflection increases the client’s awareness of his or her own feeling when the expressions are correctly identified and reflected back. Becoming more aware of own feeling and behavior, client improves self-understanding and is better positioned at dealing with the problems.
- Confrontation is risky and should be used in a supportive environment whereby a client has to face own denials, inconsistency in feelings and behavior, unpleasant realities, or even personal strength and positive attributes. It also aims to enhance self-awareness but need to be properly timed and executed.

- Interpretation requires a counselor to accurately put information given by client into new perspectives. Effective interpretation helps the client to see the problem behavior from a different point of view and to integrate the counselor’s interpretation with own self-perception. The support shown by the counselor encourages client to explore and change feelings or behavior.

- Nonverbal communication techniques help counselors to understand clients better by observing their facial expressions, body gestures and posture. Smiling face, bouncy walks and sitting upright may suggest a happy mood whereas fixed stare, little movement and slouching in the chair may signal a depressive emotion. Vice versa, a counselor’s nonverbal communication such as leaning forward and nodding heads also projects attention and interest while listening to the client during session and this may further enhance the development of interpersonal trust.

2.4.2 Supervision in Human Services

Supervisory relationship in human services aims to increase the ability of a worker to function and help clients effectively. It focuses on three categories of functioning:

- Housekeeping factors which concerns time-related issues such as absenteeism, keeping appointments and tardiness.
- Role-specific factors concentrate more on acquiring **specific knowledge** or **skills** relevant to the job such as group therapies, interviewing and data collection.
- Personal relationship skills involve providing guidance to enhance the effectiveness of a human service worker's **verbal and nonverbal communications** in promoting warmth, empathy and genuineness when dealing with clients.

**TABLE 2.4 Examples of Supervisors in Human Services**

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educator/Teacher</td>
<td>Schools, preschools, special education programs.</td>
</tr>
<tr>
<td>Psychiatrist/ Psychologist</td>
<td>Mental health clinics/hospitals, school systems,</td>
</tr>
<tr>
<td></td>
<td>mental retardation programs.</td>
</tr>
<tr>
<td>Social worker</td>
<td>Mental health clinics/hospitals, family service agencies.</td>
</tr>
<tr>
<td>Activity therapist</td>
<td>Work rehabilitation programs; mental retardation programs.</td>
</tr>
</tbody>
</table>

**Application**: With another student, observe people’s nonverbal behavior in different public settings such as cafeterias or the library and compare your interpretations. Discuss possible difference of meanings across cultures.
The generalist foundation of social work is based on a systems framework, which also incorporates an ecological perspective. The term systems/ecological framework is chosen rather than theory because the systems/ecological perspective is much broader and more loosely constructed than a theory. This framework is most useful in understanding social and human service problems and situations and determining specific theories that are appropriate for intervention.

Various systems and ecological approaches have been extensively described in the literature; they have not been tested or delineated with enough specificity to be considered as theories. A number of advocates of the systems/ecological framework, known as metatheory, or an umbrella framework can be used as a base from which to incorporate additional theories.

A general systems framework has been discussed in the literature of many disciplines—medicine, biology, anthropology, psychology, economics, political science, sociology and education—for many years and it has been used somewhat differently in each discipline. Its principles, as well as similar principles associated with social systems, or systems associated with living things, have been incorporated into the social and human service literature since the beginning of social and human services.

It should be noted that some social and human service theorists clearly separate the systems perspective and the ecological perspective,
considering them two distinct frameworks. These theorists view the **systems framework** as largely relating to the structure, or the systemic properties of cases, which helps us focus on how variables are related and to order systems within the environment according to complexity. Meanwhile, the **ecological perspective** is perceived as one that focuses more on the relationships of person and environment, with greater emphasis on interactions and transactions than on structure.

Others incorporate the very similar concepts of both and refer to one framework, the systems/ecological framework.

**Interactions and interrelations**

Additional features in this framework emphasizes on **interactions and interrelations between units** rather than on the system or subsystems themselves. More attention is given to the need to focus on associations among larger number of factors rather than cause-and effect relationships between two factors since interactions and interrelatedness suggest constant motion, fluidity, and change.

Relatedness and interactions incorporate the concept that a change or movement in one part of the system, or in one system, will have an impact on the larger system, or other systems as well. Interactions and interrelatedness occur continually through constant flows of energy within and across systems. This creates natural tensions, which are viewed as healthy if communication is open, because the energy flow creates growth and change.

**Feedback** among systems is a vital part of the systems/ecological perspective, which stresses on communication. It is important that social and human service workers and others who work within and across
various systems understand those systems' goals and communication patterns.

- **Steady State**

  Steady state is when systems are not static but are steadily moving, in which the system is **constantly adjusting** to move toward its goal while maintaining a certain amount of order and stability, giving and receiving energy in fairly equal amounts to maintain equilibrium.

- **Critiques**

  Critiques of the systems/ecological system framework argue that it encompasses broad environment yet ignores the **psychosocial and the intrapsychic aspects** of the individual. Because it incorporates everything, it is too complicated, making it easy to miss important aspects of a situation.

**FIGURE 3: Stages of Helping Process in Systems/ Ecological Perspectives**

<table>
<thead>
<tr>
<th>STEP 1: DIALOGUE</th>
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<td>To share and establish collaborative relationships with client and to clarify client's perspectives and worker's perspectives regarding strength, challenges and needs.</td>
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<th>STEP 2: DISCOVERY</th>
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<td>To search or explore resources and strengths client may not know they have, to assess or explore feelings and determine needs, and to develop plans and frame solutions.</td>
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<tr>
<th>STEP 3: DEVELOPMENT</th>
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To strengthen and help clients get what they need, to activate resources, including client’s personal resources, and to recognize success and reinforce strength.

Application: Think of an issue in social and human services in terms of the system/ ecological framework. Look for the ways human service professionals address the problem. You can search for this information in the newspaper or journal articles. Identify the strategies used in terms of dialogue, discovery and development.
UNIT 3
BASIC UNITS IN SOCIAL
AND HUMAN SERVICES

3.0: INTRODUCTION

Social and human services are made of several basic units. These units are important for the daily operations at any social and human service organizations.

Objectives:
- To describe the basic knowledge required in social and human services
- To discuss the roles, responsibilities and activities of human service workers
- To identify types of clients and their needs
- To explore research opportunities in social and human services
- To study the mechanism of group work
A general job description for a human services worker centers around six main areas of knowledge, skill and attitudes that are most needed to be able to function effectively.

1. The ability to understand the nature of human systems.
   Human service workers must be prepared to understand the human system that includes interactions between individuals, group, organization, community, and society. Workers must be aware of the dynamics, structure and arrangement of the human system that affects and create human problems.

2. The ability to understand the conditions that promote or limit the optimal functioning in the human systems.
   Workers must be knowledgeable in various models of causation that can be used for treatment and rehabilitation and in promoting healthy functioning.

3. The ability to identify and select interventions that promote growth and goal attainment.
   Workers must be able to conduct problem analysis and select strategies, services or interventions that suit the clients.

4. The ability to plan, implement and evaluate interventions.
Workers must be able to design a specific plan of action and implement it systematically. Workers must also know how to assess and evaluate the interventions in order to ensure that goals are met.

5. **The ability to be consistent in behavior when selecting interventions that agree with values of own self, clients, employing organization and the human service profession.** Workers must be aware of own values as well as the organizational values as stated in the goal statement. Workers must also be able to appreciate client's personal values, lifestyle and goals.

6. **The ability to process in planning and implementing services.**
   Workers must be able to utilize themselves in responding to the needs and requirement of the services. Skills such as verbal and oral communication, interpersonal relationship, self-discipline, time management and most importantly, motivation is required to be able to apply themselves in serving the clients.

### 3.2. SOCIAL AND HUMAN SERVICES - WORKERS

#### 3.2.1 Definition

"A human service worker is anyone who is trained or educated in helping activities. A human service worker is a person who does not have traditional professional academic credentials but who, through experience, training, or education, provides helping services."

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• A human service worker is a trained entry-level professional. The human service worker provides uniquely designed interventions for individuals experiencing emotional, cognitive, and/or social problems (Cogan, 1993).

• Although definitions of the human service worker may vary, all share one characteristic. In effect, what is being described by these is a **generalist worker**, a concept that was touched upon by the Southern Regional Education Board (SREB) (1973, 1978). The SREB describes five characteristics of the generalist that are applicable to human service workers:

  1. A generalist works with a limited number of clients or families to provide services as needed by the clients and their families.
  2. A generalist is able to work in a variety of agencies and organizations that provide human services.
  3. 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.
  4. A generalist is familiar with a number of therapeutic services and techniques.
  5. A generalist is a human service professional who is expected to continue to learn and grow.

3.2.2 Categories

• According to Austin (1975, 1978), there are 358 tasks of human service workers identified in a major study. These common tasks cut across the various subspecialties of the Florida Department of Health and Rehabilitative Services and provided empirical support for the rough categorizations of Southern Regional Education Board (SREB). Thirteen
major activities that human service workers engage in have been further
detailed into four main areas by the SREB (1979): linkage or advocacy,
treatment or planning, administration or management, and therapeutic
environment control.

FIGURE 3.1 Four Categories of Human Service Workers

In providing linkage or advocacy, an outreach worker helps to detect
people with problems, refer them to appropriate services, and follow them
up to make sure they continue to their maximum rehabilitation. A broker
helps people get to existing services and assists the services to relate
more easily to clients. An advocate promotes, pleads and fights for
services, policies, rules, regulations and laws for the client’s benefit while
a mobilizer helps to get new resources for clients.

In treatment or planning, a behavior changer carries out a range of
activities to change behavior and a caregiver provides services for people
who need specific ongoing support. Also, there is the assistant to
specialists who helps relieving the burden of the specialists in doing some
tasks.
In administration or management, an evaluator assesses client and community needs and problems to formulate plans whereas a consultant works with other professions and agencies regarding their handling of problems, needs and programs. A community planner works with the community board and other committees to ensure that community developments enhance self and social actualization or at least minimize emotional stress on people. A data manager performs all aspects of data handling, gathering, tabulating, analyzing, synthesizing, program evaluation and planning. An administrator carries out activities that are primarily agency or institution-oriented.

Finally, in therapeutic environment control, a teacher or an educator acts as a human service worker who performs a range of instructional activities for the clients through teaching and various educational programs.

- The ability to serve these functions is recognized in four levels of competence:

**FIGURE 3.2 Four Levels of Competence in Human Services**

Level I: Entry Level → Level II: Apprentice Level → Level III: Journeyman → Level IV: Master of Professional Level

Level I is the entry level in which workers who have very little or no experience receive several weeks or several months of instructions on how to provide the service. Level II is the apprentice level in which
workers who have extensive experience are given formal training. This level is equivalent to an associate of arts degree in human services. Level III is known as the journeyman whereby the experience and training received by workers are equivalent to a baccalaureate degree level. Then there is level IV of master or professional level for workers who have a master’s degree or doctorate or and expertise by substantial experience and are highly competent in doing their jobs.

3.2.3 Roles and Functions

• A human service worker involves in activities which aim to help individuals, families, organizations, groups, or communities engage resources that will alleviate human problems. These activities also enable clients to develop capacities & strengths that will improve social functioning.

• Social and human service is an active “doing” profession that brings about positive change in problem situations through problem solving or prevention. They are committed to making changes in societal values and policies that limit or prohibit the free participation of individuals. Each worker has to have a professional responsibility to work for changes in restrictive practices that prevent maximum social functioning.
Case Study: Trish the Counselor

Trish is a 27 years old counselor who earns a master's degree in human services and works at a rape counseling center. Her job is to help rape victims to deal with the experience and carry on with their lives. Trish guides the women to be aware of their fear, hurt and pain through one-to-one, couple or group sessions. During these sessions, Trish helps them to talk about the incidents and their feelings. Some have fear of leaving their homes or become sensitive of other people's perception towards them. Some have trouble communicating with spouses after the rape and others are too ashamed to face the public, family or friends. Trish works closely with the police and sometimes gets called to the station to help with the victims when there is a rape case.

Discussion: Describe Trish's role, function and strength as a human service worker and identify which category she fits in. What additional things that she can do as an advantage of the generalist approach?

3.3: SOCIAL AND HUMAN SERVICES - CLIENTS

- Social Human Service (SHS) workers promote social justice & social change with and on behalf of clients. Client or Client System is used inclusively to refer to Individuals, Families, Groups, Organizations, 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 agencies or in private practice. This work is aimed at helping people, on a one-to-one basis, to resolve personal and social problems. This work with individuals includes a variety of activities, such as:

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

Often the focus of SHS work is on the family. 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 members and another reason for focusing on the family is that the participation of all members is often needed in the treatment process.

Example:
A 40-year old client had been drinking for the past 10 years and this habit had been affecting his marriage. His children were often neglected whenever he was under the influence of alcohol. When he was not drinking, he was able to function normally and had been a good father and husband. In treating this client, other family members can put pressure to make him acknowledge that a problem exists. The family members may all need counseling to assist them in coping with the alcoholic.

- SHS workers also deal with group clients. 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, and each aware of their positive interdependence as they strive to achieve mutual goals”.

Group SHS work has its historical roots in informal recreational organizations such as scouting and settlement houses. Today, almost every SHS agency provides one or more of the following types of groups: recreation-skill, education, socialization and therapy.

- Other types of clients include organizations. An organization is a collectivity of individuals gathered together to serve a particular purpose. The types of purposes (goals) that people organize themselves to achieve are infinite in number and can range from obtaining basic necessities to attaining world peace.

Organizations 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 analyze not
only the organization but also other agencies that the worker interacts with.

- In **community practice**, a SHS worker's activities include encouraging and stimulating citizen organization around one or more issues, specifying the nature of the problem, coordinating efforts among concerned groups, fact-finding and formulating realizable goals. Community practice will be defined 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. The most basic skill needed in community practice is the ability to work effectively with people.

3.4 SOCIAL AND HUMAN SERVICES – RESEARCH WORK

- It is most important in SHS work to generate new knowledge & evaluate practice methods to ensure that client systems are understood and adequately served. Research work in SHS refers to any discipline strategy of inquiry and sometimes equated with the gathering of facts. There are three specific types of research:

1. Disciplinary
2. Policy
3. Evaluative
Disciplinary research is the research to expand or modify the understanding of social, political, economic & psychological processes so that social behavior can be explained. It begins with paradigm or perspective to analyze a particular topic and sometimes the research process starts with observations.

Policy research is a specialized form of inquiry whose purpose is to evaluate the reliable and relevant knowledge for public officials and others in the government. It is structured to identify, assess & evaluate public strategies used to produce end results.

Evaluative research is to review the literature generally available, measure the extent to which a program attains its goals and evaluates the effectiveness of the direct work of workers with clients. The process involves identifying goals, formulating operational definitions and demonstrating a causal connection.

3.5: SOCIAL AND HUMAN SERVICES—GROUP WORK

- Group work is a process and activity that seeks to stimulate and support more adaptive personal functioning and social skills of individuals through structured group interaction. The development of effective skills in communication and effective problem solving technique is the goal of group work experience.

- Generally, groups may be classified in terms of a specific purpose. The common types of groups are:
- **Recreational groups**
  Their aim is to provide for members' entertainment, enjoyment and experience. Examples: sport groups such as basketball and football groups.

- **Recreational skill groups**
  They provide an environment that promotes development of skill within a recreational or enjoyment context. Group tasks are emphasized and instruction is provided by the resource person (i.e. a coach). Examples: Sport groups such as basketball & football groups.

- **Educational groups**
  They serve as a channel to transmit knowledge and enables members to acquire more complex skills. Examples: Language groups such as English, Japanese language groups.

- **Socialization groups**
  They aim to stimulate behavior change, increase social skills and self-confidence as well as to encourage motivation. Examples: motivational groups

- **Self-help groups**
  This approach is designed to resolve personal or social problems. Examples: Alcoholics Anonymous group, Kelab Bekas Penagih

- **Therapeutic groups**
Consists of individuals who have difficulty in dealing with emotional problems associated with divorce, alcohol & drug related problems, parent-child relationship problems and others.

- **Encounter groups**
  Main objective is to assist individuals in developing more self-awareness and interpersonal skills. Many different titles of this group: training groups, sensitivity groups & personal growth groups

- The effectiveness of group development and the achievement of group outcomes depend mostly on its purposefulness, leadership, selection of group members and size of group.

**FIGURE 3.4: The Theory for Group Work Practice**

<table>
<thead>
<tr>
<th>Why?</th>
<th>What for?</th>
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<td>Social work group is a direct practice.</td>
<td>Group theory is a framework for change.</td>
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*GROUP PRACTICE*

<table>
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<th>What is required?</th>
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<td>Broad based understanding.</td>
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<tr>
<td>Skills and sensitivity.</td>
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• In group practice, principles of social work are included in the change process. Among others, the principles stresses the ability to:

1. Assure members' dignity and worth
2. Develop groups' purpose and roles
3. Assess individual/whole group problems, needs, and support
4. Develop group identity – unique character, relationships, needs
5. Develop communication – expression of feelings and emotions permitted
6. Plan and implement group activities for constructive interaction, assessment, advancement of group’s purpose
7. Prepare for termination

• The life cycle of group comes in various developmental stages. The first stage is called the beginning in which basic orientation is explored and members get acquainted with one another. The second stage is called norm development whereby the group establishes ground rules for operation and shows the beginning of trust among group members. Next, there is the conflict phase – members assert individual ideas, question group’s purpose and suggest leaving the group or disbanding group. This is followed by the relationship phase that replaces initial conflict with acceptance; work through conflicts; deepening relationships, sharing leadership, tasks and trust. Finally, the group engages in the termination phase which is the ending of the group. This requires recognition of the ending of group experience and personal growth.

• The evaluation of group work involves examining the professionalism of practice, the extent to which group objectives are met, the effectiveness of ongoing or total group process (at the termination stage), the activities and behaviors related to group performance, other group factors related to
personal/ group goals and objectives and the basis for efficiency and better quality of services in maintaining rigorous evaluative standard.

- **Termination** takes place when the established group’s purposes, group goals and members’ personal goals are achieved. The group may also be aborted when there are unattainable goals in which dysfunctional behavior of one or more group members disrupts group’s activities. This conflict is typical in group development but what is most important to individual or group’s growth is how the conflict is addressed how well the group handles termination. Worker must be sensitive to needs of group members at the time of termination and assist them in phasing out their attachment to the group.

### 3.5: SOCIAL AND HUMAN SERVICES—WORKING IN A MULTICULTURAL SOCIETY

- Human service workers today normally find themselves working in a multicultural environment in which their clients come from different and often unique backgrounds.

Example:

It is a norm for Native Americans when young children have "Mongolian spots" on their bodies that resemble bruises. However, other people may think that these marks are signs of physical abuse. In other cultures, during some religious ceremony, the spiritual leader becomes unconscious,
convulses and speaks in a strange language. He claims to be able to 'see' the demons that makes a patient ill, then initiates a 'conversation' with the demon, demanding it to 'leave' the patient. Other people may think of this behavior as a psychological problem and in need of psychiatric treatment.

- Therefore cultural competence is most important for workers to be able to function effectively. Workers must be fully aware of their own cultural values, attitudes and beliefs, and then they must have a general understanding of and respect for other cultures. There are five aspects in raising cultural competency and ethnic sensitivity:

1. **Valuing diversity**

   It is most important to be able to know and accept the cultural differences in the client’s background. By recognizing these differences, workers can design the suitable approach to help the clients effectively.

2. **Cultural self-assessment**

   Workers must be aware of their own cultures and factors that may affect their perception towards other cultures. They may want to examine and search the history of their own background to better understand inherited beliefs and values.

3. **Dynamics of difference**

   Workers must be sensitive to the dynamics of relationships between people of different backgrounds. Past prejudice or
other social problems between two cultures may affect the way they behave towards one another.

4. Development of cultural knowledge
Workers must incorporate the acknowledgement of cultural diversity among staff of people involved in developing the service system. Different sets of cultural values, beliefs and expectations must be considered to benefit different sets of clients.

5. Adaptation to diversity
Workers who understand and accept other cultures’ values and practices can adapt their approach to helping clients to suit the needs and requirements based on the surrounding cultural environment.

- The level of cultural competence can be assessed based on six basic criteria:
  1. Cultural destructiveness, which looks at attitudes, values, policies and actions that have destructive or demeaning effect on the culture and the people involved.
  2. Cultural incapacity, which based on biases, beliefs in preference of other cultures that are more dominant or superior and discriminating behavior towards a lesser valued culture.
  3. Cultural blindness, which believes in treating everyone the same and without prejudice of any culture.
  4. Cultural precompetence, in which human services workers recognizes their weaknesses in serving minorities and work towards improving the services.
5. Cultural competence, in which cultural differences are respectfully accepted and services are adapted towards better accommodating the minorities.

6. Advanced cultural competence, in which relevant aspects of the culture are well acknowledged and becomes a major factor in designing approaches to service towards improving relations within the system.

Application: Interview several human service workers in your community. How do they work in a multicultural environment and what are the examples of their encounters in dealing with clients of profound cultural differences?
UNIT 4

PROBLEM SOLVING

4.0: INTRODUCTION

The previous units have covered the bigger picture or framework for human services. In this unit, students will be exposed to problem solving which is one of the most important foundations of human services. Problem solving plays a major role in helping clients that are being served. As professionals who deliver human services, service providers are actually helpers in the business of problem solving. Clients seek help due to problems related with unfulfilled needs, dilemmas, or life situations. By understanding problem solving, it is hoped that human services can be optimized, thus lead to an improvement in quality of life of the recipients of such services.

Objectives of the unit:

By the end of the unit, students will be able to:

a. Discuss the meaning of problem solving
b. Explain major contributions of problem solving in human services
c. Describe the various techniques in solving problem

Understanding Problems Encountered in Human Services

In general, problems are inevitable, in which every human-being as individual, or as member of a family unit or the larger community endure problem solving process in daily living. The problems may vary in frequency, types, size or even duration. It is worth to note that some people may be able to tolerate the
problems far better than others by approaching or solving them according to their own unique problem solving style. Some may adapt systematic and well planned approach while others may depend upon a more spontaneous approach in dealing with problems. The following are examples of problems that can be encountered in human service practice:

- A client who lost his job, has many people in his household, unpaid rent, fear of “loosing it”
- A single mother who works all day long, had to leave her young children “home alone”, while her teenage child is involved in drug abuse
- Dilemma faced by the human service workers dealing with teenage pregnancy and abortions
- A delinquent teenager who portrayed that every boy in his area are members of the gang and nobody cares
- A woman who denies the fact that her new husband has been abusing her daughter sexually
- People who may be suicidal due to the overwhelming pressure on certain aspects of life, such as academic achievement, beauty and wealth
- A frail, childless elderly who has been looking for shelter and food

The above examples are indication of the myriads of problems that people are bringing to the attention of human service providers varying in terms of types and complexity. Some problems can be relatively simple, such as trying to get the health status i.e. sugar level of a client may just solved by identifying the nearby medical clinic that can provide such services for free or with minimum fee. Others may be complex, involving many related parties, may have developed over time and may have several related components. Some problems can be very dangerous, complicated or life threatening.

Problems can be caused by various factors, i) external such as the economic growth of the country, inflation, and economic downturn; or ii) internal such as the
self factor, diseases, personality or iii) relational, such as conflicting relationship with one’s spouse or family of origin.

Understanding the clients and problem solving process
People who seek help or better known as the clients, do so when they face problems they cannot solve on their own. This may due to the limitations in resources both tangible and intangible. The clients can be individuals, couples, groups (formal and non-formal groups, families) or larger groups. In a simplistic way of thinking a human service provider may have the assumption that a client is “poor, deficient in one way or the other”. However, one has to remember that problems are just part of our daily living and every one of us is a potential client. Clients may experience physical, emotional or relational problems or combinations of them. Some clients face problems directly while others do so indirectly, such as an alcoholic husband experiences physical problem dealing with the addiction while the wife and children may suffer indirectly by the physical abuse, negative emotions such as fear and hatred, and economic instability.

Understanding the clients take a real work by the service provider or the helper. It is important to note whether the referral of the client’s case to you is required or mandated or voluntarily. The type of referral will definitely influence the readiness and willingness of the clients to work on the problem solving process. Clients as human beings can be highly tolerable while some can be very difficult to work with. The following are some types of clients that can be encountered and strategies on how to work with them. These typology is based on McClam and Woodside (1994).
1. The motivated client – highly motivated to change, never late or miss appointments, always follows up on suggestions. The client seek help, willing to make changes and "go all out". Helpers are to guide and assist in exploration, listen attentively and encourage action.

2. The reluctant client – if given choices would prefer not to come for help, prefer not to talk about self let alone his or her problem, normally such clients are referred to by a third party (court, school system, employer etc). May miss appointments, not willing to talk much, always in denial, showing negative attitudes, "not into it". Such client can easily involve in premature termination; if the reluctance is ignored the process is yielding a negative outcome or failure. A helper must recognize and acknowledge the client’s feelings of reluctance, explain the whole process of helping relationship. Positive regards of the client is highly praised in such cases, patience, genuineness and passion in helping are highly praised.

3. The resistance client – normally referred to in a mandatory mode (however, some motivated, help seekers can also become resistant when they need to make major decision or take actions). Change is inevitable and some clients are not able to face the challenges of "having to change" or unable to foresee the benefits of changing. Such clients normally miss appointments, in denial, inattentive and showing other negative behaviors. Helpers can address the resistant behavior during problem solving process. Communicate support for the client’s feelings and address the client’s wishes for problem resolution. Ask for their view on what is best and how it can be done. A helper can also temporarily change the pace, topic and level of discussion in order to "stimulate" the client to "open up".

4. The culturally different client – cultural diversities do exist in every society. For a helping process to be effective, all human service
providers must be sensitive to the different cultural values held by both the client and themselves that may impact the process. Awareness of and sensitive to the differences may facilitate the helping process.

5. The overly demanding client – this type of clients often tries to monopolize the helper’s time and attention. They have the tendency to become overly dependent on the helpers and such behaviour will never bring the client away from his existing problems. Helpers must set boundaries and explain rules and regulations regarding the whole process of helping relationship.

6. The silent client – such client may use silence to indicate multiple meanings such as unreadiness, unwillingness or worry to face changes as suggested by the professional helpers. Such behaviour may lead inexperienced, young helpers to assume on a lot of things thus produce an ineffective helper-client relationship. Proper guidance and encouragement may lead to the client to slowly open up to the whole process. Helpers must not rely on the stereotyping of meaning of silence such as in agreement, disagreement without giving the opportunity for a real conversation to take place.

Understanding clients and the way they react or behave towards problems and problem solving process is highly crucial to ensure the success of the helping relationship.
What is Problem Solving?

Problem solving is defined as the “orderly way of thinking and planning that proceeds through identifiable steps” (Brill, 1990). According to Egan (1990), problem solving is problem management and opportunity development while Epstein (1981) stated it as “the ability to identify and solve problems systematically and logically. McClan and Woodside (1994) concluded that most of the definitions of problem solving seem to support the fact that problem solving is a structured and complex process.

In sum, there are four characteristics of the problem solving process that enable us to better understand the concept, which are:

i. Identifiable stages – it helps clients to understand the flow and direction of the process; these steps, however, may overlap or may take place unobtrusively

ii. The process is learned – through own experience, by observing others or by studying the process

iii. Problem solving is non-linear – certain steps may not follow the normal order, some may crop up in the middle of the process

iv. Problem solving and decision making always go hand-in-hand where decision making is very crucial in problem solving
Identifying Problem

The role of social and human service worker is to “help” the clients to identify and explore problems and opportunities. Identifying problems is a critical task that can be secured through 3 ways:

1. Client initiation – the most common route where a client expresses complain which are then explored
2. Interactive – problems emerge through a dialogue between the client and the social worker, in which neither is a clear initiator
3. Practitioner (social worker) initiation

Problem Exploration

Problem exploration is the data gathering tool for assessment activities which involve efforts to understand the dynamics of the problem and its contextual features as well as to delineate the frequency and severity of its occurrence. It is largely a cognitive process whereby assessment is led by the practitioner but should involve the client as a collaborator. While the practitioner can contribute professional knowledge, the client has unique personal knowledge and experience of the problem and its context.

The practitioner has to explore the problems by getting the following information from the client direct or indirectly:

- A factual description of typical occurrences of the problem
- Frequency of the occurrence
- The seriousness with which the client views it
- Its apparent origins
- What clients have done to alleviate it
- How well these efforts have worked
The relevant context of the problem needs to be examined to locate possible causative factors, potential obstacles to problem solving action and resources that might facilitate a solution.

After some initial explorations, the problem may be formulated or defined with the client to determine if it is one the clients want to work on, therefore exploration may be resumed.

Selecting target problems

Target problems are problems that that the practitioner and the client explicitly agree will become the focus of their work together. If these problems are based on what the client wants as they are examined and expressed in the initial encounters with the practitioner. In this process, the client’s initial conception may undergo change or unexpressed difficulties may be brought to light.

Target problems are acknowledged problems, i.e. the client must explicitly agree that a concern is his or her problem to be solved. After the problems are identified, they are ranked in the order of importance to the client. This ranking is usually the basis for deciding in which order the target problems will be addressed.

Following problem identification and initial exploration, the practitioner attempts to formulate the problem. Usually practitioners initiate the process by stating the central concerns clients have expressed. It is well to note that this formulation is not a simple summary.

Practitioners attempt to frame the problem in a way most likely to foster constructive problem-solving actions on the client’s part while still reflecting on the client’s own concerns. To set the stage for client task, the problem statement
should reflect how clients might act differently to obtain what they want. Goals may be included as part of the problem formulation, depending on the nature of the problem and the client’s readiness to engage in a goal setting process. The purpose of the problem formulation is to capture the client’s major concerns in a way to set the stage for them to begin to take medial actions.

The followings are the principles of helping the client to understand their problems:

1. **STORIES** - Help clients tell their stories in term of problem situations and unused opportunities.
2. **BLIND SPOTS** - Help clients identify and move beyond blind spots to new perspectives on their problem situation and opportunities.
3. **LEVERAGE** - Help clients choose issues that will make a difference in their lives.

**Principles In Helping Clients Tell Their Story**

1. **Learn To Work with All Styles of Storytelling**
   - Acknowledge individual and cultural difference
   - Single issue/multiple issues
   - Deal with inner word/outer world
   - Consider the fact that client may be voluntarily or referred to seek for help
   - Identify Core story / secondary story
2. Start Where Your Clients Start.
   - Clients have different starting points when they launch into their stories-stay with your clients.
   - Review failed solutions
   - Choosing a goal
   - Talk about suitable, workable strategy
   - Discuss implementation

Study these examples:

"I thought I knew how to handle my son when he reached his teenage years. "He is trying all sorts of crazy things, so keep the reins tight," I said to myself. Well now things are awful. It's not working. He is out of control."

>> Failed solution

"I don't know whether I want to be a doctor or a politician, or at least a political scientist. I love both but I can't do both. I mean I have to make my mind up this coming year and choose my college courses. I hate being stuck with a decision."

>> Choosing a goal

3. Help Client Clarify Key Issues
   - Discuss problem situation and unused opportunities.
   - Helping clients explore the background or context of concern.

4. Assess The Severity of Client's Problems
   - Client come with problem with various degree of severity
   - Problems run from the inconsequential to the life threatening.
   - If the clients thinks that a problem is critical than for him/her, therefore it is critical.
   - 'Catastrophes' - judge a problem as severe than it actually is.
   - Helps clients to distinguish between degrees of problem severity.
   - Some problems are not clear — need to understand in the context of
     their historic roots.
   - Help clients to uncover the past.

   "Although many of us have been traumatized in the past, we are not the
   victims of our past unless we presently choose to be. The solution to our
   problem is rarely found in explorations of the past unless the focus is on
   past success". – William Glasser

   - Help clients talk about the past to make sense of the present.
     How the past is discussed is more important than whether it is
     discussed or not.
     "So your father’s unproductive interpersonal style is, in some ways,
     alive and followed by you"

   - By relating the present into the past, clients may feel that his
     current nasty style is not his/her fault, then he has a new problem.

   - Help clients talk about the past to be liberated from it.
     ‘I am what I am today because of my past. But I cannot change my
     past. So how can I be expected to change today?’

     This is not a liberation talk. Clients may see themselves as prisoner
     of their past but social worker need to assist clients in moving
     beyond such self-defeating beliefs.

     "Someone said that good things come from evil things. What
     happened to my son was evil. But we will give him all the support
     he needs to get through this. Though I had the same thing happen
     to me, I kept it all in until now. It was all locked up inside. I was so
     ashamed and my shame became part of me. When I let it all out
     last week, it was like throwing off a dirty cloth that I’d wearing for
     years. Getting it out was so painful, but now I feel so different, so
     good. I wonder why I had to hold it in for so long."
When the social worker encourages client to talk about the past, they should have a clear idea of what their objectives is.

- Help clients talk about the past to prepare for action in the future.
- Help clients invest the past proactively in the future.

‘history not used is nothing, for all intellectual life is action, like practical life is action, like practical life and if you don’t use the stuff –it might as well be dead’. A.J. Toynbee

Discussions of problem should lead to action and help clients to put things into perspective.

**Things That Should Be of Concern by Social And Human Service Workers**

1. Establishing a working alliance
   - Developing a collaborative working relationship with the client
   - Using the relationship as a vehicle for social-emotional reeducation.
   - Not doing for clients what they can do for themselves.

2. Helping clients tell stories
   - Using a mix tuning in listening, empathy, probing and summarizing to help clients tell their stories, share their points, discuss their decisions and talk through their proposals as concretely as possible.
   - Using probes when client get stuck or lack clarity.
   - Understanding blocks to client self-disclosure and providing support for client who have difficulty talking about themselves.
   - Helping clients talk productively about the past.
3. Building ongoing client assessment into the helping process.
   - Getting the initial feel for the severity of a client's problems and
     his/her ability to handle them.
   - Nothing and working with client resources, especially unused
     resources
   - Understanding client's problems and opportunities in the larger
     context of lives.

4. Helping clients move to action.
   - Helping clients develop an action orientation.
   - Helping clients spot early opportunities for changing self-defeating
     behavior or engaging in opportunity-development behavior.

GOAL

In any helping relationship, goals serve as a tool that can mobilize clients’
resources for the purpose of action or in other words “to get people moving”.
Goals also provide channels for wise action in which it get clients headed to the
right direction.

Goal Setting as a Tool of Empowerment

1. Goals focus client’s attention and action.
2. Goals mobilize clients’ energy and efforts.
3. Clients with goals, are less likely to engaged in aimless behavior.
4. Goals motivate clients to search for strategies to accomplish them
5. Goals stated in specific terms increase persistence
   - Clients with clear and realistic goals don’t give up as easily as
     clients with vague goals or with no goals at all.
A study by Payne, Robins & Dougherty (1999) shows that:

- High-goal-directed retirees: more outgoing, involved, resourceful and persistent in their social settings.
- Low-goal-directed retirees: more self-critical, dissatisfied, sulky and self-centered.
- People with a sense of direction don’t waste time in wishful thinking
- They translate wishes in to specific outcomes toward which they can work.

**Why do we need to set goals?**

To have goals in life, in general is highly essential. Goals allow us to:

- Live lives that’s are going somewhere (gives a sense of direction)
- Have self-enhancing patterns of behavior in place.
- Focus on results, outcomes and accomplishment.
- Have a defined rather than an aimless lifestyle.

Without having goals in life, people in trouble often fail to use whatever creative resources they might have. In order to set goals and make it happen, there are certain skills that are needed. Social workers must acknowledge the fact that many of the clients may lack the skills.
Skills needed for identifying possibilities for a better future are as follows are:-

1. Optimism and Confidence
   • Clients are often depressed and feel powerless.

2. Acceptance of Ambiguity and Uncertainty
   • Clients may feel tortured by ambiguity and uncertainty and want to escape from them as quickly as possible.

3. A Wide Range of Interests
   • Clients may be people with narrow range of interests or whose normal interests have severely narrowed by anxiety and pain...

4. Flexibility
   • Clients may have become rigid in their approach to themselves, others and the social settings of life.

5. Tolerance of Complexity
   • Clients are often confused and looking for simplicity and simple solution.

6. Verbal Fluency
   • Clients are often unable to articulate their problems, much less their goals and ways to accomplishing them.

7. Curiosity
   • Clients may not have developed a searching approach to life or may have been hurt by being too venturesome.
8. Drive and Persistence
   • Clients may be all too ready to give up

9. Independence
   • Clients may be quite dependent

10. Non-conformity or Reasonable Risk Taking
   • Clients may have a history of being very conservative and conformist or may get into trouble with others.

Helping Clients Shape Their Goals

1. Help clients state what they need and want as outcomes or accomplishments
   • Goal stated as outcomes and accomplishment can provide direction for clients

2. Helps clients move from broad aims to clear and specific goals

3. Specific goals tend to drive behavior
   • It's different for each clients – each goal is unique
   • Tailored to needs & abilities of each clients.

4. Help clients establish goals that make a difference

5. Help clients set goals that are prudent

6. Help clients formulate realistic goals

7. Help clients set goals that can be sustained

8. Help clients choose goals consistent with their values

9. Help clients establish realistic time frames for the accomplishment of goals.
Practice Paradigms and Developmental Dimension

The following table indicates the listing of most common practice paradigms exist within the practice of social and human services. Each paradigm has its own strengths and weaknesses.

<table>
<thead>
<tr>
<th>Item</th>
<th>Practice Paradigm</th>
<th>Developmental Dimensions</th>
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<tbody>
<tr>
<td>1</td>
<td>Psychodynamic</td>
<td>Cognitive + Social</td>
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<tr>
<td>2</td>
<td>Cognitive/Behavioral/Communication</td>
<td>Cognitive + Social</td>
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<tr>
<td>3</td>
<td>Experiential/Humanistic/Existential</td>
<td>Affective</td>
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<td>4</td>
<td>Transpersonal</td>
<td>Spiritual</td>
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<tr>
<td>5</td>
<td>Case management</td>
<td>Social</td>
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<tr>
<td>6</td>
<td>Bio-psycho-social</td>
<td>Physical</td>
</tr>
<tr>
<td>7</td>
<td>Local and global community</td>
<td>Social + Spiritual</td>
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Example: Intervention strategy for one depressed woman may be:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Practice Paradigm</th>
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<tbody>
<tr>
<td>Aerobic exercise</td>
<td>Bio-psycho-social</td>
</tr>
<tr>
<td>Replacement of thinking errors</td>
<td>Cognitive/Behavioral/Communication</td>
</tr>
<tr>
<td>Gestalt group work</td>
<td>Experiential/Humanistic/Existential</td>
</tr>
<tr>
<td>Referral to career counselor</td>
<td>Case management</td>
</tr>
<tr>
<td>Meditation</td>
<td>Transpersonal</td>
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</tbody>
</table>
Every Human Problem Related To Many Factors Including:

- INTRAPSYCHIC – existing or taking place inside a person’s mind or self.

- INTERPSYCHIC – an extended psychic dimension; joint functioning and reciprocal influences of two minds.

- ENVIRONMENTAL – factors originating from the environment e.g. social conditions.

**Intrapsychic: Cognitive aspects**
Example of Clinically-Derived Theory:

**Intrapsychic vs. Interpsychic Suicidality (Jobes, 1995)**

```
Intrapsychic Suicidal
Internal pain Focus
Private suicide
Axis I
(e.g., Vince Foster)

Interpsychic Suicide
External pain Focus
Public Suicide
Axis II
(e.g., Marilyn Monroe)
```

Please refer:
<table>
<thead>
<tr>
<th>Four Forces</th>
<th>Selected Models</th>
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<tbody>
<tr>
<td>1. Psychodynamic</td>
<td>• Psychoanalytic</td>
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<td>• Adlerian</td>
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<td>• Object relations</td>
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<td>• Self psychology</td>
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<tr>
<td>2. Cognitive/Behavioural/Communication</td>
<td>• Paradoxical</td>
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<td></td>
<td>• Relational Emotive Therapy</td>
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<td>• Reality Therapy</td>
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<td>• Cognitive Therapy</td>
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<tr>
<td>3. Experiential/Humanistic/Existential</td>
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<td>• People making</td>
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<tr>
<td>4. Transpersonal</td>
<td>• Hendricks and Weinhold</td>
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### Four Forces Of Psychology And Practice With Couples

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<tbody>
<tr>
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<td>• Object relations</td>
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<td>• Systemic</td>
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<td>3. Experiential/ Humanistic/</td>
<td>• Client centered</td>
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<tr>
<td>Existential</td>
<td>• Gestalt</td>
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<td>4. Transpersonal</td>
<td>• Hendricks and Weinhold</td>
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Four Forces Of Psychology And Practice With Families

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<tbody>
<tr>
<td>1. Psychodynamic</td>
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<td></td>
<td>• Group</td>
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<td></td>
<td>• Behavioural</td>
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<td>2. Cognitive/Behavioural/Communication</td>
<td>• Communication</td>
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<td>• Strategic</td>
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<td></td>
<td>• Structural</td>
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<tr>
<td>3. Experiential/Humanistic/Existential</td>
<td>• Experiential</td>
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<td>4. Transpersonal</td>
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<td>• Transactional</td>
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<td></td>
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<td>• Paradoxical</td>
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<td>• Behavioural</td>
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<td>• Reality Therapy</td>
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<tr>
<td>3. Experiential/ Humanistic/ Existential</td>
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<td>• Psychodrama</td>
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<td>• Gestalt</td>
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<tr>
<td>4. Transpersonal</td>
<td>• Process oriented</td>
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</table>
Case Management And Biopsychosocial Paradigms Of Practice With Individual, Couples, Families And Groups.

<table>
<thead>
<tr>
<th>Four Forces</th>
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<tr>
<td>1. Case management</td>
<td>• System linkages</td>
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<td>• Environmental structuring</td>
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<td>2. Bio-psychosocial</td>
<td>• Psycho-pharmacology</td>
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<td>• Diet</td>
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<td>• Exercise</td>
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<td></td>
<td>• Bodywork</td>
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<td>• Relaxation/ Stress reduction</td>
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<tr>
<td>3. Local and Global Community</td>
<td>• Community development</td>
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<td>• Community social work</td>
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<td>• Community working</td>
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<td>• Community stewardship</td>
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<td>• Deep ecology</td>
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<td>• Transpersonal ecology</td>
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<td></td>
<td>• Global Family Therapy</td>
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<td></td>
<td>• Personal Power</td>
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<td></td>
<td>• Global consciousness</td>
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</table>
The following are descriptions on each paradigm. Observe all important characteristics of the paradigms and how they might work for specific target problems.

1. PSYCHODYNAMIC PRADIGM

If you want to understand who the individual really is, understand that person’s love life. Psychodynamic work can help the individual understand how her lifelong personal experiences of loving and being loved have contributed to her current ability to get her needs met in relationships with others.

When individual in the family increases his ability to love and be loved, marital-type relations and parent-child relations can improve. Family structure may/may not change (eg. Divorce), as individual in the family better understand what they need.

In the history of dysfunctional relationships or maltreatment, psychodynamic may reduce the chances that individuals will become future victims or perpetrators of family maltreatment. Community people become more effective at supporting each other’s development as people learn how to have more loving relationships with one another-less violent or unloved characteristic and destructive.

FOCUS
- Impact of past experience upon present intrapsychic (internal dynamic) and interschool (social) functioning.

DEVELOPMENTAL DIMENSIONS
- Cognitive (relationship between the past and the present) and psychosocial (developing loving relationship)
VIEW OF HEALTH

- The client is aware of her internal dynamics and able to get his personal needs met well enough in an imperfect world

VIEW OF PATHOLOGY

- The client’s childhood was unfriendly and may have included maltreatment and other trauma. To protect herself, the client developed childhood coping mechanisms that are now dysfunctional. Because the client is also unaware (unconscious) of her internal conflicts (between personal needs and negative views of herself and world), these conflict continue to limit the clients ability to love and be loved.

RELATIONSHIP

- More vertical than horizontal relationship between worker and client.
- Worker does not take responsibility for the client’s decisions.
- Worker is the expert-provides interpretations and leads the client in the exploration

STRENGTHS

- Psychodynamic work is ‘depth psychology’
- The client explores deep-seated internal dynamics

LIMITATION

- Time consuming
- Client can become focused primarily upon the past and ignore the present or future issues.
INTERVENTION STRATEGIES

- Interpretation
- Empathic response
- Artistic techniques
- Psycho education
- Storytelling

Psychoanalytic- interpretation: A case example

A worker is running a group for delinquent adolescent boys. One of the boys frequently criticizes the other boys in the group and disrupts the groups process. The worker tells the boy, “I have notices that you have been quite critical and disruptive again today. I wonder if the way you act in group similar to the way you have learned to act at home when you felt unsafe around your family. I also wonder if being critical and disruptive somehow makes you feel safer when you are around people”.

2. COGNITIVE/ BEHAVIORAL/ COMMUNICATION PARADIGM

Focus on the immediate factors associated with current human behavior. The goal is to modify and/or replace current undesirable behaviors. Behavioral psychology shifted the focus of assessment and intervention from internal issues to external (environment) influences on human responsiveness.

Cognitive therapy is to help client identify, examine, test and correct cognition and schema that are the root of current emotional, behavioral and coping difficulties.

Communications therapy focus upon practical, short-term results and emphasize problem solving over insight and feelings.
Generally, these intervention say that there are no human thinking or human behavior pattern that cannot be modified. At least some immediate behavioral changes that are often followed later by changes in thinking and finally in feeling.

This intervention may use in maltreatment case to help control the behavior. It challenges each client to change his thinking and behaviors in the relationship. The clients will be asked to reframe the way they view themselves, their partners and the relationships.

In family, communications in marital-type and parent-child relationships can become much more effective-family can learn effective and nonviolent ways to resolve conflicts and solve problems. In groups, these interventions will be used with populations that need external structuring, require specialized skills or cannot tolerate other therapy (child development theory for parents).

Communities can focus resources toward helping local populations at risk by working to modify thinking errors and dysfunctional behaviors both in those populations and in the community as a whole-use public education strategies to combat oppression and improve social justice.

Global community can apply this intervention to international conflicts and problems-humanity to resolved global issues such as poverty, hunger, nuclear war, terrorism and environmental deterioration-not to use violent methods.
FOCUS

- Changing the way clients think and/or act. Focus on reducing unwanted symptoms and replacing them with more desirable thoughts and actions

DEVELOPMENTAL DIMENSIONS

- Cognitive (modifying thinking) and social (developing new social skills)
VIEW OF HEALTH
  * The clients uses realistic thinking and has functional behaviors.

VIEW OF PATHOLOGY
  * The client learned dysfunctional patterns of thinking and acting.

GOAL
  * Developing more functional cognitive and behavioral change in the here and now.

RELATIONSHIP
  * Vertical relationship; The worker is the expert, the educator and the physician who treat the client.
  * A more horizontal relationship is not only possible but may be effective in many cases.

STRENGTH
  * Quick result are often expected
  * Especially fit into short-term treatment models
  * Many clients find it easier to change their thinking and behavior than to deal directly with their emotions or spirit.

LIMITATION
  * Results may not extend to all aspects of client’s life.

INTERVENTION STRATEGIES
  * Replacing unhelpful thoughts with more helpful thoughts
  * Replacing unhelpful behavior with more helpful behavior
  * Conflict resolution and other problem-solving skills
  * Therapeutic maneuvers
  * Psycho education of knowledge and skills for living.
Cognitive/Behavioral/ Communication:

“Knowing” improves your ability to develop real discernment, greater associations, wise insight and better decision making.

[Diagram showing cognitive processes and existing vs. desired state:]

- Existing State
- Desired State

<table>
<thead>
<tr>
<th>NOT YET</th>
<th>CHANGEOUS</th>
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<tr>
<td>Unawareness→Consciousness</td>
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<td>Powerlessness→Efficacy</td>
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<td>Rigidity→Flexibility</td>
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<td>Adequacy→Craftsmanship</td>
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<tr>
<td>Isolation→Interdependence</td>
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Case example:

A social worker is with a lesbian couple who complain of frequent arguments and loss of love. The worker may at some point in the sessions, ask each woman to view her partner as wounded person who does not mean to harm her (rather than someone who is intentionally trying to hurt her). After this reframing, the worker might also then have the couple form of reciprocal contract, in which each agrees to change one behavior. One woman ask her partner to stop yelling at her. In return, she agrees to stop nagging.

Think of other possible cases that can use the cognitive / behavioral paradigm. In this paradigm, the worker is so called “the GURU” of the whole process, do you think that fact alone can influence the quality of the helping relations ship, how SO? What can be done to make such role and advantage for the client?
3. EXPERIENTIAL/HUMANISTIC/EXISTENTIAL PARADIGM

[Diagram with steps 1 to 5:
1. EXPERIENCE: the activity; perform, do it
2. SHARE: the results, reactions, and observations publicly
3. PROCESS: by discussing, looking at the experience, analyze, reflect
4. GENERALIZE: to connect the experience to real-world examples
5. APPLY: what was learned to a similar or different situation practice]
FOCUS

- Fostering of growth toward self-actualization through self awareness, self-acceptance and self-expression in the here and now.

DEVELOPMENTAL DIMENSIONS

- Emphasized on affective development-awareness, acceptance and expression of feelings.

VIEW OF HEALTH

- The healthy individual is self-actualizing or becoming her/himself. The clients feel good about herself, is responsible for herself and able to express who she is openly and honestly. The client can find meaning in her life.

VIEW OF PATHOLOGY

- The clients is not actualizing, does not feel good about herself, does not trust her personal experience and cannot find meaning in her life.

RELATIONSHIP

- Horizontal (equal)

STRENGTHS

- Tend to bring energy into relationship as issues and objectives are experienced in the here and now.
- The use of empathy, warmth and genuineness tend to help build the relationship.
LIMITATIONS

- The client may not ready yet to take more responsibility for her own growth
- Changes in awareness may not lead to changes in feeling, thinking and behavior.

INTERVENTION STRATEGIES

Confrontation

- The social worker directly challenges the client to grow.
- Make the client aware of the apparent incongruence between the client’s beliefs about self and reality.

Experiments

- The clients asked to try new behavior that is design to promote the client’s growth.
- Require the client to role-play different aspects about life.

Self-esteem work

- The social worker help the client increase her self-esteem using a variety of strategies.
  - Unconditional positive regard
  - Confirmation of otherness
  - Increase client’s awareness of their self-esteem

Evaluation

- According to Maslow, self-actualizing people tend to become self-evaluating.
- Client often being asked to evaluate their own progress when using this intervention
Need for Self-actualization
Need to realize one's highest potential

Esteem Needs
Need for achievement, education, competence, and respect

Safety Needs
Need for safety and security

Maslow's Hierarchy of Needs

Experiential/humanistic/existential Paradigm – case example

A client says, “I really screwed up when I lost my temper and told my boss that she was too rigid. The social worker says, ‘It is understandable that you finally said what you had been thinking all these years. At least you did not become verbally abusive. I think you have been very self-controlled at work’.”
WORK WITH COUPLES AND FAMILIES

The couples and families are more aware of their here-and-now emotional experience and develop greater emotional intimacy. The couples express their feelings directly with each other through verbal or nonverbal-drawing, sculpture or psychodrama.

When couples first fall in love, they often experience an intense emotional intimacy. Often that sense of intimacy will fade unless the couple works (understand, accept and communicate) the shadow aspects of the relationship.

In the family, when there is sufficient safety in relationship, the social worker asks the parents and children to be more aware and expressive of their emotional experience.

In groups, the intervention may be used to encourage deeper sharing of emotions between group members. The social worker may become more active as ask the clients to address each other directly, make eye contact and experiment with different words and other behaviors.

Eg. A worker may ask the members of a men's group to take turns giving each other positive feedback.
5. CASE MANAGEMENT PARADIGM

FOCUS
- Improving the quality and accessibility of resources and opportunities that support individual client development and welfare of all population.

DEVELOPMENT DIMENSIONS
- All dimension of human development
- Emphasized on social development (eg. Social skills that can empower client to develop and use resources)

VIEW OF HEALTH
- Ability of the client/system to provide the diversity of individuals, families and communities with equal access to resources, political power and opportunities for individual development.

VIEW OF PATHOLOGY
- Human and natural resources are depleted rather than kept sustainable and maximum self-sufficiency is not encouraged.

RELATIONSHIP
- Horizontal or vertical, depends on the development ability of the client.

STRENGTHS
- Always view the individual in the context of the client system (includes both the human and natural environment)
- Useful for clients who are vulnerable because of chronic mental or physical disabilities.
LIMITATIONS

- The provision of services that fulfill basic needs is important but always not enough. Many clients who need such resources as money, food, shelter or medical care may also need assistance in dealing with the emotional, cognitive, social, physical and spiritual.

MAIN FUNCTIONS

1. PROVIDING INDIVIDUALIZED ADVICE, COUNSELING AND THERAPY TO CLIENTS IN THE COMMUNITY.
   - Intervention from the four forces
   - First function intervention to facilitate second function interventions.

2. LINKING CLIENTS TO NEEDED SERVICES AND SUPPORTS IN COMMUNITY AGENCIES AND INFORMAL HELPING NETWORKS
   - Immediate need for basic resources eg. Child protective services, food, housing and etc
   - Must be initial priorities in a case
   - Will be needed as first intervention in the beginning phase of treatment-basic needs.
   - Important in termination phase of treatment which provide linkages between client and the environment-referrals.
INTERVENTION STRATEGIES

1. BEGINNING PHASE

- Safety/protective issues
- Crisis intervention
  - Stage 1: relief of distress
  - Stage 2: psychological intervention (cognitive and behavioral changes).
  - Stage 3: follow-up and referrals for client to return to the functioning level.
- Ecological assessment
- Establishment of psychotherapeutic relationships/support system

INTERVENTION PHASE

- Psychotherapy services
- Problem solving
- Client/system linkage roles
- Consultation
- Collaboration
- Advocacy
- Mediating
- Educational services
- Client/system modification roles
- Internal obstacles
- Environmental obstacle
TERMINATION PHASE

Social workers have the responsibility to consider

- Emotional process for the termination of relationship
- Evaluation of the case on all ecological levels

Case example:

A social worker sees a new client referred by the court system. The client is a 60 years old man who caught soliciting prostitution in a police raid. The man is a successful businessman, is married, and has five children and three grandchildren. The worker assesses that the man not only very depressed but also at risk for suicide. The worker also determines that the man has felt trapped in an unhappy marriage for 35 years because of religious and social pressures.

Case management

- The worker reframes the crime that the man committed as an understandable self-expression of a need for love.
- Helps client feel and express his emotions (sadness, fear, anger)
- Refer him to the stress release exercise program.
- Helps him deal with practical matters-legal fees, how to tell employer, how to deal with his family and community
- Refer to support group or other therapist in town
- Call him after few weeks to get the feedback

Case management

- Concept of person in environment; Need for both, individual and environmental-level interventions
- Basic services can build up trust; People with meaningful work, adequate housing and sufficient food may grow better in all their development dimension.
- Families that have their basic needs met, less likely to be in distress.
- In community, worker models responsible behaviors –less likely to experience violence

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5. BIOPSYCHOSOCIAL PARADIGM

This paradigm highlights that body is more likely than the mind to tell the truth. Today, the most common dominant dimension of development in most client is cognitive – clients is more knowledgeable.

Biopsychosocial Interactions

FOCUS
- Fostering the client’s physical development and body-mind-spirit-environment interconnection (psychosocioenvironmental)

DEVELOPMENTAL DIMENSION
- Emphasized on physical development

VIEW OF HEALTH
- The client accepts and enjoy his body and is aware of and responds to the body’s needs for regular exercise, rest, nutrition and self care.

VIEW OF PATHOLOGY
- The client is not aware of the body-mind-spirit-environment interconnection and does not respond to the body’s need.
RELATIONSHIP

• Vertical or horizontal depends on the developmental ability.

STRENGTHS

• Works directly with client’s body. Eg. Modifications in diet and exercise

• Primary intervention for social worker is verbal (talking/communication therapy) and ignore the client’s body (parts below the brain)

• Most problems and challenge the client face are associated with physical factors eg. Biogenetic

• Clients usually feel safer when they can talk but experience discomfort and even anxiety when engage in nonverbal eye contact.

LIMITATIONS

• Some client feel uncomfortable, too threatening because of culture or traumatic experience.

INTERVENTION STRATEGIES

i. Aerobic exercise
   • Achieve target heart rate

ii. Direct body work
   • Reflexology, aromatherapy

iii. Sex therapy

iv. Physical disciplines
   • Therapeutic breathing exercise

v. Dance movement

vi. Psychopharmacology - Familiar with major medication issues.
Case example:

A medical social worker might have the members of a family take turns going to the hospital visiting their dying mother and grandmother and simply holding her hand.

In conclusion, problem solving is indeed a very critical component in social and human services. In order for a practitioner to be an effective helper in problem solving, the knowledge components are very pertinent. Skills and attitudes will also determine whether the helping process is beneficial or otherwise. The following figure is showing the interconnectedness of knowledge components in human and social services.
UNIT 5

LAWS AND PUBLIC POLICIES IN HUMAN AND SOCIAL SERVICES

5.0: INTRODUCTION

Human and social services is a profession dealing with human needs and human problems within the context of their micro and macro environments. Working with human beings as the subjects, all efforts taken must be constructive and culturally sensitive with high regards for the clients and the underlying mission of aiming for the benefit and betterment of life amongst the clients. In order to fulfill the social needs of the society, to respond and act upon social issues that take place in the society, to encourage social participation in the efforts of promoting self potentials and to administer an effective system of social and human services, laws and social policy are the closest and significant components that have major influences on the whole process. This unit will explore the role of laws and social policy in social and human services.

Objectives:

By the end of this unit, students will be able to

1. Describe the laws and public policy that governs social and human services
2. Discuss the role of laws and social policy in social and human services.
3. Discuss code of ethics within the profession of social and human service.

Relationships between Laws and Human Service Work

Why laws and policies are important in social and human services work?

"Social worker deals with intangible things as human relationships in a field where there exist practically no methods of measuring results, where few criteria have been set up to determine what constitutes good social work."

Louise Odencrantz's (1929)

A good social and human service practice is sought after by all parties involved in the field, be it the stakeholder, the government, the provider and on top of all, the client. How do we measure a good social service outcome? Who would be blamed if an outcome of such services violates the rights of the clients, let alone destroys what could have been a better opportunity for them?
Following the developmental track of the field of social and human services, the legal system has landed its foot upfront in influencing the social work profession to develop more explicitly and provides empirical standard for practice. Today, the social and human services worker must interact with the law on many levels and competent practice now requires social workers to have basic knowledge of legal issues.

In general, the role of laws in social and human services can be understood in the provision of:

- LEGAL STRUCTURES- Laws shaped the context of direct practice
- LEGAL RULES- detailing how a social worker handles certain things
- LEGAL EXPECTATION-establishing standard for professional practice
- OTHERS-clients bring their legal issues and social worker directly practice in legal system.

The foundation of roles of Law in Social and Human Services

Values

- The law has the capacity to support the core values of social work.
- Ethical principles: By upholding ethical principles, social justice can be secured.
- Social justice goals are realized through careful use of legal system in addressing issues such as poverty, unemployment and discrimination.
- Social workers have used the law to fight for human rights.
CODE OF ETHICS

In performing the tasks within the helping profession, the social and human services worker is inevitably, continuously face ethical consideration. The worker / helper's responsibility is not only to help clients to make the right decision, but he or she must also the decisions are legally correct. The best, legally correct decision is made based upon comprehensive considerations from different views after considering available alternatives. Such act in itself portrays ethical practice. According to Woodside and McClam (2006), ethical practice demands the practitioner have knowledge and understanding of the professional code of ethics, critical thinking skills, an understanding of human behaviour, good communication skills, ability to make and establish rapport, and decision making skills.

Code of ethics forms the basic of legal expectations governing the behavior of social workers. The law can look into the code of ethics when evaluating a complaint of malpractice or violation of the standard care. Code of ethics stresses on the importance of human relationships and spell out inappropriate boundary violations and the fundamental responsibility of protecting clients' privacy. It requires social workers to behave ethically and to practice within their areas of competence.

Theoretical Foundations Of Code Of Ethics

- Designed to provide restitution to people injured directly as a result of a social worker's action or omissions.
- To regulate poor practice and to remove incompetent social workers.
- Do not directly affect practice but can give impact on the lives of social work clients.
- Can be weapon for social change when it is used creatively by social
workers to address social problems.

**Therapeutic Jurisprudence**

- Inter disciplinary area of scholarship emanating from the field of mental health law.
- It recognizes that the law can be a therapeutic agent.
- The concept fit well with ecological theory and the values of the profession but has not yet being applied because of a few conditions:

**Clinical Practice**

- Social worker are expected to allowed clients to review or receive copies of their treatment records
- Social worker assessed client as vulnerable and determined that providing complete record can pose a risk of harm to client.

![Image](image.png)

**The Law and Code of Ethics**

- The law is generally supportive of or at least natural toward ethical codes and standard (Woodside and McClam, 2006).
  - Support = Law enforces minimum standards for practitioners through licensing requirements and generally protects the confidentiality of statements and records of clients
  - Neutral = Law allows each profession to "police itself and govern the helper’s relations with clients and fellow professionals.
- Law intervenes and overrides professional code of ethics only when necessary to protect public’s health, safety and welfare.
I. Law and Direct Service

Upper side of quadrant:

- E.g. Child protection / probation jobs
- Individual clients of child protection and probation are being processed within legal parameters
- Human service language and understanding will be significant in this work
but the ethos of law might prevail through extensive statutory regulation and court scrutiny of work

**Lower side of quadrant:** Vocational rehabilitation claims assessor could attend, in part, to specific injured workers.

- Vocational rehabilitation assessor work might be characterized by a business and legal perspective through its location in an insurance and workers compensation system.
- The legal centre officer is placed at the centre of the human service/ law continuum because the work may be carried out in an agency environment that reflects the mixed ethos.
- The legal centre officer is also placed at the centre of the direct/ indirect service continuum because the job may involve a mixture of case and research work.

## II. Law and Indirect Service

**Lower side of quadrant:**

![Diagram of Law and Indirect Service]

- Drug policy officer
- Employment consultant
- Board director
- Tribunal member
- E.g.: a member of tribunal or a director of a company.
- In these types of work, activity will be dominated by legal language, culture, and constraints even if carried out by human service workers.

**Upper side of quadrant:**
- E.g: drug policy officer, employment consultant.
- Drug policy officer may be relatively removed from direct service delivery to clients and engaged in drafting legislations.
- This work (drug policy officer) may be done by a lawyer but within professional context which is attuned to human service needs and interest; thus it retreats from the legal end of continuum.

- The employment consultant may be a human service worker, but the job may require the development of business networks within a heavily legislated and contractualized private employment market. Thus, the language of law and legal interests might prevail in it.

**III. Human Service / Indirect Service**

**Lower part of quadrant:**

- E.g.: training consultant who develops policy and training packages for instance, or group work skills.
This job may be removed from immediate clients and it might be carried out in an entirely human service milieu.

**Upper side of quadrant:**

- E.g.: housing project officer
- The housing project officer may have closer connections to direct service delivery and their work may also be more pervaded by a legal world view, e.g. through the project’s concern with residential tenancy legislation.

**IV. Human Service and Direct Service**

- A counselor’s experience is almost entirely comprised of relatively unregulated human service intervention through relationship development with clients.
- The community house coordinator may have a strong community development orientation and do some direct work with community members.
- The aged care worker in this quadrant may attend mostly to individual clients but within a legally permeated context because of adult guardianship and nursing home accreditation issues.

SEXUAL ASSAULT CASE
- Criminal justice system often retraumatizes the victim of the assault.
  - Reforming the manner in which legal evidence is collected so that the accused person’s rights are protected while the person who has been assaulted is not further traumatized by the legal system.

MENTAL HEALTH FIELD
- Judges often make decisions to reject a proposed commitment of a person with mental illness-its can violate the person’s civil rights.
  - This might be a legally correct decision but social worker are able to advocate for alternative levels of care and program options that can protect the individual’s rights and safety as well as the interests of the public.

FAMILY LAW
- Social worker usually are involved in divorce and custody hearings. Judicial decision commonly address the current situation but have very little relevance to the way the families may developmentally change, reconfigure or relocate in the future.
- Legal professionals often have minimal training in issues such as the effect of domestic violence on children.
THE EVOLUTION OF SOCIAL WORK ETHICS

- FOUR MAJOR PERIODS (Reamer, 1998b)
  - Morality period
  - Values period
  - Ethical theory and decision-making period
  - Risk-management period

ETHICAL DILEMMAS

1. CONFIDENTIALITY AND PRIVACY
   - Critical important in relationships
   - Has its limit
   - Sometimes required disclosure to third parties.
   - Social workers (SW) need guidance to handle confidentiality properly.

2. SELF DETERMINATION AND PATERNALISM
   - The most revered values in the profession
   - SW respect and promote the client’s right for self determination
   - Assist clients in their efforts to identify and clarify their goal
   - Paternalism-involves/interfering with a client’s wishes, intentions or actions for his or her own good.
   - May interfere in clients’ right to self determination
   - To protect the third party
   - To protect suicidal clients.

3. BOUNDARY ISSUES
   - Need to maintain clear boundaries in the relationship with clients
   - Boundary violations can be damaging to clients (dual or multiple relationships)
• Occurs when SW related to clients in more than one way, whether sexual, social, professional or business (inappropriate or unethical)
• SW take advantage of their clients for further their own interests.

4. DIVIDED LOYALTIES AND CONFLICTS OF INTEREST
• Some boundary issues involve situations where SW feel caught between their obligation to their clients and some other party.
• SW unsure to whom they owe their primary duty
• SW need to choose between their client’s interest and those of some other party.

5. PROFESSIONAL AND PERSONAL VALUES
• Conflicts between SW personal and professional values
  • Eg. Abortion issues, do you agree?
• SW values conflict with their clients.
• Must carefully examine the nature of their own values and the potential impact of those values on the way they serve clients.

6. WHISTLE-BLOWING
• Occasionally encounter wrong doing by colleagues
• Colleagues may be involved in unethical or illegal conduct
• Professional colleagues often feel loyal to one another and reluctant to ‘blow the whistle’
• Obligation to the profession and public make them difficult to stand quietly on the sidelines when they have reason to believe that a colleague misconduct is causing harm to clients and other parties.
MANAGE CARE

- Carefully administered health and human services design to enhance fiscal responsibility and cost containment.
- SW may face ethical choice serving the client:
- Insurance benefit exhausted
- Providing inadequate or insufficient services to the clients whose problem need more intervention.
- When resources are limited under managed care, which programs will be eliminated or cut back?
- Which clients will be assigned priority?

ETHICAL STANDARD FOR HUMAN SERVICE WORKER

- Treat clients with dignity and respect
- Help every client to the best of your ability
- Respect the client's privacy
- Maintain confidential relationships
- Engage only in activities in which you are competent
- Maintain a professional helping relationship
- Continue to upgrade your skills
- Protect your community against the unethical practices of others.
- Respect your colleagues and relate to them in a professional manner.
UNIT 6

VOLUNTARY SERVICE IN HUMAN AND SOCIAL SERVICES

8.8: INTRODUCTION

Have you ever been involved in any voluntary work? Why do you think people volunteer? What are the roles of volunteerism in social and human services? This unit will guide you along the topic. A volunteer is someone who chooses to act in recognition of a need with an attitude of social responsibility and without concern for monetary profit. Volunteering refers to “Any activity in time is given freely to benefit another person, group, or organization” (Wilson, 2004, p. 215).

Objectives:

By the end of this unit, students will be able to

1. Describe the role of volunteerism in social and human services
2. Discuss the different volunteering services in the field of social and human services

What is a “volunteer”?

- Part of the general cluster of helping activities.
- Proactive rather than reactive.
- Involves commitment of time and effort.
The Many Faces of Volunteering:

Volunteering can be held in various places:

- In a school – service learning, community service or internship.
- In government – citizen participation.
- Professional society – pro bono publico work.
- On the street where you live – neighborliness.
- Church – ministry
- For-profit business – corporate social responsibility.
- Group of peers – self-help
- Protest march – activism

Options for Volunteering

Volunteers are needed by many organizations. Therefore you can offer your services:

- To help a particular cause (saving the rainforest, river system, etc)
- To help a particular client group (elderly, people with a disability etc.)
- To help specific organization (your church/mosque/temple, school, club etc.)
- To share a skill you have (writing, counseling, fund-raising, legal advise etc.)

- You can choose to volunteer formally through volunteer programs or informally through helping friends and neighbors.
- Your options are:
  - Volunteering in a nonprofit agency.
  - Volunteering on behalf of government.
• Membership in an all-volunteer organization.
• Volunteering on your own.

Volunteering in a Non-profit Agency

Not-for-profit or voluntary agencies:
• Founded by individuals (or volunteers) who recognized an unmet need and created an organization to meet the need.
• Funded by contributors and foundations. Government also may provide funds or payment for services.
• Provide services at minimal or no change to the public (early charities).
• Volunteer Board of Directors (strategic planning)
• No “owners” – no profit, some employers can have salary but no one receives dividends or bonus

Volunteering on Behalf of Government
• Abraham Lincoln – government is “of the people, by the people, and for the people”:
  • Every candidate in political office is a “volunteer” until/unless they get elected.
  • Commissions, advisory councils, task forces provide voluntary services.
  • Governments at the local, county, state and national levels provide direct services to citizens – public schools, public libraries, parks and recreation programs etc.
  • Civic and national events (e.g. independence day, commonwealth games) rely on the help of volunteers.
Volunteering through Membership in an All-volunteer Organization

- In each community there are all-volunteer groups seeking for members.
- A lot of people volunteer to enjoy social companionship (teamwork) and gaining clout/influence (through active participation and holding posts).
- Bring people of common interests and heritage together (civic groups, business clubs, professional societies, hobby clubs etc).

Volunteering in a for-profit setting

- Internships – volunteering as an intern in a company prepares students for their career.
- Technical assistance – People who used to work in the corporate sector offers advice/services to the public.
- For-profit services – public services are increasingly being "privatized”.

- Volunteering on your own

- Making a difference in your circle of concern.
- Short-term and intensive efforts – e.g. helping a neighbor to rebuilt house after being destroyed by fire.
- Long-term projects – e.g. setting up a community center.

HUMAN & SOCIAL SERVICES
SOCIAL WELFARE WORK
SOCIAL WORK

\[ \uparrow \downarrow \]

VOLUNTARY WORK
Who volunteers?

- People are more likely to volunteer and commit more strongly to these activities if their parents have also been volunteers.
- Volunteering for church/synagogue/mosque is most common form of volunteering in the US. Those who identify strongly with religion also do more of other volunteering activities.
- Other factors that affect volunteering include level of education and income.
- The relationship between economic status and volunteering cannot be simply explained by the amount of free time, but may involve other factors such as more awareness of the problems of others, greater empathy for their distress and an expectation for greater effectiveness.
- People who have higher engagement in civic and social activities and those who have more positive moral and civic attitudes tend to volunteer more.
- Females are more likely to be volunteers (51% women compared to 49% of men) BUT this difference is not found in Europe or Australia.

HUMAN/SOCIAL/WELFARE WORK

↓

WOMEN

IDEOLOGIES – AS NURTURE NOT PROVIDER
GENDER – AS EXPRESSIVE FUNCTION

↓

EXTENSION OF NURTURING SKILL AND DOMESTIC EXPERTISE INTO EXTRAFAMILIAL ARENAS.
EARLY CHARITY ACTIVITIES
- Making flower bouquets for the poor and afflicted
- Protecting women and neighborhoods from prostitution
- Imparting moral lessons and domestic science to women in poor families

EARLY CHARITABLE ORGANISATIONS
- Viewed such voluntary work as superior to paid work because they believed that charity and love could not be purchased
- Many early volunteers were women of upper-income families whose social position would not allow them to accept money for their labors.

THE VOLUNTEERS
- Implies a new relationship between public services and the public- a relationship in which no one part has a monopoly of resources, power, initiative or ideas. SW need to adopt the role of adviser and consultant, helping neighbors, voluntary visitors and club leaders.

VOLUNTARY SERVICE MUST BE VALUABLE BECAUSE IT IS VOLUNTARY?..
- Broadly(1972), says that 75% of voluntary organizations were doing work of such poor quality that they were not worth supporting
- Voluntary organizations exists to provide for the social or intellectual needs of members from their own resources.
Issue: TOO FEW SOCIAL WORKERS?...
"...Malaysia aims to be developed country by 2020, but there will be an acute shortage of trained SW handle the corresponding increase in the number of people with problems."


THE NEEDS FOR VOLUNTARY SERVICES
- Domiciliary care for the elderly and handicapped.
- Provision of advice and friendship to unsupported mothers and other vulnerable groups
- Financial and other practical assistant.
- Spiritual support
- Skills and technical support.

Volunteering Services in Malaysia (selected few)

COMPASSION HOME  *(FOR CHILDREN)*

TARGET GROUP
- Orphans, abandoned, abused and neglected children, unwed mothers, battered wives and widows.

TYPE OF SERVICE
- Provide shelter, food, education, discipline and love

BRIEF HISTORY
- Established in 1997, the home is registered with the Social Welfare Department and comes under the umbrella of Pertubuhan Perkhidmatan
ACTIVITIES
- Computer, cooking, sewing, art, singing lesson, tuition and counseling.

MALAYSIAN CHILDREN’S AID SOCIETY (MACAS)
TARGET GROUP
- Children

TYPE OF SERVICE
- Provides assistance to families with young children during a period of crisis in the form of financial assistance and fostering services.

BRIEF HISTORY
- The society was formed on 27 June 1970, known as The Selangor Foster Care Association, to look after the children when their mothers in the hospital. It was changed to its present name to reflect a wider range of services it has to offer

PROGRAMMES/ACTIVITIES
- Approved cases presented by the government hospitals, home visits, fund raising and liaisons with NGOs

FUTURE PROGRAMMES
- Sponsor children program for their education, etc.

BEFRIENDERS (FOR COMMUNITY)
TARGET GROUP
- Persons who are in emotional crisis, who may be depressed, distressed or suicidal

TYPE OF SERVICE
- 24 hours free confidential befriending counseling service to the troubled, depressed or suicidal, public education on issues on suicide and suicide prevention.
BRIEF HISTORY

- In 1970, a group of caring Malaysians were concerned about the emotional well-being of the community after the occurrence of communal riots on 13th May 1969. This volunteer group, with the assistance of psychiatrists and psychologist from PPUM, set up befrienders KL to offer emotional support to those who were troubled and distressed irrespective of race and religion.

PROGRAMMES/ACTIVITIES

- 24 hours befrienders counseling service through telephone, face-to-face interviews, e-mail and letters, conduct workshops on suicide-prevention and life-coping skills to public groups such as school, colleges, plantation workers, religious organizations and other voluntary bodies.
- Befrienders KL is part of over 400 befrienders centres in 40 countries.

THE DISCHARGED PRISONERS AID SOCIETY SELANGOR AND WILAYAH PERSEKUTUAN

TARGET GROUP

- Ex-prisoners and the families of prisoners

TYPE OF SERVICE

- Promote the welfare of discharged prisoners, assist prisoner to find employment after discharge and assistance in cash.

BRIEF HISTORY

- DPAS had been in existence since the Pacific war and all the records of the society had been destroyed during World War II. The founder of the society was late Mr. K. K. Benjamin who had the full support of the Director of Prison Department.
- With the formation of Federal Territory of Kuala Lumpur on 1st
February 1974, the society spread out its activities to Federal Territory under the new constitution.

PROGRAMMES/ACTIVITIES

- Aids for transportation fees to enable them to go home after release, spectacles, dental aids and to start business if necessary, renew IC, find employment after discharge, educational aids for the prisoners children and other forms of aid if necessary for discharged prisoners or their family.
- Supervisions to ensure the prisoner successful implementation of plans and give moral support and guidance of the ex-prisoner faces any problems.

MALAYSIAN ASSOCIATION FOR THE BLIND

TARGET GROUP

- Visually impaired

TYPE OF SERVICE

- Rehabilitation and vocational training

BRIEF HISTORY

- Established in 1951 by the Department of Social Welfare to look after the general well-being of the blind persons in the country. Its activities have extended from KL to other parts of the country.

PROGRAMMES/ACTIVITIES

- Education, rehabilitation and vocational training, Information Technology Centre, cyber cafe, Taman Harapan Agricultural Training Centre, Community-Based-Rehabilitation, job placement, Rattan and Handicraft Centre, Low-Vision Resource Centre.
- MAB Welfare Unit, Social Activity Centre, Elderly Blind Centre, Assistance-To-Blind Children (ABC)
FEDERATION OF FAMILY PLANNING ASSOCIATIONS, MALAYSIA (FFPAM) (FOR FAMILY)

TARGET GROUP
- General public

TYPE OF SERVICE
- Advocacy services

BRIEF HISTORY
- Established in 1958, the FFPAM is a federation of 13 states FPAs.

ACTIVITIES
- Family planning, sex and reproductive health education, provision of contraceptives, reproductive health counseling and screening, training of service providers, especially doctors, nurses and family planning workers, sex education and family life education for adolescent and youths and peer educator.
- Volunteers and staff development.
- Family life education and fund raising through projects.
UNIT 7
SOCIAL AND HUMAN SERVICES AS A PROFESSION

7.0: INTRODUCTION

The profession in social and human services as mentioned in Unit 1 governs a wide variety of job titles across the world. This unit discusses the profession and issues related to it globally as well as those of the local context.

Objectives:
- To describe the profession in Social and Human services
- To discuss the roles, responsibilities and activities of human service workers

Who are social and human service workers?

The social and human service workers or helpers are those professionals involved in the helping relationship. They assist others, and in general they are:

- Professional helpers with extensive training such as psychiatrist and psychologist.
- People with minimal training such as volunteers and other nonprofessional helpers.

The workers are engaged in various efforts of assisting the clients who come forward to seek for their help voluntarily or referred by the authority.
**Basic focus**

- To assist clients
  - With external or internal problems (Okun, 1992)
  - To reach goals that are important to them (Brawner, 1977)
  - To provide a link between the traditional professional and the client (Epstein, 1981)
  - All of the above

- Effective helpers are people who are 'together'-thoughts, feelings and actions are congruent.
  - They believe that each client is unique individual different from all other clients so greet each one of them by name, with a handshake and a smile (Hutchins and Cole, 1992)

- Individual whose life experience most closely match those of the person to be helped.
  - The recovering alcoholic working with substance abusers (Iyon and Duke, 1981)

- The most familiar:
  - Generalist human service worker who brings together knowledge and skills from variety of disciplines to work with the clients as a whole person.
Why human service as a profession?

- Individual needs
- Their aptitudes and interest
- Their self-concepts
- Special personal or social experience (Kantor, 1960)

Why do people choose the career?

- The desire to help others.
- To feel worthwhile as a result of contribution to another’s growth is exciting.
- Helpers must also ask themselves:
  - ‘to what extend am I meeting my own needs?’
- The desire for self exploration.
- The wish to find out more about themselves as thinking and feeling individuals leads some people to major in psychology, sociology or human services.
- Must be fulfilled outside the worker-client relationship.

The desire to exert control

- Administrative or managerial position in helping professions are the goal.
- This desire may become a problem if helpers seek to control or dominate clients, with the intention of making them dependent.

The experience of being helped

- This provides a strong demonstration of the value of helping.
- Wish to be like those who helped them when they were clients.
- Especially true in teaching and medical field.
- May create unrealistic expectation.
**Values**

One of the main factors that shape and influence the quality of a social and human service worker is value. Where do our values come from? Values can derive from one’s own culture or own experiences.

What are values?
- Values are statement of what is desirable- the way we would like the world to be (not statements of fact)

**Values in human service profession:**

- **Acceptance**
  - The ability of the worker to be receptive to the client may have done.
  - Must be able to maintain an attitude of good will toward clients, not judging them by factors such as the way they live or their personalities.

- **Tolerance**
  - The helper’s ability to be patient and fair toward each client rather than judging, blaming or punishing the client for prior behavior.
  - A helper who embodies this value will work with the client to plan for the future, rather than continually focusing on the client’s past mistakes.

- **Individuality**
  - Is expressed in the qualities or characteristics that make each person unique and distinctive from other person.
  - The different, lifestyle, assets, problems, previous life experiences and feelings.
  - Must recognize and treat each person individuality not stereotypically.
- Self-determination
  - Deciding for oneself on a course of action or the resolution to a problem.
  - The clients make up their own minds regarding a decision to be made or an action to be taken.
  - The helper facilitates this action by assisting clients to investigate alternatives and the decisions is theirs.

- Confidentiality
  - Assurance to clients that the helper will not discuss their cases with other people.
  - The exception to this is the sharing of information with supervisors or in staff meetings where the client’s best interests are being served.

**Characteristics Of The Human Service Worker**

- To be an affective helper demands the use of the helper’s whole self, not just a professional segment of it.

**Characteristics for entry level practice**

- Self-awareness
  - Must know who they are and this will affects what they do.
  - A life long process of learning about oneself.
  - Helps them in understanding and changing the attitudes and feelings.

- Ability to communicate
  - Helper’s effectiveness depends also on their ability to communicate to the client and understanding of the client’s feeling and behaviors.
• Listening, a critical helping skill.
• Enables the helper to respond with thoughts and feelings to clients whole message.

■ Empathy
• Is acceptance of another person
• Allows the helper to see a situation or experience a feeling from the client’s perspective
• Easier for helpers who have had experiences similar to those of their clients.

■ Responsibility/commitment
• Feeling a responsibility or commitments to improve the well being of others
• Includes attending to needs of clients first
• Committed to delivering high quality services
• Act to the best of their ability: follow code of ethics.

**Working with bureaucracy**

Professionalism does not occur automatically. Professionalism evolves through actual working experience. Developing a sense of professionalism is difficult and take time.

Conflict
■ The tension between ability and authority
• Between individual with ability and individual with authority.
• Administrator make decisions from broad institutional perspective.
• Helpers become frustrated and be harmful to the new workers.
• There is a distinction between administrator and workers or between ‘us’ and ‘them’.
• Helpers who see issues in terms of “us” and “them” may feel alienated, powerless and even isolated.

■ The formal impersonality of the bureaucratic structure
  • Needy individuals must meet specific criteria before becoming clients
  • Forms must be completed and procedures followed before clients can receive the attention.
  • Needy client may not get help.
  • The bureaucratic structure: appear to be insensitive to client needs.

■ Impersonality
  • Bureaucracy defines the roles of the professional; formal lines of communication and formal procedures to use while receiving services.
  • Helpers often feel limited by these formal procedures.
  • The helper difficult to understand the rationale for the formal structure.
  • The frustration may lead to anger against the system or apathy concerning the system and what it is trying to accomplish.

■ The bureaucracy’s resistance to change
  • The most difficult is to determine what can be changed, what cannot be changed and how to accomplish the targeted changes.
  • Helpers may feel frustrated and helpless.
Social problem

- created by a lack of fit between human needs and the environmental resources to meet this needs.

Practice models

- Problem in the fit between the ways people accomplish developmental tasks and the resources required for this accomplishment.

- Problems in the fit between the needs of people to function in mentally or physically healthy ways and the resources required for this healthy functioning.

- Problems in the fit between the needs of people to act in prosocial ways and the resources required for prosocial adaptation.

- Problem in the fit between the way people seek to meet their needs for intimacy and the supportive responses of the environment to alternative ways of meeting this need.

- Problems in the fit between the ways people seek to earn a livelihood and the environmental opportunities and supports for such employment.

- Problems in the fit between the needs of people for sufficient income to survive and to maintain their quality of life and adequacy of programs to provide sufficient resources.

Developmental task: A life-span perspective

- Focus on developmental strength and needs across the life span. Each developmental stage has its unique characteristics and people vary in terms of their abilities accomplishing the various tasks.
• The life span perspective is a framework that enable further understandings of life changes and processes.

**Life-span theories**

• Biological theories
• Psychological theories of personality
• Social-structural theories
• Cultural theories.

**The value of inclusion**

• Clients as experts in the school social work field
• Normalizing behavior in the field of family services
• Supporting client resiliency in the aging and health practice fields.

**The Department Of Social Welfare**

• Malaya, 1946-1951
• Ministry of enterprise and social relation, 1952-1955
• Ministry of health and social welfare, 1956-1957
• Ministry of labour and social welfare, 1958-1959
• Ministry of health and social welfare, 1960-1962
• Ministry of labour and social welfare, 1963....

**Motto**

• Serve professionally

**Vision**

• To create a caring society that practices a caring culture
Objectives

- To enhance the well-being of the dependent and socially maladjusted segments of society through the delivery of protective, rehabilitative and developmental services via community participation.

Services to:
- Children
- Disable
- Juveniles
- Family
- Elderly
- The poor
- Community

Malaysian scenario:

SOCIAL AND HUMAN SERVICES  ➾  SOCIAL WORKER

Agencies
- Social welfare
- Medical/hospital
- School
- Rehabilitation and prison
- Homes for disable people
- NGO

Medical social work (MSW)
- Qualifications
- Skills and knowledges
- Roles and functions
- Other activities
Roles of MSW

- Patient care (individual, couples, families and group)
- Teaching
- Research

Cases

MSW deals with the following cases:

- Chronic illness
- Terminally ill
- Anxiety
- Marital discord
- Battered spouse
- Pregnancy
- Wed lock
- Rape
- Child abuse
- Handicap
- Grieving
- Addiction
- Others

The MSW in dealing with the above cases, do the following tasks:

- Placement
- Special institution
- Discharged planning
- Visit
- Adoption
- Claims
- Assistance
  - Finance
  - Prosthesis/implant
Principles for health care social work practice

1. Social work values
2. Knowledge of human behavior and social welfare policy and services
3. Self-awareness with emphasis on understanding how one’s own dispositions to disease, illness, and death affect practice
4. Assumptions concerning the relationship between social life, health problems, and recurrent, typical individual and social responses.
5. Knowledge of the prevailing approaches to social work practice and how these may need to be adapted to or modified for the needs of health care social work clients
6. Knowledge of the characteristics of the organizations and communities in which practice is carried out.
7. Adaptation of social work practice technology to the health field
8. Appreciation of the social worker’s role in knowledge building and developing stances on accountability congruent with professional perspectives.

What Is Health, Disease & Illness

- Health
  - Involves not the absence of disease but the capacity to cope in physical or psychological terms.
  - Related to quality of social relationship and the ability to carry out a variety of activities consonant with age, interests and physical and mental capacities.
Roles of social work in hospitals

- Discharging planning
- High risk screening mechanisms
- Illness related to psychosocial problems
- Chronic bio-psychosocial spiritual
- Specialized units
- Neonatal problems

Multidisciplinary approach in MSW

- Social science
- Science/medical

Home visit

- To observe patients condition in term of:
  - Family background
  - Family support
  - Socio economic
  - House conditions
  - Community surround

Problems regarding home visit

- Time constraint
- Limitation of technology support
- Lack of training and exposure
- Cooperation
- Biases
- Multicultural barrier
Issues in msw (*hospital*)

1. Wrong perception of the profession by other professional
   - Practical
   - Placement
   - Finance
   - Home visit
   - Special drug, etc

2. Lack of resources in the communities

3. Access to resources (difficult)

*Important aspect in msw case management*

- The art and science
- The inclusive intervention
- The practice approach
- The self development

*Practice approaches*

1. Paradigm one
   - Theories on self system

2. Paradigm two
   - Theories on interconnectedness; self & environment

3. Paradigm three
   - The physiology, the anatomy, the pathology of human body.
MSW project

- Poverty = The condition of lacking essential resources

Definition of poverty

“...The state or condition of having little or no money, goods or means of support; deficiency; insufficiency” - Webster’s College Dictionary, 1991

Poverty population

- Young children
- Single-parent
- Female-headed household

Poverty & homelessness

- Living without a permanent place to call home.

Homelessness

- Not poverty but a personal deficiency, include:
  - Mental illness
  - Alcohol abuse
  - Drug abuse

- Extreme condition of poverty as result of lack of affordable housing and adequate employment.

What to do?

1. Create job and affordable house?
2. Treat mental illness or substance abuse problem?
3. Work on both?
Intervention methods

- Application of the strengths perspective
- Mutual-aid (self-help) groups
- Social network interventions.
- Solution focus methods
- Narrative methods
- Overcome oppression
The practice

- Educational interventions
  - To improve a person's abilities and access to employment. The program:
    - Assess client's current competitive abilities
    - Teach new educational and job skills
    - Place clients in internships for employment
    - Teach employment related skills.

SOCIAL WORK PRACTICE

CLIENTS

INTERNAL
  - health and mental health
  - demoralization

EXTERNAL
  - child care
  - suitable clothing
  - transportation

ENVIRONMENT
RESOURCES
Prevention of future poverty

- Using knowledge of human development to promote children’s optimal development
  - Pre and post-natal nutrition; Childhood immunization
  - Regular health care-for prevention
  - Early parental education; Counseling for student
  - Increased economic survival skills.

- Community development policy formulation and legislative advocacy (macro level)
  - Higher wage job
  - Support for client's own small business
  - Direct cash assistance
UNIT 8
ISSUES IN SOCIAL AND HUMAN SERVICES

The field of social and human services is relatively old in the history of helping profession. Social issues and problems that clients bring forward to the social and human service providers attention are varied thus demands for creative and effective approaches to solve them. In doing so, there are multiple issues surrounding the area of social and human services. This unit will explore the topic particularly in the context of our country.

Unit Objectives: By the end of the unit, students will be able to:

- Discuss various issues surrounding the field of social and human services.
- Examine the interconnectedness between and within factors surrounding issues in social and human services.
Social Issues / Problems

There are various social issues and problems that be associated with potential reasons for clients to seek help. Among others are the followings:

- Abortion; Adolescent pregnancy
- Adoption; Aged
- Alcohol use and abuse
- Child abuse and neglect
- Child welfare services
- Civil rights ; Corrections

- Disabilities: development
- Disabilities : physical
- Disaster & disaster aid
- Divorce & separation
- Domestic violence
- Drug use & abuse
- Emergency health services

- Family : one parent.; stepfamilies
- Family and population planning
- Foster care for adults ; Foster care for children
- General and emergency assistances
- Group care for children

- Juvenile offenders & delinquency
- Legal issues & services
- Literacy
- Long-term care
- Loss & bereavement
- Mental health & illness
- Patients’ rights
- poverty

- Health planning
- Homelessness
- Homosexuality
- Housing
- Hunger & malnutrition
- Income maintenance
- Infertility servicesInformation & referral services
In general, we are fully aware that social and human services workers try to assist clients in facing all the social problems and issues. Focus would be on the survival of clients. SW must be fully aware that social problems can be complex, of many roots, interrelated and some are beyond understanding. Changes in lifestyle, in the society, partly due to urbanization and modernization can become contributing factors. Ecologically, many of the factors are interconnected between one another. Social issues and problems can be understood as an outcome of the social context. To understand social problems, Herbert Blumer (1971) suggested the cycle or wheel of social problems which include:

1. Recognition of social problem – identify the problem
2. "Legitimation" of social problem – acknowledge that the problem exist
3. Initiating preventive action
4. Planning on eradication program
5. Implementation
Different social issues or problems may demand different intervention strategy. Therefore, the field of social and human services must be “up-to-date”, comprehensive and critical enough in training the social service workers. We do not aspire client to be continuously dependent upon the services provided by the respective agencies, nor do we want to deny their right for help.

**Important Aspects for SW**

1. SW must have at least general knowledge of the full array of social programs
2. Familiar with all practice fields
3. Directories of human service organization.
4. Skill in matching people in need with resources
5. Reduce the client’s sense of “getting the runaround” in securing services.

In performing the duties as social and human service workers, various factors may influence the quality of the service. All components involved play individual and collective roles to ensure the success of the services. Dealing with human beings is not an easy task, thus social service workers must be well trained to endure the challenges await them.

Another issue that is worth to be looked into is the profession insocial and human services. Trainings, licensing (if needed), supervision, research and development of the professions within the field must be extensively studied and worked on.