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INDIVIDUAL SOCIAL WORK

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\$Notes to the symbols used\$

Study guide – author's entry within the text, specific way in which the author communicates with the student, gives encouragement, provides additional information to the text.

Example – explanation or example from concrete life situation, practice, social reality etc.

Important note

Summary – summary of previously introduced matter, summary to the chapter.

Literature – cited or referred to in the study text, complementing or broadening knowledge.

Comprehension – tasks and questions checking student's understanding of the text and the subject matter, retaining essential information as well as student's readiness to apply the information at solving problems.

Tasks to the text – need to be done immediately as they support mastering the immediately following subject matter.

Correspondence tasks – the student proceeds as instructed using considerable amount of own initiative. The tasks are continually monitored and assessed throughout the entire course.

Questions for consideration

Further reading – further subject matter exceeding the scope of the basic course. Both the passage and the tasks are facultative.

Introduction

(author Marie Špiláčková)

Social work with client is defined in accordance with the individual types of intervention. We distinguish individual intervention, group intervention, family intervention, and community work. As regards the individual types of intervention, methods of social work are adjusted with respect to the subject for whom assistance is granted. The methods of individual social work come to application when solving the problems of an individual person, the methods of social work with a group are applied when treating a group, methods of social work with a family are used when working with families, and community work finds its application when tackling the problems of a community. The methods of social work are not firmly bound with a given subject that receives assistance as the particular intervention types mutually overlap, complement each other and lack sharp borderlines. They may form a single unit within a social worker's activity. Both the terms individual social work and social work with an individual occur in professional literature, both of which we regard as being synonymous in this text.

The study support presents to students the basic methods of social work made use of when treating an individual client. Successful completion of the course is conditioned by acquiring previous knowledge of the basic social work theories which could be gained within the course Theory of Social Work. The first chapter of the study support brings a delimitation of the basic terminology in use, such as methodology of social work and type of intervention. Next, an outline of the particular development stages of social work in the USA, Germany, and the Czech Republic is offered. Students get acquainted with the founding personalities of individual social work, definitions and essential concepts which have influenced the development of individual social work both in our country and worldwide. The second chapter deals with paradigm shift within individual social work. The next chapters (chapters 3 to 5) contain a presentation of the three most frequent methods of social work with an individual client as described by Kuzníková (2011) and Gojová et al. (2010), the first of them being the client-centred approach, the second the systemic approach modified and adapted for conditions in the Czech Republic by Ivan Úlehla, and the third being the task-centred approach. The chapters devoted to methodology contain delimitation of the basic terminology, points of theoretical outset as well as description of the stages/phases of working with clients. The final part of the study support proposes tasks for seminar papers whose submission is part of the requirements for successful completion of the study course Methods of social work with an individual.

\$On studying the text you will learn about:\$

the terms method of social work, type of intervention

historical development of individual social work

essential concepts for development of individual social work

paradigm shift in individual social work

theoretical outset, basic terminology and stages of work within client-centred approach

theoretical outset, basic terminology and stages of work within systemic approach by the Czech author Ivan Úlehla

theoretical outset, basic terminology and stages of work within task-centred approach

\$You will get:\$

overview and information on basic methodology of individual social work

\$On completing the course you will be able to:\$

research, process and analyse information from a variety of sources
apply findings in practical situations
employ communication skills in dealing with a client
identify, take a position and solve problems
adapt to and act in new situations
understand the professional field through learning and understanding the study subject

1. Delimitation of individual social work

(author Marie Špiláčková)

In this chapter you will learn about:

delimitation of the term method, method of social work, type of intervention
delimitation of historical development of individual social work
current conception of individual social work

After studying it, you should be able to:

explain the concept and method of social work, type of intervention
classify individual social work within the overview of interventions in social work
explain the historical development of individual social work
acquire and understand the terminology of individual social work
characterize the concepts crucial for the development of individual social work
describe the basic cornerstones of the development of individual social work in the USA, Germany, and the Czech Republic

\$Key words: method, method of social work, type of intervention, historical development, individual social work, specific features of individual social work, social work with an individual\$

\$Study guide\$

\$Introduction to the chapter

You will need about 20 hours to master this chapter, so sit back and do not let anyone and anything disturb you.\$

1.1 Definition of the term method, method of social work, and type of intervention

Social work with an individual is, from the historical point of view, included among the methods of social work. We understand the term method as the procedures and instructions that lead towards achieving a desired goal. It answers the question of how to achieve and organize knowledge, and how to deduce new pieces of information. In social work, method is a way of achieving goals that were determined by the use of planned, conscientious activity in social work with an individual, a group or a community. (Strieženec, 2005)

Many authors (Matoušek, 2003, Charvátová, 1990), both from abroad or the Czech Republic, mention as the main methods the following three – methods of individual social work, group social work, and community work. Individual social work was the best known and most widespread. Group social work only started later, and social work with community joined in the thirties.

According to Navrátil (1999), there is another method of social work, which singled itself out during the development of social work, **\$social work with family\$**.

You can find the division of methods of social work according to various authors in the following overview. An original conception of the methods of social work has been made on the basis of different theoretical foundations. Novotná, Schimmerlingová (1992) divides the methods of social work according to **\$the object\$** they work with and define particular steps that lead to determined goals.

@

\$Object of social work\$	\$Methods of social work\$
Individual	Individual social work Case social work Social work with an individual
Group	Social work with a group
Community (fellowship, municipality, regional unit)	Social work with a community, municipality, regional unit

Source: (Novotná, Schimmerlingová, 1992: 49, adapted)

&

Charvátová (1990) differentiates methods of social work according to the chosen viewpoint of the solution of social issues:

individual (methods of individual social work),

group (methods of social work with a group – group social work),

social unit (methods of social work in an area)

Matoušek (2001) understands the concept of methods of social work as procedures tied to:

\$the end subject\$ (work with an individual, a group, family, community)

\$its current situation\$ (social handicap at the beginning of life – disability, foreseeable and unforeseeable social events)

\$the relevant relational context\$ (the peer group, family, organisation)

\$the systemic links\$ (regional, national or international social policies)

The Anglo-Saxon approach, which influences the majority of Western countries, understands the methods of social work as **\$specific procedures of social workers defined by the goal or the target group\$**. (Matoušek, 2003)

Řezníček (1994) distinguishes the following methods of social work:

individually focused intervention

intervention within the group

community work

Some theoretical concepts of social work deny or totally ignore the differences between individual and group social work. The **\$ecological concept\$** is an example. (Chytil, 2002) In the seventies of the 20th century, Pincus and Minaham challenged the validity of three methods of social work in their works. They came up with the so-called generalistic social work. It is based on the fact that social workers should, within the framework of their practice, use more various techniques and methods of social work than only the social work with an individual, group or community (Gojová, 2006). This trend could cause the weakening of the emphasis on specialization. The new concept of generalist practice or generic social work could be understood as **\$general approach in social work\$**. (Shulman in Chytil, 2002)

Three levels of practice have been created analogically to the three methods:

Micro level (problems of individuals, families, and small groups)

Mezzo level (social work with families and groups)

Macro level (social work centred around changes and improvement of the whole society – social work with community, political events, public education) (Matoušek, 2003)

On the micro level, social workers use the form of case work in their practice, case management. (The term case management has only been used over the last decades.) Both these terms can be ascribed to the same activity – the individual support of client's ability to deal with problems. Counselling is then the main activity in the work on the case. (Chytil, 2002)

\$In practise, all of the three levels blend into each other and are interconnected. Their borders are not clear and they create one unit. \$ (Chytil, 2002; Charvátová, 1990)

Shulman (in Chytil, 2002) describes the basic trio of methods as **\$Social Work Trinity\$**. A relative separation, in education, as well as in practise, of these methods has been taking place on the basis of the division of social work in individual, group and community work. The ambiguity of the explanation of the term method seems to be problematic. The ambiguity is in the question, what actually is method – whether it is the task-centred approach or work with an individual.

The definition and concept of individual social work is derived from the theories and approaches that social workers actually use in practice. It is the same in social group work and community work which are another two types of intervention in social work.

After questioning the term 'method' in the seventies (Gojová, 2006), another term 'type of intervention' started to be used in order to replace it. Řezníček (1994) uses this term in Czech literature. And that in individually focused intervention within groups and also within communities, as stated earlier. Within these types of intervention, different methods are being used, e. g. task-centred approach. (Havránková, 2003; Matoušek, 2003; Řezníček, 1994)

Chytil (2002) also deals with the term method of social work in contrast to the term intervention. He sees the use of the method of social work, which can be further divided into individual social work, work with a group, and social work with community, as quite problematic because the term method of social work is used, on the one hand, in dividing the social work into particular target groups. On the other hand, in the approaches used within the

work with particular target groups. That is why he recommends the use of the term type of intervention instead of the term method of social work with a group, an individual, or a community.

Individual social work is, therefore, just one of three basic types of intervention. Work with an individual, individually focused intervention or casework are described as social work in expert literature. (Havránková, 2003; Matoušek, 2003; Řezníček, 1994)

1.2. Individual social work, its definition and historical development

Individual social work also includes working with an individual. It is used mainly in the problematics of mental health, developmental disorders, in the sphere of long-time care, services for the elderly, immigrants, or in the care for people with HIV or AIDS. The basis of individual social work lies in understanding the individual, but also the community, family, society, culture as well as in knowing about social-medical services that offer an opportunity to get rid of demeaning life conditions. (Matoušek, 2001)

The key to successful individual social work is client's motivation to co-operate. Clients will only agree to co-operate with a social worker if it makes sense to them in context of their life experience and particular life situation. (Řezníček, 1994)

The first definition of individual social work was presented by Octavia Hill, a social worker and reformer, in 1869 in the London Society of Social Sciences: *'To know a person means not only to know that a man is a drunk or a woman is not chaste. It means rather to know the suffering, hopes, and development of a person. It means to get to know the temptations they are undergoing; what image they have of their own little life, or how they could change if somebody would encourage them at the right moment; what could have been done with a better upbringing in the distant past; how to influence them; how to lead them. Our memories and hopes are often stronger participants than we tend to think.'* (Richmond, 1917)

Another definition can be found in Baker (in Chytil, 2002) where individual social work is defined as a scope, system of values, and type of practice, used by professional social workers that transforms psychosocial, behavioural and systemic concepts into skills in order to help individuals and families to solve intrapsychological, interpersonal, socio-economic, and environmental problems face to face.

Perlmann (in Chytil, 2002) says that individual social work is a process that starts with social workers in order to help people dealing with their problems in the social sphere.

German literature does not provide many examples of definitions of social work. There is for example Wendt's definition that says that 'Einzelhilfe' is a method of social work with individuals or families that need any kind of personal help.

Charvátová is the author of the only Czech definition of social work. According to her *'the goal of social work is the effort to allow clients to change their defective life attitudes and make them to be able to deal with their personal, family and social problems independently.'* (Charvátová, 1990)

Individual social work has undergone a comparable level of development in all countries. We can find minor differences on the basis of study of expert literature in the development in the USA and Germany. This is our reason for separate treatment of the USA, Germany and the Czech Republic in the following text.

1.3. Historical development of individual social work in the USA

Mary Richmond is considered to be the founder of individual social work in the USA. She puts a great emphasis on social relationships of the individual and the need to study the social environment of the client. She saw intervention in client's environment as the main method of social work (so-called indirect method) and also the development of a solid relationship to the social worker that leads the client to activity and decisions (direct method). In this way **\$the medical model\$** of individual social work has been created. It uses terms such as social diagnosis, case history, and therapy. Social worker is considered to be an expert.

Functionalism substantially influenced social work in the third decade of the 20th century.

Taft and Robinson from the Pennsylvania School of Social Work are its representatives.

Functionalism focused on the problems of social work as a service and on clients' reactions to it. (Chytil, 2002)

The so-called **\$Freudian approach\$** (also called diagnostical or differential) is the basis for the creation of social work focused on the past of the client. This approach starts to discuss client's right for self-determination. Hamilton is a representative of this approach. She emphasized the right of an individual to be themselves, the uniqueness of client's goals and the right to escape manipulation by an authority. The client would decide his or her way of life, not the social worker. This is the most important principle of individual social work that is still valid even today. (Hollis, Woods in Mahrová, Venglářová et al., 2008)

Family therapy, short-time therapy and conversation therapy influenced individual social work in the sixth decade of the 20th century. **\$Rogers's client-centred approach\$** came to the fore.

Hamilton used the term **\$ 'psychosocial'\$** for the first time in 1941. She called her approach 'organismical', which means that the individual and the environment influence each other. By the use of the term psychosocial Hollis stresses the fact that both factors that are involved in the creation of client's problems are equally respected. The problems are not attributed merely to the individual, but are understood as problems of an individual in a situation. The solution to this problem needs to be looked for in this context. The psychosocial approach lies in deepening the diagnostic approach. (Chytil, 2002)

In the sixties Perlman formed an approach leading towards problem solving. The goal is to ensure clients' participation in activities leading to the solution of the problem and to mobilize his or her inner power and potential of the environment. (Chytil, 2002)

Individual social work was influenced by systemic theory at the beginning of the 20th century. Emphasis was put on the complexity and importance of clients' interaction with their environment. Germain and Gitterman's ecological model came to the fore in the eighties. It emphasizes, contrary to the systemic theory, the interaction of clients in their environment. (Chytil, 2002)

Skidmore and Thackeray (in Chytil, 2002) mention the following concepts of individual social work that are crucial according to them:

Psychosocial model (representatives – Hamilton, Hollis)

Functional model (representatives – Taft, Robinson).

Problem solving focused model (representative – Perlman).

Behaviour modification model, so-called behavioural model (representative – Thomas).

Task-centred model (representatives – Reid, Epstein).

Skidmore and Thackeray (in Chytil, 2002) state that psychosocial, functional and problem-solving approach are called 'schools of thought' – general theories of individual social work. Shulman (in Úlehla: 109) divides the history of social work into three stages. Úlehla (2009) adds the phase of social approach, functional approach and interactional approach

\$Phases of diagnostical (medicinal) approach\$ – social work took, at its beginnings, its core from medicine in an effort to establish itself as a scientific discipline and a profession at the same time. Intervention is understood as a three-level process in the line: anamnesis – diagnosis – therapy. Social workers, in their role as experts, needed to keep apart their professional and personal identity. The reason for that might have been the possible influence of the performance of the workers by their subjective feelings and opinions. The common feature for these approaches that originated from the diagnostical model (most of the psychotherapeutical and psychosocial theories) is the examination of the past. It stems from the assumption that the past is crucial for creation of problems and difficulties of the client.

\$Phases of interactional approach\$ – the central motive being relationship – interaction – amongst client and systems that are important for the client. One of the basic skills of social workers is the clarifying of their role and empathy skills. The approach is sometimes called mediatorial or reciprocal. Shulman states these prerequisites of interactional approach: The nature of the relationship amongst people and their environment is symbiotic, which means that they need each other.

Their relationship is not blocked by obstacles

Clients are able to actuate the change. The social worker is trying to initiate the change.

1.4. Historical development of individual social work in Germany

As regards German terminology, translations of English terms are often used to refer to individual social work. 'Social casework' was translated as 'Soziale Einzelhilfe', and the term that is used the most – 'Einzelhilfe' – is a translation of the term 'casework'.

\$Alice Salomon\$ is considered to be the pioneer of individual social work in Germany. (Czechs Alice Masaryková and Helena Radlinská from Poland are among her peers). Her book 'Soziale Diagnose' was published in 1926 and it is no coincidence that it has the same name as Richmond's work. But it is not merely a translation. Salomon was inspired by the work of Richmond while she stayed in the USA. Salomon's work did not meet the expected success in Germany. One of the reasons for that was the traditional incorporation of social work in social pedagogy. In this way of thinking, clients were pedagogically influenced instead of dealing with their problem employing their own efforts. In the USA the emphasis was put on client's own responsibility. (Chytil, 2002, adapted)

The development of individual social work occurs especially after the WWII when a lively exchange of study programmes and organisation of further education took place. American social workers published their concepts and methods in Germany and their German colleagues travelled to the USA to participate in study programmes. The American concept of casework was quite often rejected thanks to different traditions and social environment in Germany. Bang and Kamphius were important representatives who emphasized the different view of authorities in Europe and also a much bigger importance of pedagogical influencing.

The work of R. Roberts and R. Nee from 1974 seem to have been crucial for the development of individual social work in Germany. It was called Konzepte der Sozialen Einzelhilfe. (Chytil, 2002)

German authors, as well as their American colleagues, tried to delineate the crucial concepts that fundamentally influenced the development of individual social work. One of them was Galuske (in Chytil, 2002) who distinguished the following concepts:

- psychosocial approach (connected with the name Florence Hollis)
- functional approach (connected with Taft and Robinson)
- problem-solving approach (connected with the name of Helen Perlman)

New concepts of individual social work were created in Germany during the seventies as a reaction to criticism of individual social work. They focused on the following areas (Otto, Thiersch in Chytil, 2002):

\$1. Interpretation of terms\$ that concern individual social work was benevolent.

\$2. Institutional conditions\$ that individual social work is mostly done in (for example social work at offices) **\$do not enable the building up of a proper relationship\$** of social worker – client. Social worker in an office is doing two things at the same time (so called double mandate) – help and social control.

3. Problems have been reduced especially to **\$psychological problems\$**. We say that the so-called individualization of problems has occurred. In 1986, Silvia Staub-Bernasconi wrote about reduction of social work to work with individuals and families while movement towards initiation of social change was ignored.

4. A crucial dilemma of older concepts of individual social work lies in the dissonance of client's needs and goals of this method. According to Perlman, practising of 'individual social work' means 'to help a person as an individual'. But it completely leaves out the social dimension of clients' problems.

Among these we place these concepts:

\$Concepts that follow the psychosocial approach\$ which takes account of mutual dependency of psychological, social, and economical conditions and institutional pressures that influence the social worker in the analysis and solving of the problem. The author Marianne Hege is an example.

\$Therapeutical concept\$ that adopts procedures and techniques from different therapeutical schools and creates a possibility for the creation of a relationship with the client.

\$Biographically focused case analysis\$ which uses ethnographical methods of the narrative interview. In it, the client has a bigger chance, during the narration, to present his or her identity and offers an option to the social worker for a deeper understanding.

\$Multifuntional concepts\$ that take in mind the multidimensionality of problems and contradictory goals of acting persons. The help is determined by offers. Practical help is offered in life situations and in cases of psychological-pedagogical counselling.

The term **\$case-management\$** signifies a temporarily limited planning of the help to individuals or families in complex problematic situations. It includes in itself the establishing of contact with the client, evaluation of the state, mediation of one or more services of state

and non-state subjects, ending of the work, and evaluation. It is seen as a deviation from therapeutically centred counselling. (Chytil, Mahrová in Mahrová, Venglářová et al., 2008)

1.5. Historical development of individual social work in the Czech Republic

Individual social work has undergone a similar development in the Czech Republic as it has in other countries. The term individual social work was derived from the American term 'social casework' in Czech literature. We can also find the name case social work, concrete social work or, in Krakešová (1973), individual social work. Charvátová (1990) uses the term individual social work with an individual but also the term individual social work. Novotná and Schimmerlingová use (1992) the term social work with an individual, social case-work, and individual social work.

Czech social work has been drawing especially from the work of sociologists, psychologists, and educators. The notions from these works have been applied to the process of getting to know the clients, their problems, and the reasons for the creation of their problems, and looking for the solution as well as avoiding these problems. (Novotná, Schimmerlingová; 1992)

Marie Krakešová is a representative of Czech case social work. She is the author of psychological theory of the formation of social cases with the name **\$educational social therapy\$**. She created it on the basis of her studies of different case interpretations and her own experience. She differentiated among two distinct types of social clients – the undisciplined type and the oppressed type. Unfulfillment of human needs in childhood and during growing up is stated by her as one of the main reasons for the formation of a social case. Another reason for their social immaturity that proceeds throughout the rest of their lives might also be undisciplined or oppressive mothers who use wrong educational approaches towards their children (Novotná, Schimmerlingová; 1992). Formation of an intimate relationship between the client and the social worker, so-called therapeutically educational environment, was seen as an important tool of a successful therapy.

Another important concept, which has frequently been used in Czech individual social work, was Glasser's reality therapy. It was used especially in post-penitentiary care. The city of Ostrava was the first to implement this concept in practice. A post-penitentiary centre was founded in Ostrava in 1972. It concentrated on care for people released from serving a prison sentence. Glasser's reality therapy was one of the approaches used in practice in Ostrava.

1.6. Current approach to individual social work

According to Chytil (2007), social work was born in a society for which modern style and its development are typical. He says that society is undergoing a second wave of modernization already. The first wave, after WWII, was the climax of industrial society. Contemporary society is defined as a society of services. It does not provide as many securities as in the first phase of modernization. Neither is the next direction of the development clear. What was considered problematic in the first stage, is not viewed that seriously today, especially in the area of society and ecology.

The consequences of modernization for social work started to be discussed because the development of modernity started to be connected with social work. According to Chytil, this

discussion is rather sporadic and within Europe mostly followed by German authors. Several international conferences addressed the goals and tasks of social work in the post-industrial society. Few authors have addressed this topic in the Czech Republic. Chytil (2007)

Chytil (2007) also lists the features of modern society that are relevant for social work in the second phase of modernization. For this discussion he sticks to the works of Keller, Beck, and Bauman. These features are: individualization, functional differentiation, rationalization, generalization, change of society's structures, change of social sphere, colonization of public privacy and uncertainty.

According to Chytil (2007), it is important to define social work first in order to be able to discuss it. Social work was created because of modernity. We can tell when social work was born from the proposition that social area has undergone a transition from naturally created or primary sources to artificial-created secondary sources.

Social work was, therefore, created as a working tool of secondary sociability. The task which is to deal with the problems of modern society is related to the process of modernization. One consequence of modernization is the loss of traditional social support for people. Chytil (2007)

The second proposition made by Chytil (2007) is that the development of theories and methods of social work was always connected, and still is connected, with the development of modernity. His quote of the works by Staub-Bernasconi and Lorenzo proves this statement. He also says that social work could be defined, from the point of view of theoretical concepts of social work, as a profession and also from the point of view of education in this area. He criticizes especially the fact that none of these areas adequately responded to modernization tendencies.

Chytil (2007) deals with these two dilemmas in the area of individual social work. Number one, individual social work as a reflection of theoretical discussion in social work and the relationship individual/society is mentioned. But this relationship does not address the threats and risks created within the society which individuals have to deal with on their own. The second dilemma is if it is actually still a work with an individual or if it is in fact social work centred on family and formal and informal systems of help. He states that the lack of knowledge of the characterization of modernization is apparent in this discussion. The use of formal and informal systems of help in individual social work is being questioned thanks to higher amount of individualization. Regarding the methods of individual social work, it is apparent that case management is trying to modernize and accustom individual social work to the generalization tendencies of modernity. This will in a short time lead to impossibility to finance social work from public funds, especially individual social work. Modernization of individual social work is evidently oppressing it at the same time.

Chapter summary

Social work with client is defined within particular types of intervention. We can distinguish individually focused intervention, intervention within a group, intervention within family, and community work. Methods of social work are used within particular types of intervention considering the subject of help provided. When solving the problems of an individual, we make use of methods of individual social work, when dealing with a group, we use methods of social work with a group or group social work. When dealing with family issues, we use methods of social work with family. When dealing with a community issue, we use models of

community work. Methods of social work are not strictly connected to a particular subject of help because different types of intervention mingle, pervade each other and do not have clear boundaries. They can constitute one whole in the work of the social worker.

Individual social work (further on as ISW) has, from the historical point of view, been listed among the primary methods of social work. The methods, in general, are *ways, complex procedures, principles, and steps by which you can achieve a designated goal with a planned activity. We can say that in social work they are the procedures with which you can analyse and solve social issues (of an individual, group, territorial unit)*.

Individual social work started to form in the twenties of the 20th century. The author Mary Richmond with her work *Social diagnoses* (published in 1917) is considered to be the founder of ISW in the USA. In Germany, it was Alice Salomon. The development of ISW was influenced by theoretical approaches, schools and models that were created in the twentieth century. Among these are functionalism, Freud's psychoanalysis, psychosocial approach, family therapy, system theory, ecological model, and others. A criticism of approaches used previously in ISW appeared in Germany. New concepts of ISW were proposed on this basis. Although it is called individual social work, it is difficult to say if it is still work with an individual nowadays, or whether the family or various other formal or informal systems interfere with the help.

Comprehension:

1. Define the term method of social work.
2. What methods of social work do you know?
3. What is included in the microlevel of social work?
4. What does type of intervention mean in social work?
5. Describe the basic characteristics of medical, functional, and interactional approach according to Shulman.
6. Describe historical development of individual social work in the USA, Germany, and the Czech Republic. What differences and similarities can you find?
7. Describe current understanding of individual social work.
8. What are the two dilemmas that current individual social work is dealing with?

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2. Paradigm shift

(author Marie Špiláčková)

In this chapter you will learn:

what a paradigm is
 what a paradigm means in social work
 about paradigm shift in individual social work

After studying it, you should be able to:

explain what the term paradigm means
 explain and describe paradigm shift in individual social work
 describe Malcolm Payne's three "little" paradigms

\$Keywords: paradigm, paradigm in social work, subject-to-object paradigm, subject-to-subject paradigm, social functioning.\$

\$Study guide\$

\$Introduction to the chapter

You will need about 5 hours to master this chapter, so sit back and do not let anyone and anything disturb you.\$

2.1 Delimiting the term paradigm

The topic of the chapter is paradigm shift. For the purpose of introducing the subject, the term **\$“paradigm“** is first going to be delimited.

The term paradigm was introduced by Thomas Kuhn who first used it in his book *The Structure of Scientific Revolutions* where he discusses **\$“universally recognized scientific achievements that for a time provide model problems and solutions to a community of practitioners“** **\$**. Yet another definition is offered by Hendl (2005) who asserts that a paradigm be a term denoting a system of views and rules which determine what is going to be subject to research, in what way and how the outcomes need to be interpreted. The term is

used to refer to the way scientists work within certain acknowledged and barely questioned modes of definitions, theories and methods used within a given branch of research in a given time period. Particular development stages in science are characteristic of a certain way of viewing the world. (Hendl: 30, 390)

As T. Kuhn sees it, a view of the world which prevails in a certain time period in a certain culture makes up a certain recognized model or scheme. A paradigm is what members of the scientific community share.

2.2 Paradigm shift in individual social work

The subject-to-object scheme appears in G. van der Laan's work. Let us recall the theory of communicative behaviour for this reason.

According to Habermas, a subject is determined by two equally significant relations with the reality: an **\$asymmetric relation between a subject and an object\$** (lacking the dialogical, communicative aspect) and a **\$symmetrical subject-to-subject relation\$** which is indeed fully based on dialogical-communicative platform.

Habermas takes it that **\$“the relation of communicative symmetry which occurs in the interaction subject-to-subject is the original one concealing the key to both anthropogenesis and emancipation; yet, under the attack of modern rationalization, the relation of communicative symmetry was deformed and the interaction subject-to-subject often got devoured by communicative asymmetry that had originally been meant for relations of humans with inanimate nature (subject-to-object). It is the living world that is the source of communicative symmetry and human interaction while communicative asymmetry and deformation of relations among humans results from system.”\$** (Laan, 1998: 249)

Chytil, Hubík (1992) imply that social-scientific self-reflexion of the preceding three decades arrived at the conclusion that the so far dominant cognitive paradigm, derived from the concept of subjectivity and developed on the **\$subject/object framework, became exhausted\$**.

\$Subject – social worker\$

\$Object – “a client’s case“\$

The fact of the matter was, first of all, rejection of the outset of subjectivity as a supreme source of criteria and norms for a rational grasp of the reality (marked by works from miscellaneous areas, such as phenomenological sociology or hermeneutics), and **\$rejection of subject/object schematism\$** in so far it is lacking the most important, dialogical, communicative aspect. The concern is with realizing the essential function of mutual interactions between a subject and an object, which, essentially, have a communicative character. Social scientific research does not analyse its object in a direct, immediate way, but always through one or more structured sets of communicative interactions.

The 1970s and 1980s saw, not only with Habermas, but with other authors, an effort at establishing a new paradigm for the social scientific and humanity disciplines, a communicative reflexion paradigm.

This leads towards viewing the social client as a precious human being (not mere “object“, or “case“) participating in the life of a concrete communicative society. This again results in new demands on the theory and practice of social work. We say that social work is dominated by the **\$subject-to-subject paradigm\$** which reflects the communicative aspect with the client. Hence, the primary aim of social work does not lie with material help, but therapy-based return of an individual into normal communicative relations, or bringing an individual closer to these, at least.

2.3 Three “little“ paradigms according to M. Payne

As social work lacks a paradigm of its own, we say it is situated in a pre-paradigm era. Payne describes the basic model of social work which respects the reality of a variety of existing theoretical approaches (Navrátil in Matoušek, 2001). The basic model of social work embraces three so-called “little paradigms“ of social work which are distinct at both the philosophical outsets and the practical impacts.

\$The first of the paradigms\$ is described by Navrátil (in Matoušek, 2001) as therapeutic help (the **\$therapeutic paradigm\$** for short). Mental health and comfort of a human being are considered the main factor of social functioning there. Within this approach, social work is, therefore, understood as help which first of all involves some form of psychotherapy (individual or group). For supporters of this approach, the aim with social work lies with attempted help to try and provide for individuals, groups or even communities mental and eventually also social comfort. Roger’s client-centred approach may be mentioned as a concrete example of this concept of social work.

\$The second paradigm of social work\$ is described by Navrátil (in Matoušek, 2001) as an effort at a reform of the social environment (the reform paradigm for short). Within this paradigm, the idea of social functioning is conjoined with a vision of social equality in various dimensions of social life (with respect to social class, gender, age groups etc.). Social work, therefore, concentrates on empowerment of the clients of social services so that they could take up an authentic share at creating and shaping institutions. Radical, Marxist concepts as well as antioppressive approach could serve to represent examples of this paradigm.

\$The third paradigm of social work\$ is described by Navrátil (in Matoušek, 2001) as social and legal aid (the **\$consultancy paradigm\$** for short). Here, social functioning depends on the ability of coping with problems as well as having access to respective information and services. Supporters of this approach understand social work as one of the aspects within the social services system. As regards methodology, assistance to clients via providing information, qualified consultancy, access to resources, and mediation of further assistance and services are mostly at stake. The task-centred approach of working with the client according to Reid and Epstein, or others may be regarded as an example of this type of social work.

Individual social work can currently be defined using Wendt’s words as a method of social work with an individual or families who need help provided by any form of individual assistance. Individual social work is about individualized help which is a match for the unique character of a client’s problem. The client is understood as the subject of social work, not as

its object. With respect to the theory of communicative action, the key point of interaction between the social worker and the client lies with communicative symmetry. Mutual understanding and a jointly coined definition of the client's problem is the aim of the interaction. (Chytil, Mahrová in Mahrová, Venglářová et al., 2008)

Chapter summary

A paradigm is understood as a recognized pattern of scientific research at a given time period. The author of the term paradigm is T. Kuhn. The subject-to-object paradigm prevailed in social work since the very beginnings of its professional practice. The social worker was to handle a "case", not a work with a client. The subjective aspect of the client was suppressed. The established paradigm began to be exhausted since the 1970s. The client in social work is considered an original, unique human being who participates in the life of a concrete community. The communicative (dialogical) aspect is foregrounded. Interaction between client and social worker is, in line with the theory of communicative action, based on communicative symmetry aiming at jointly setting up a definition of the client's problem. The term paradigm in social work was introduced by Payne. He described the three little paradigms of social work which constitute the basic model of social work.

Comprehension:

Explain the term paradigm.

What does paradigm shift mean in individual social work?

Describe Payne's three "little paradigms".

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3. Client-centred approach

(author Marie Špiláčková)

In this chapter you will learn:

Key starting points of client-centred approach

Its application in social work with an individual

Basic related terminology of the approach, stages of the approach

After studying it, you should be able to:

explain applicability of client-centred approach in social work

characterise key starting points of client-centred approach

explain key terms of client-centred approach

describe individual stages

give reasons for application with individual groups of clients

\$Key words: Rogers, client-centred approach, empathy, acceptance, authenticity, congruence, unconditional positive regard\$

\$Study guide\$

\$Introduction to the chapter

You will need about 20 hours to master this chapter, so sit back and do not let anyone and anything disturb you\$.

3.1 Key starting points of client-centred approach

This approach derives from humanistic and existential theories which were founded and pioneered by the American psychologist Carl R. Rogers. His findings have influenced social work in cases within which counselling is involved. The main issues are forming a relationship with the client and the way this relationship is perceived by the client. (Navrátil, 2001) This is a non-directive type of assisting people using psychological means. The presence and relationship between the client and the therapist are accentuated.

The humanistic approach perceives each human being as an individual endowed with abilities to solve its own problems. This ability may be disturbed or limited for a variety of reasons, though, such as traumatic experience, developmental disorder, disease, ageing. (Pörtner, 2009)

Task to the text

Revise the main principles of humanistic theories.

\$The elementary hypothesis of the approach reads\$:

\$“Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour. These resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.” \$
(Rogers, Way of Being, 1980)

What is it that Rogers means by *\$“a definable climate of facilitative psychological attitudes“?* \$

Within individual psychotherapy this involves the encounter of client and therapist. During his work with people, Rogers found out that people in crisis could not be helped by any intellectual or practical training technique. This made Rogers to conclude that changes happen in the course of **\$“experiencing the relationship“ \$**. Client is seen as person responsible for their own problems and capable of solving them. The client's potential is important, in

Roger's terms the **\$self-actualizing tendency\$**. If the therapist can manage to establish a certain kind of relationship, the client will discover in themselves a capacity for using up this relationship for their growth and this will lead to a change in their personality.

\$Two perspectives of viewing the “Self“ \$

A belief in an innate human ability of adopting the responsibility for one's own life is crucial to Rogerian therapy. People can learn to restore their self-confidence and take responsibility for their own life through therapy. To know what it means **\$SELF\$**, it means a person's ability to perceive and discern a **\$“personal self“ \$** (private) from an inner point of view and a self which is experienced in a relationship, a **\$“projected self“ \$**

\$A single SELF – two points of view\$

If the real SELF is congruent with the ideal SELF experienced in interpersonal relationships, then we speak about a **\$congruent\$** person. There is congruence in experience – the way a person views themselves and the way they are viewed by other people.

If there exists a difference between the way a person views themselves as an individual and the way they view themselves in social interaction, then we speak about an **\$incongruent\$** person.

The main principle of the approach is creating a safe and trustworthy relationship environment in which the client can share their experiences. The aim is a more accurate understanding of oneself and overcoming inner incongruences.

The quality of relationship between client and therapist has fundamental influence on the results of therapy.

Client-centred approach accentuates:

congruence and genuineness – therapist acts in accordance with their experience, shares their relationship with client,

unconditional regard – client is accepted without being judged,

empathy – attempted understanding of client's situation, perceiving from client's perspective (Navrátil, 2001)

Rogerian psychotherapy has been subject of empirical observation since its very beginning.

Research has led to distinguishing three basic variables with the therapist and two basic

variables with the client. They are **\$acceptance\$** of the client, **\$empathy\$** and

\$authenticity\$ on the side of the therapist. On the client's side, they are **\$self-exploration\$**¹

and **\$self-explication\$**². Provided all variables are to a large extent present during communication, the therapy is successful. (Vymětal in Baštecká, 2009)

¹ It is a subjective process during which a person opens up for their own self as well as for another person and introspects one's mind.

² Explication refers to mental activity during which an individual tries to understand and come to terms with subjective reality.

Navrátil (2001) further explains that a social worker approaches their client non-directively, without judgment, is ready to listen actively and offers authentic friendliness. Pružinská (1995) describes six basic conditions which eventually lead to a change in the client's personality:

1. presence of the client
2. the client must be able to enter into contact with the therapist
3. the therapist must be congruent
4. the therapist must be authentic
5. the therapist must show empathy for the client
6. the therapist adopts unconditional positive regard in treating the client

Thus, genuineness, empathy and unconditional regard on the side of the social worker make up the basic terms of this approach. The worker can achieve these aims using such techniques as active listening, empathic remarks, mirroring, paraphrasing, reflection, or asking genuine, reassuring questions. (Vymětal, 1996)

Some more factors which have an influence on the therapy – persuading the client about effectiveness of the therapy, amount of time devoted to therapy, ability of the client to make use of what is offered to them through the relationship.

Let us now examine the respective key terms of the approach in more detail.

3.2 ACCEPTANCE

This is a basic attitude of the social worker towards the client which involves the worker's being fully open, helpful, and accepting the client unconditionally as a valuable person deserving commitment and respect in the line with the principles of humanism. We say the therapist is fully available for the client. The social worker shows a keen, positive, unpossessing attitude.

We can trace a few stages in the development of a social worker's acceptance of the client:

1. The social worker actively advises the client, or may need to provide negative assessment. The client may express what they consider to be the best for them. The client's agreement or disagreement is inferred from their behaviour. The social worker is guided by their own system of values and opinions. They are compelled to bear responsibility for the client.
2. The social worker shows concern for the client; their concern is possessive, though. They have the client feel that all the client does is important to the social worker.
3. The social worker exhibits a wide range of conditions in view of the client that do not involve positive judgment and warmth. The worker fully respects the client as a valuable person and shows deep regards for the client's rights as a free human being. They provide the client with the freedom of being oneself. The social worker is ready to share both the client's depression, weakness, and their delights and wishes. (Vymětal, 1996)

Acceptance usually leads to the following mental processes with the client:

The client feels attached to the social worker. They feel friendly, trustworthy, comfortable, and accepted. The client feels they are not alone facing problems.

The client's need of appreciation is fulfilled and they feel more positive about themselves as being accepted by the social worker means being accepted by an authority.

Unconditional acceptance enables a person to acquire a more fulfilling contact with oneself through avoiding the selective modes of acceptance and rejection which generally occur in ordinary life relationships and situations.

A strong corrective emotional experience is created within the relationship with the social worker as the client is able to experience a deeply fulfilling and encouraging communication. The client is invited to self-exploration and explication. Another person, if accepted, can enjoy real freedom in living and thought. (Vymětal, 1996)

3.3 AUTHENTICITY (Congruence)

Is a personality trait. This means that therapists are their own self at every single moment of their performance; this means concrete, transparent persons. It is crucial to be able to openly express one's feelings: *"I can understand your feelings."* The therapist should be their own self, should be ready to accept. They should bring to expression exactly the same that they feel in their mind. If we are congruent, our inner feelings come to expression through our behaviour and we are perceived the way we are like by the others. It is essential for the therapist to be aware of their feelings and to be able to work with it (the way a professional does). One must avoid telling the client *"I don't like you."* If there is no way for the therapist to cope with the client, they may wish to pass on the case to a colleague, or seek advice within supervision. Both the client's and the therapist's personalities can benefit from a well-shaped relationship. It can be supposed that perceived authenticity which is accordingly manifested and matched by acceptance will have the following effect with the client:

- a) The client feels reassured as they are familiar with their situation. Trust in the social worker increases and at the same time mutual relationship is strengthened.
- b) The client experiences mental recovery and their self-exploration is encouraged.
- c) An authentic social worker raises the same feeling with another person, both the client and the social worker experience sincerity and openness in relation to themselves as well as to others. Prior to expressing one's own feelings, one first needs to realise them.
- d) Authenticity of the social worker allows for the client to show their own authenticity and spontaneity. (Vymětal, 1996)

Creating a valuable relationship between the social worker and the client is an important tool of the client-centred approach.

3.4 EMPATHY

It is sometimes mistaken for sympathy or identification (i. e. in case we lived through something similar as the client, we tend to assume the client feels in the same situation the same as we did. Identification has a negative impact on our ability of being empathic).

Empathy is an ability that comes to expression through readiness and attempt at grasping and understanding the client's internal world in as much detail as possible. It can be defined as internal tuning of the social worker their effort to actively perceive the client. It provides us with the ability of coming into another person's life *as if* we were with them. Yet, we must not lose track of the *"as if"* at the same time. Empathy requires a great deal of active listening on our side. We do not only listen for words, but also for the feelings behind these words. Our emphatic understanding often raises feelings of relief and joy on the client's side.

As we are temporarily living in the client's world, we need to behave with care, without criticising or evaluating.

3.4.1 Communication units

The following text will enumerate the basic means – communication units – through which empathy comes to expression. These may be used interchangeably depending on the goals perceived.

\$Active listening\$ – means more than classic listening. Full concern of the social worker is required. They are showing acceptance of the other party through relaxed body posture. Active listening at the same time requires the social worker's interest and unconditional acceptance of the other party. This also includes proper eye contact and a congruent body posture on the verge of personal space.

\$Emphatic comments\$ – These are brief comments through which the social worker expresses their interest, sympathy, and they stimulate others to carry on speaking. They remark on the client's current feelings, involve no assessment, though. Empathic comments respond to what the client is saying.

\$Example: *"You must have felt pretty upset."*

"Supposing you'd had no troubles."

"Surely you enjoy it." **\$**

\$Mirroring\$ – Some of the client's information is repeated in an emphatic way using the **\$client's own words\$**. No change to the content of the information is possible. We simply "chime in" with agreement. Important parts from the client's expressions are selected which deserve further attention.

\$Paraphrasing\$ – The social worker repeats the important information expressed by the client. They do it in other words, but in a way that is fully comprehensible to the client. It is not allowed to change the gist of the client's information so that interpretation is out of question.

\$Reflection\$ – consists of three aspects – content, emotion and sense.

a) **\$Content\$** – refers to the content of the client's information

b) **\$Emotion\$** – refers to client's momentary experience

c) **\$Sense\$** – refers to personal, subjective sense of client's information. It is the reason why the client says what there is to say.

Reflection must have the form of an offer. It is impossible to interfere with the intensity of client's feelings. The social worker keeps to the motto "MAKE NO INTERPRETATIONS!"

\$Common reflection\$ – the social worker keeps exactly with what the client currently reports. The social worker's response mainly concentrates on the content and emotional part in the client's report. The part of meaning is outlined only.

\$Genuine, reassuring remarks\$ – express the social worker's concern for a better understanding of the client and at the same time they enhance and develop their competence of self-expression. It is advisable not to use these questions very often in the practice of social work as they tend to lead to diagnosing the client's problem.

\$Example: *"And what is it that you're most afraid of?"* **\$**

The social worker's empathy even has its results and consequences. The client can feel positive and confident, they can feel understanding and interest on the side of the social worker.

Empathy develops a relationship in which the client feels reassured about their being a valuable human being. The client lives through corrective emotional experience which largely stimulates their self-exploration and teaches the client a better understanding of their own self. The client is enabled to accept their own self. The social worker's behaviour becomes for the client a model of reassuring and relaxed behaviour.

3.5 UNCONDITIONAL POSITIVE REGARD

The therapist does not set the conditions under which they accept the client. This concerns the whole personality of the client, though this does not automatically mean expressing consent with the client's aggressive, indecent or destructive behaviour. The therapist may express criticism of the client's behaviour, as to why they failed to do something, but not of the client's personality. Unconditional means acceptance of the client's experience. The client must be able to have the freedom of the way they do during the therapy session. The therapist is open towards the client's experiences and does not evaluate them. They must be able to cope with manifestations of negative attitude towards their own person. It is essential to appreciate the client as a human being, show interest, show respect for being human, not to condemn the client as a human being. It is possible to condemn the client's unreliable actions. A non-evaluating attitude forms an indispensable part of unconditional positive regard. It means accepting a human being the way they are at the current moment. A hearty interest and regard for the client is the basic condition for effective work.

3.6 Stages within client-centred approach and its indications

In the **\$first\$** stage, a human being tends to create rigid opinions on themselves and the world around. The individual keeps a distance from one's own as well as other people's emotions. They do not long for change and are not willing to reveal anything about themselves. They tend to have an unproblematic view of one's own self, to communicate about the outside world and create a hostile view of it. Their participation in the therapy will typically not be deliberate. (Šiffelová, 2010)

Therapy is with no good prospects as the individual feels no desire for change or personal development, is interested in no therapy, be it individual or group therapy. Hence, it is important that the client is willing to participate and hoping for some change, or at least keen to find out what is going to happen, though such motivation may not last long. (Nykl, 2012)

There is a **\$second\$** stage which follows when the client can feel acceptance, when they are ready to accept this experience (Nykl, 2012). This phase has people ready to communicate about non-personal topics, but it is viewed as difficult to accept the responsibility for oneself and things going on in one's own life. There is a tendency to blame others for mistakes or failures. People describe their feelings in a non-personal way and perceive them as something belonging to the past. (Šiffelová, 2010)

Provided the client can further feel full acceptance and there is nothing to hinder the minimum relaxation experience of the second phase, a further period of relaxation follows together with increased readiness to perceive and express feelings. (Nykl, 2012)

A **\$third\$** stage follows when the client eventually opens up to speak about experiences related to themselves. The client is not yet ready to speak about their experiences as their own subjective ones (I can be as kind as my mother, as cross as my father). They show little acceptance of their own feelings. They describe their experience as something remote, far away.

During the **\$fourth\$** stage, people get more relaxed in contemplating feeling from the past, though they show little trust in the emerging present feelings and tend to reject them. With some mistrust, they begin to feel their own responsibility for what is going on and learn to recognise one's own constructs and patterns of behaviour. This stage usually lasts longest. (Šiffelová, 2010)

The term "construct" is used in reference to introjections such as prejudice, raised addictions, practices and attitudes such as eccentric sympathy, determined resistance, addiction, leaving decisions to be made by other people, opaque provocations, shifting blame, rigid patronizing, persistence and others. Coming to contemplate and understand one's own rigid constructs often involves a strong momentous experience, one that may take up a few minutes and is full of painful disillusionment. (Nykl, 2012)

During the **\$fifth\$** stage, the client can feel positive concern and feels accepted with all the changes and experiences from the fourth stage followed by another great wave of ease and relaxation. The client comes to trust oneself and rely on one's own experience which now turns to be in greater harmony and free of mental constructs. (Nykl, 2012)

The **\$sixth\$** stage plays a decisive role for achieving change. It tends to be a dramatic stage. Yet, the changes it brings about are considered by Rogers to be irreversible. Experiences and feelings are perceived in full and easy to recall. Emerging experiences and feelings tend to combine with symptoms of physiological ease (weeping, sighs, muscle relaxation etc.). People begin to view themselves as an integrated personality. Feelings are perceived as enriching experience which need not be suppressed. (Šiffelová, 2010)

As Rogers puts it, during the final **\$seventh\$** stage the development process becomes fixed, continuing and irreversible. It is not necessary for the client to receive acceptance of the therapist any longer, though ongoing positive regard certainly continues to be of importance. The client accepts one's own personality and understands their abilities of responding to the demands set up by their environment which they are capable of accepting and solve accordingly. However, this also includes one's own ability to find and create an environment in which they are accepted and positively regarded within a constructive social relationships network. (Nykl, 2012)

This final stage no longer presupposes the necessity of therapy. Further changes rather take place outside the therapy framework where they only tend to be debated. (Šiffelová, 2010)

The division into stages does not actually mean that people only on their way within a single particular stage. People never fully find themselves at a single stage of the process. At individual areas which are eventually revealed to the client in the course of the therapy, the client may, as a result of an experience which is at contrast with the momentary impression of one's own self, fall back into a lower stage. (Šiffelová, 2010)

Rogerian psychotherapy is indicated with both children and adults. The indication criteria with children include anxiety, contact disorders, adaptability difficulties, internal inkongruence, antagonistic feelings or desire for greater autonomy from the age of three up to

the puberty years. Play therapy is made use of with younger children while active therapy and psychotherapeutic interviews as well as art therapy and relaxation exercises are applied with older children. Adolescents and adults take part in individual or group therapy. (Vymětal in Baštecká, 2009)

Client-centred approach is made use of with both children and adults. Vymětal (2001) describes the individual indications.

a) \$Children\$ – the approach finds use with cases of behaviour disorders, or during adolescence when children feel unaccepted, rejected, or face misunderstanding. Their self-confidence is unstable, they have a subjective feeling of abandonment, feel a longing to be attached to another person. There are cases of internal incongruence recorded with them. These problems are generally referred to as “adolescence crisis“. Another group consists of children facing conflicts with parents, peers or teachers. The approach is also used with cases of diagnosed anxiety or depression when people feel discontented with their own self.

b) \$Adults\$ – Indication is justified with cases of neurotic disorders, mood disorders, stress-induced disorders, or with somatic symptom disorders. They are also introverted people or incongruent social communication types who can benefit from the approach.

The approach cannot be applied in practice by social workers who have not undergone specialist training and supervision. Training courses are organised by the *\$Association for Psychotherapy (Asociace pro psychoterapii) in Prague and Brno, or by the Czech Institute for Person Centred Approach (Český institut pro přístup zaměřený na člověka)*. \$ (Vymětal, 1996)

Chapter summary

Client-centred approach ranges among non-directive psychotherapeutic approaches. It is necessary to receive specialist training followed by supervision in order to be able to apply the approach in practice.

The key concept within Rogerian psychotherapy is subjective, personal experience. The therapy is based on respect and trust for an individual and their potential. Rogers introduced the term actualizing tendency through which he addresses the quality present in every living organism leading towards fulfilling one's potential and growth of every individual being. Actualizing tendency constitutes an innate source for healthy development and living of a human being. The term is first and foremost understood as a mode of being expressed through attitudes and behaviour which create a growth stimulating environment. (Vymětal, 2004)

The approach puts emphasis on empathy, congruence and authenticity of the social worker, acceptance and unconditional regard for the client. Among the basic modes of communication used through which empathy is expressed there are active listening, empathic remarks, mirroring, paraphrasing, reflection, common reflexion and asking genuine questions. Creating a relationship within which the client is able to have a corrective emotional experience is an important means of fulfilling the goals of the approach.

Comprehension:

Describe the specific features of the client-centred approach.

Explain the terms empathy, acceptance, authenticity, congruence, and unconditional positive regard for the client.

What are the means used for expressing empathy?

Explain the term corrective emotional experience.

Which target groups can the approach best be applied with?

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4. Systemic approach according to Úlehla

(author: Marie Špiláčková)

In this chapter you will learn:

Key starting points of systemic therapy

Basic rules of working with a client within the systemic approach according to Úlehla

Stages of work with a client – preparation, opening, negotiation, course, conclusion

Definition of terms – assistance and control, principle of a problem holder, determination of a client's problem, negotiating the contract with a client, useful questions, properly formulated goals, empowering the client, useful misunderstandings, essential working topics

After studying it, you should be able to:

Describe key starting points of systemic therapy

Explain working with a client in individual stages of systemic approach according to Úlehla

Characterize essential concepts associated with systemics

\$Keywords: Systemic Approach, Assistance, Control, Problem Holder, Working Topics, Empowerment, Communication Barriers\$

\$Study guide\$

\$Introduction to the chapter.

You will need about 40 hours to master this chapter, so sit back and do not let anyone and anything disturb you. \$

4.1 Introduction to systemic therapy

Systemic therapy is understood as an independent psychotherapeutic approach with its own theory and practice. It was established as a branch of family therapy in the early 1980s. One of the representatives is Kurt Ludewig, who is also the author of several essential publications in the field. Systemic approach is one of the main attitudes in the humanities – in psychotherapy, psychology, social work, pedagogy and sociology (Ludewig, 2011). Strnad (in Baštecká, 2009: 394) considers the term "systemic" to be an adjective to "system".

This approach is based on theories of constructivists and postmodern philosophers saying that every person is responsible for the world they create and the way they present it to others to share, that everyone needs other people to consolidate their world and if they cannot rely on objective reality as a source of security, they need to reflect on their actions. (Macek in Matoušek, 2001)

Three options can be distinguished in systemic therapies based on constructivism:

- a) Solution-centred approach by Steve de Shazer
- b) Custom model by Kurt Ludewig
- c) Narrative Systemic Approach (Strnad in Baštecká, 2009)

In the helping professions and psychotherapy, the systemic approach implies a departing point from an expert attitude towards the attitude of dialogical collaboration which provokes the appropriately bounded system (Strnad in Baštecká, 2009). Úlehla also refers to the collaboration of two symmetrically communicating (equivalent) subjects. According to Úlehla (1999: 25), the role of social work is to conduct a dialogue between the social standards and a client's will. The social worker is the mediator between the standards of society and a client's beliefs.

Úlehla is a best-known representative of systemic approach in the Czech Republic. His book called *The Art of Assistance* is designed as a useful textbook presenting essential ways for work with people who need help. It strictly follows the systemic approach. For almost 20 years, so to say, it has been a useful guide to work with clients for people working in the helping professions.

The following text is based mainly on Úlehla's conception of systemics in Czech conditions, unless stated otherwise.

4.2 Systemic work with an individual

Gjuričová and Kubička (2009 163) offer a simple answer to the question of applying systemic work with an individual. *\$ "Where the need for individual work results from both the context of the problem and the therapeutic situation." \$*

Most often, systemic approach occurs:

with clients who live alone

with clients who have conflicts in family relationships, therefore it is necessary to work with an individual

with adolescents for whom the absence of parents is an expression of their independence if a client prefers individual contact

with clients with specific problems – e.g. psychopathological diagnosis, specific phobia, depression etc. (Gjuričová, Kubička, 2009)

Systemic work with an individual is very similar to working with a family. It uses the same cognitive processes, similar way of asking questions, similar ways of intervention. The worker searches for a context in which problems are possible to be solved and explores different points of view. For example, in narrative processes (externalisation, reauthorisation), it is individual work that is welcome. (Gjuričová, Kubička, 2009)

Gjuričová and Kubička (2009) consider working with an individual to be more dangerous than working with a family as a pseudo-therapeutic relationship between a worker and a client may arise. A worker might get into a role that is still vacant in a client's life. With adolescents, who often do not feel sufficient support from their parents, it is often the role of a parent, as well as the role of a partner or a friend in case of lonely people or people whom no one understands. It is necessary for a worker to define their role sufficiently and to be able to tell when it is necessary to leave it. The greater the risk the more time the collaboration takes and the more often the client and the worker meet.

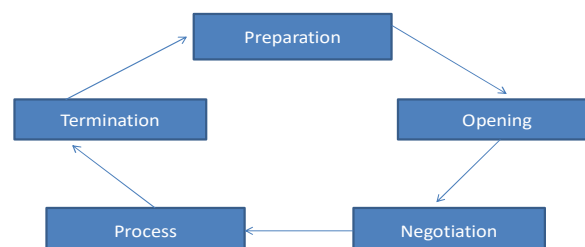
4.3 Stages of dialogue between worker and client

In the introduction to his book, Úlehla deals with stages of a dialogue between a worker and a client.

These are: **\$preparation, opening, negotiation, process and termination\$**. Particular stages are repeated cyclically, intermingled and linked to each other. They form a circle. After termination, preparation begins again. For educational purposes, we can consider the stages of dialogue to be stages of the whole systemic approach. Úlehla uses this subdivision as a basic structure of his book The Art of Assistance. The text is graphically demonstrated in Diagram No. 1.

@Diagram No. 1: Graphic demonstration of dialogue stages, Source: (Úlehla, 1999: 17)

Preparation → Opening → Negotiation → Process → Termination → Preparation



4.4 PREPARATION

Preparation is everything that happens before a social worker and a client meet (conduct a dialogue). The content is to answer crucial questions: Who is a social worker? What is their role, what are their goals, sources and outlets?

Úlehla (1999) emphasizes three main footholds for social work to be firm. The first one is social standards containing laws, regulations, obligations, and options that arise from them. The second one is behaviour, acting, thinking, wishes and opinions of a client. The third foothold is the proficiency of a worker.

If a worker's position is between the social standards and the manners of people, we say they are mediators. They have the same distance to both sides. They are **\$mediators\$**, catalysts, coordinators, communicators. If they shift to one or the other side, they cease to be mediators. If they are closer to a client's manners, workers offer help more often. They are **\$advocates of clients\$**. When workers move closer to standards of the society, they become **\$agents\$**. They get into the position of experts who are involved in taking control. (Úlehla, 1999)

\$Taking control and offering assistance\$

Úlehla strictly separates assistance from control. He says it is useful for a social worker to use both professional ways of work. However, they have to be aware of what they are doing at the moment, whether they are offering assistance or taking control.

Whatever a worker does in their profession, they act in one or the other category: they either assist or control the client. Both of these categories belong to the "technical" equipment of a worker, both are needed, provide professional working methods and also occur during the dialogue with a client. For example, if a worker supervises the observance of rights of a child, it does not prevent them from offering family support at the same time. (Úlehla, 1999)

\$Control\$ is useful, necessary and inevitable. However, it is the interest of people other than those being looked after. In case of assistance, it is the negotiated way of collaboration that a client wants. It means it is the interest of a client who has chosen the offered assistance. From the point of view of time, control is faster than negotiation.

\$Assistance\$, as regarded by Úlehla (2009), is mutual interaction with the client, which is as follows:

The first step is the client's order or wish.

The second step is the worker's offer – the worker responds to the client's order and offers assistance.

These steps are repeated, it is negotiating or offering assistance. Offering help results in agreement about assistance, its goal, or a contract.

Negotiation of assistance is more time consuming. It may be very long compared to taking control.

The order is, therefore, a synonym for agreement of the client and the worker to collaborate, to set the goal of their work and the way of achieving it. (Úlehla, 1999)

It is, therefore, impossible to decide whether control is worse or better than assistance.

According to Úlehla (1999), these are two different activities and it is useful for a worker to be able to distinguish between the offered assistance and the taken control. Just for the sake of not believing he helps when he controls.

Úlehla (1999) describes the difference between offered assistance and taken control through the socialisation of the child. According to him, socialisation stems from human need for living together and, as a consequence, it is necessary to include new members – to match them to their parents' own image in order to have their child "as it should be", that is, in accord with social rules and standards.

Kopřiva (1997) states that systemic approach offers a simple and radical solution to differentiate the effort of control and help. According to him, this simplicity, however, leads to absurd consequences in the application. He argues that classifying control as everything that is not requested by the client is quite the same as to say that everything that is not green is red from now on.

In social work, due to systemic approach, the opinion occurs that a worker's actions which are not explicitly requested by the client can be considered as control. (Kopřiva, 1997)

4.4.1 Relationship between social worker and client according to Kopřiva

When considering the relationship between a social worker and a client, Kopřiva (1997)

speaks of two types of workers. The first is a **\$non-engaged worker\$** who views their work as exercising the powers conferred on them without any personal interest in the client.

According to Kopřiva, it is not a rare phenomenon in the helping professions. The other type is **\$an engaged worker\$** who does a job even at a lower salary than they might be offered elsewhere. There is a worker's bias towards this profession. The relationship between the engaged worker and clients may be disrupted by two tendencies that are the sign of the failure to respect the boundaries of autonomy among the participants. These are excessive control over clients and sacrifice for clients. **\$Excessive control over clients\$** impedes the development of the client's autonomy. An engaged worker uses it in good faith and believes that it is in the client's interest. They often tend to it in situations under time pressure. In case of **\$sacrifice for clients\$**, the worker acts as if the client was not an autonomous person.

Schmidbauer (in Kopřiva, 1997: 19) depicts it aptly: *\$They like their neighbour instead of themselves\$*.

Just as Úlehla focuses his work on separating control from assistance, Kopřiva describes the differences between power and assistance. Kopřiva (1997) states that power is very important with assistance. To some extent, the client is helpless just by the fact that they need something from a social worker. Kopřiva distinguishes between two types of power.

A) **\$Power institutionally allocated\$** – it is the power defined by legislation, organisational rules and unwritten habits of an assisting institution or unwritten standards of society, such as the authority of a doctor or a teacher

B) **\$The power generated via assistance\$** – arises in the relationship between a client and a worker if the worker becomes an authority for the client

The power of the assisting person is generally more significant in institutional facilities, while working with physically and mentally handicapped people as well as at work with children. (Kopřiva, 1997)

If a worker leads a client, they apply power. This is what we call a directive approach. If a worker encourages a client to come to a solution by themselves, we call it a non-directive approach.

A non-directive approach (support) is more effective if a social worker wants to achieve a permanent qualitative change. It is necessary to count with the fact that it is not only time consuming, but also demanding as for the social worker's effort. A directive approach has to be chosen in case of danger in delay, if the client is in an urgent crisis, or if the client needs to hear the decision from an authority. (Kopřiva, 1997)

According to Kopřiva (1997), there are four ways of communicating with clients that have different levels of control:

- a) Instructions – this is a directive method of communication which always contains instructions for action based on evaluation of the problem situation. It can take a more emphatic form of an order and a ban or a less emphatic form of recommendation or advice
- b) Commentary – has a less directive potential, assisting worker responds to the problem with their own opinion, commentary does not include instructions for action
- c) Asking questions – this is the basic form of systemic therapy. Direction is very weak here. Asking questions is an excellent way to conduct a helping interview, so it is essential that the worker should learn this skill.
- d) Resonance – An assisting worker listens and mirrors what the client says. It is a completely non-directive approach. The therapy by Carl Rogers is based on this form of communication.

4.4.2 Principle of problem holder

The problem holder's principle allows us to specify which skills and procedures a worker can use in particular cases. When solving clients' problems, it helps to distinguish taking control from offering and delivering assistance.

1) The client's behaviour is either acceptable to the social worker (e. g. employment, parenting) or unacceptable (e. g. drug abuse, child neglect). In this simple division, the following facts must be taken into account:

The client's behaviour is distinguished by the worker's state of mind. For example, the area of acceptable behaviour will expand in case of the worker's good mood.

2) The same behaviour can be considered acceptable with a particular client, but unacceptable with another one.

3) Depending on location and time, a social worker has got different considerations of a client's behaviour. What is acceptable at some time and place may be unacceptable at another.

4) Professional development of workers is also important. Something else will be acceptable to the worker at the beginning of their career and something else after gaining some experience.

It should also be considered that a social worker takes control or offers assistance:

in a different mood

to various clients

in various situations

at various times

with various workers

Úlehla summarizes this by saying that a worker's access to clients is, necessarily, unstable.

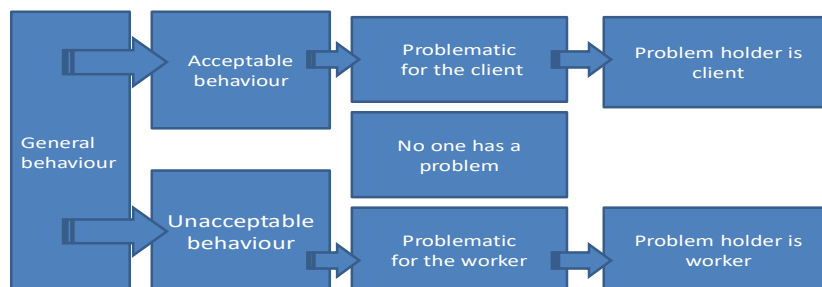
The following text explaining the principle of the problem holder is graphically illustrated in Diagram No. 2.

The first step is to divide general client's behaviour into acceptable and unacceptable. In the next step, a client divides the area acceptable to a worker into two parts. The first part, which is acceptable to the worker (employment), is problematic for the client, it distresses them, makes them unhappy. It is something which the client is not satisfied with, which should be changed. The behaviour is acceptable to the worker, but it is a problem for the client. We say that the client is the holder of problem. The second part within the behaviour acceptable to the worker is the coveted area where the problem is on neither the worker's nor the client's side. In case the worker considers the client's behaviour unacceptable, it is the worker who is the holder of problem. From the client's point of view, this is something they want to do and do not intend to change.

@Diagram No. 2: The problem holder principle, Source: (Úlehla, 1999: 31)

General behaviour → acceptable behaviour → problematic for the client →
no one has a problem) → Problem holder is client

General behaviour → unacceptable behaviour → problematic for the worker →
no one has a problem) → Problem holder is worker



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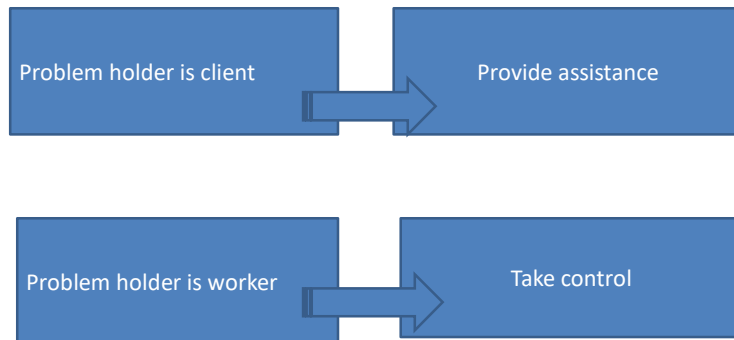
In case the client is the holder of problem, they formulate an order what is desired from the worker. It means that the worker offers / provides assistance. If it is the worker who is the holder of problem the order setting desired from the client is made by the worker. The worker takes control.

@ Diagram No. 3: Tasks of the social worker, Source: (edited, Úlehla, 1999: 31)

Problem holder is client → provide assistance

Problem holder is worker → take control

The task of the social worker is:



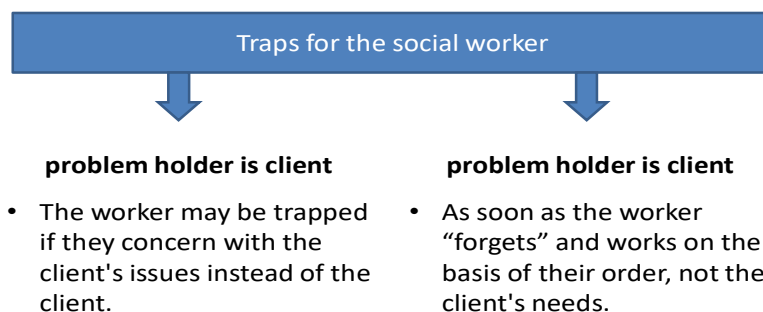
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Both variants pose some risk to the worker. If it is the client who is the holder of problem, the worker may be trapped if they concern with the client's issues instead of the client. If the worker holds the problem, they get trapped as soon as they "forget" and work on the basis of their order, not the client's needs (Úlehla, 1999: 31). This is graphically depicted in Diagram No. 4.

@ Diagram No. 4: Traps for the social worker, Source: (edited, Úlehla, 1999: 31)

Traps for the social worker → problem holder is client → the worker may be trapped if they concern with the clients issues instead of the client.

Traps for the social worker → problem holder is client → as soon as the worker „forgets“ and works on basis of their order, not the clients need.



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4.4.3 Professional ways of work

Úlehla (2005) describes professional ways of working and divides them into professional ways of control and professional ways to help. The division is not strictly given, because even in the ways of help we can find control elements and vice versa.

\$Professional ways of control\$

According to Úlehla, professional ways of control include:

\$Custody\$ – the client is seen as incapable of taking care of themselves, a worker takes care of them, represents them in particular situations; the worker is responsible for the client. The work of a social worker in a retirement home is a good example.

\$Supervision\$ – the client is seen as not capable but a worker believes in the client's resources, sees the possibility of change, therefore he has set rules and standards and supervises their execution. For example, it is the probation service.

\$Persuasion\$ – a worker sees the client's capabilities, believes that the client will accept the worker's beliefs, and at the same time they consider the client's attitudes and opinions inappropriate for society.

\$Clarification\$ – the worker sees the client's developed capabilities, they try to support them, they let the client express their wishes, an order; via clarifying their possibilities and the role, the worker also makes boundaries for their collaboration.

\$Professional ways of assistance\$

According to Úlehla, professional ways of assistance include:

\$Accompaniment\$ – collaboration between the worker and the client in a situation that cannot be changed; the client wants to have someone to help them cope with the difficulties; the worker verifies that their assistance is according to the client's needs; the worker offers acceptance and solid support.

\$Education\$ – the client wants to learn something, acquire knowledge and skills, the worker provides him with the knowledge and information, after they have verified that it is really the client's wish.

\$Counselling\$ – the client has a wish, an order, they want to develop their capabilities; the worker offers advice, directions and ideas that are specifically designed for the client in their specific situation, the worker, in collaboration with the client, tries to find the best solution, however, it is the client who judges the appropriacy of solution.

\$Therapy\$ – the client wishes to get rid of their misery, reduce the pain, they believe it is possible; the worker, together with the client, tries to find best ways to overcome difficulties; the worker believes in the client's abilities, their resources, they appreciate the client, empowers them and encourages them to find solutions. (Úlehla, 1999) In social work, it is better to use the term intervention instead of therapy.

4.4.4 Work with documents

According to Úlehla (1999), documents play a contradictory role. They are written records of the collaboration between a social worker and a client. Furthermore, they are evidence of a

social worker's activities for the institution they work for. It is the basis for checking methods, selected steps and collaboration between the client and the worker.

Documents may be helpful in a number of important issues:

They tell you what not to do with clients because predecessors tried it and failed.

What has been achieved so far, little things are enough, e. g. a client has attended appointments.

They inform what is important for a client.

They say what the main theme for predecessors (social workers) was.

Documents will be useful if used properly. When reading a client's document, it is important to focus on positive things. The most common misuse of the document is to take it as a list of the client's negative features.

Example:

Look at the three exercises. Describe what you can see.

$$3 + 3 = 6$$

$$2 + 4 = 5$$

$$5 - 3 = 2$$

I suppose everyone has noticed that one equation is wrong. Úlehla (1999) reminds that we are so much focused on looking for the negative we do not even notice that two equations are correct. This focus is not a given fact, it is our choice. It follows that it is good for social work to look for positive issues, **\$to be positive\$**.

It is necessary to realise how the information in the document may influence the opinion of a social worker before meeting a client.

4.5 OPENING

It can be deduced by name that it is the opening of collaboration between a worker and a client. The first meeting takes place, the worker actively tries to "connect" to the client and create a safe environment for the client.

4.5.1 Getting in touch

The basic prerequisite to get in contact with a client is the ability of a social worker not to hurry and to be deeply interested in the client's story. They must know that the client knows what is good for them and has the right to demand it. The more time the worker spends on understanding the client's situation and its solution, the greater the chance of having an agreement with the client they have. The rules that should be applied when getting in touch with a client are as follows: helpfulness, awareness of their work position, systematic explanation of their position and taking responsibility for the client if there is no other way. (Úlehla, 1999)

Being helpful requires two things from a social worker: decency and pleasure from their work (Úlehla, 1999). At the beginning, it is necessary to define the boundaries between the two participants in the collaboration. It is up to the worker to have the client feel respected, competent and able to take responsibility for their actions (Úlehla, 1999).

\$Ways via which a worker can join in: \$

"To be where the client is" – it means to use the client's simple vocabulary, to respect their mood.

Use friendly, positive words.

Listen carefully to what the client says.

Let the client know their own problems.

Always express your interest in their narrations.

Help the client formulate what they might want.

Take the client's wishes with full respect.

Explain your position, your capabilities.

Offer assistance in what the client wants to achieve.

Appreciate all changes and positives that have been achieved, express compliments.

Don't regret the time, good joining will save it a lot elsewhere (Úlehla, 1999: 54-55).

The task of a social worker is, in accordance with the role of social work, to be a mediator between what a client wants and what a society demands. (Úlehla, 1999)

4.5.2 First contact

The first meeting with a client is a unique and very demanding situation with huge amount of novelties and minimum amount of information. Clients need a lot of courage to talk about their unpleasant and often intimate issues with a person they hardly know. In order for the work to be successful, the client needs to trust the process, to believe that the dialogue makes sense. (Gjuričová, Kubička, 2009) At the beginning it is necessary to be formal. It includes introducing, a handshake and an invitation, offering a seat.

If the social worker starts the interview with the question: *\$"What brings you to me?" \$*, they have to reckon the client will begin to describe their problems and everything that has already happened, often showing some emotions (crying). The client remains alone with their problem and the worker is an expert. If the worker wants to help the client, it is more common to ask: *\$"What can I do for you?" \$*

The question is beneficial in several ways:

It shows the client that the worker is there for them.

It shows an interest in the client's wishes.

It gives the client the competence to decide what they want.

It puts the client into the present and ignores the past.

It creates a hopeful environment that something will be done.

It starts collaboration. (Úlehla, 1999)

4.5.3 Communication barriers

Úlehla (1999) defines communication barriers as obstacles in communication. Being aware of them should help the worker avoid them. Barriers are usual in common language, however, their use by a social worker may block further communication with the client.

T. Gordon (in Úlehla, 1999: 54) distinguishes twelve types of barriers in communication:
Ordering, requiring

Warning, distressing
Patronizing, moralizing
Giving advice and guidance
Instructions, argumentation
Criticism, accusation
Reproaching, flattering
Ridicule, labelling
Interpreting, analysing
Calming, compassion
Investigating, interrogation
Interruption, disinterest.

Task to the text

Give examples from everyday life to the twelve types of barriers mentioned above.

4.5.4 Useful questions

At the beginning it is appropriate to ask open questions, i.e. questions that do not predetermine answers. Questions must always have their meaning and purpose. Topics to focus on differ according to various authors' experience. Úlehla (1999) gives as an example of the topics by these authors – T. Andersen, Steve de Shazer and Ben Furman. In the following text we will get closer to the topics.

\$T. Andersen\$ formulated and recommended to deal with four basic topics:

How did you come to see me?

How should we use the meeting together?

Is that what we are working on now what you really need?

If not, how should we proceed?

\$Steve de Shazer\$, founder of Brief Family Therapy Center suggests topics that help design solutions:

- 1.Changes before the meeting – we are interested in positive changes that took place between making the appointment and the first visit of the client.
- 2.Exceptions to the problem – we ask about moments when the problem does not occur, when it is "not present".
- 3.Achievements – we ask about achievements in life that can serve as a source of inspiration for designing a solution. Via this we strengthen the capabilities available to the client.
- 4.Coping – as every situation can be even worse, we are interested in ways the client uses when coping with difficulties to prevent the situations from being even worse.
- 5.And what else ... – this question serves as a shift to the next question in the dialogue, it is a communication link

Finland's **\$Ben Furman\$** says that useful questions allow the worker to find a common language with the client, a common goal and the means to achieve it. He suggests mapping everything and everyone who helps the client to manage their situation in any way.

\$Example: \$ If I were a small fly on the ceiling looking at your family when everything is alright, what could I see?

During the dialogue, it is necessary to find a reason to praise the client. That is, the worker provides **\$positive feedback\$**.

4.6 NEGOTIATION

The principle of negotiation is to explain the worker's offer to the client and to make the client's order to the worker.

Úlehla (1999) states that negotiation is the most neglected part of the professional interview. It is the cause of many difficulties for the worker when working with the client. Negotiating defines the common goal of both the client and the worker. It is also essential for the professional expertise of the worker via which the client is invited to solve problems and collaborate as a legitimate and equal partner.

Only during this stage will it be shown whether the worker and the client are able to work together, which professional methods will prevail and whether assistance or control will be provided. It is very important for the worker to know that all their solutions offered are only suggestions and the client will choose some of them by mutual agreement. (Úlehla, 1999)

\$*"Negotiation is based on the client's orders and explanation of the worker's own capabilities, or offerings. A good working relationship arises from a clear contract, not vice versa."* **\$** (Úlehla, 1999: 75)

4.6.1 Creating safety

The feeling of safety emerges when we feel our partner listens to us, understands us and will help us achieve what we want. It is not good to try to understand everything immediately. Being in the role of the "stupid" motivates the client to participate in further conversation, description of the situation and problems, explanation. To feel safe, it will also be helpful for the worker not to be afraid of the seriousness of the case or the heightened emotions of the client. (Úlehla, 1999) It is necessary to remove the tendency to judge the client at first sight, to label them.

Task to the text

1.Repeat the main idea of the labelling theory.

The safer the worker feels, the safer the client feels (Úlehla, 1999). The more the worker is authentic, the more secure the client feels. We accept the client in absolute and unconditional way. (See chapter 3.5)

Sometimes we meet a client who can be aggressive, attack a worker, get angry, blame them unfairly etc. The worker can support their safety by the following ways:

- a)If things are bad, they have the right to leave.
- b)They may request training in dealing with threatening situations.
- c)They can observe the situation with the client's eyes.
- d)They can continue to empower the client and search for the client's orders.

\$*"Dealing with what the client desires is professional"***\$** (Úlehla, 1999: 66). This is especially important in situations where a worker meets a client who is very easy to sympathize with.

These include suffering children, dying, infirm and terminally ill people, and people with disabilities. It is easy to put yourself in the situation of these clients. Workers tend to protect such clients even if they do not need it. Therefore, it is necessary "to be professional" because it is the client who is the primary measure of the social worker's successful work. (1999)

4.6.2 Methods of Questioning

As mentioned above, it is convenient to start with this question: **\$"What can I do for you?" \$** Although there is no definite way to ask questions, Úlehla presents a few recommendations verified by experience. Basically, we can divide the questions into **\$confirmatory and opening\$** ones. Criminalists, judges, parents, doctors and so on are professionals in questioning confirmatory questions. The aim of their questioning is to find out the "truth". The questions do not serve to offer assistance but to develop control. The opening questions aim at finding a new perspective. (Úlehla, 1999) The answers to open questions show better whether, and to what extent, the topic is important for the client. The interview thus may lead to possibly more important topics to be followed.

\$Circular questioning\$

Circular questioning has its origin in the 1970s at Milan systemic therapy in the development of Gregory Bateson's principles. The family therapy movement took a fundamental step in the way of asking questions. The idea is to analyse the interaction between family members and the essence is to find differences in the perception of things. We are interested in the point of view of the "third". Úlehla offers the term "circular saw" for this type of questioning. (Úlehla, 1999)

\$Constructive questions\$

A different way of asking questions has been developing since the 1980s. Constructive questions were introduced by Steve de Shazer. Primarily, he does not focus on the description of things and the need to describe the symptoms as accurately as possible. "I don't know" is the client's best answer to a constructive question. The answer implies that the client has not considered this alternative, yet that it is new to them. Constructive questions can be focused on negotiating a contract, a past, a solution, or a course. (Úlehla, 1999)

\$Miraculous question\$

A miraculous question is useful when the client does not see any solution. It is focused on finding solutions. It encourages the client to use their imagination to visualise their future.

\$The wording of the miraculous question:

Imagine something like a miracle will happen tonight when you go to bed. And all the troubles that brought you to me will completely disappear. Because you are sleeping, you do not know that a miracle has happened. In the morning you wake up and look around. What will be the first thing to confirm that a miracle has happened? **\$** (Úlehla, 1999)

\$Measuring questions\$

Measuring (scaling) questions are a very useful tool. They help the client see that they have achieved something and that something is happening in the solution. It helps motivate the client. Their goal is not to obtain objective information.

\$Example of a measuring question: \$

\$Imagine a ten-point scale where number 1 describes the period when you felt the worst, number 10 means how you will feel when everything is resolved. Where are you at the moment? \$

The answer does not give the worker any information, it is only a subjective self-assessment of the client how far they have got.

\$Why not ask the question WHY? \$

Asking the question of *\$"why?"\$* we express our doubts or reproach against the client. The answer would be only a description of the client's failures, unfinished issues and unachieved goals. It is rather accusing. Another reason is that we ask only about the past, which cannot be changed anymore. To sum up, it is inappropriate to ask *\$"why?" \$* very often because it may point to the client's silliness or incompetence on the one hand, and it take us away from the present on the other. If a worker decides to use it, it must be framed properly not to blame the client.

\$Question "And what else?" \$

It is advisable to ask the question as often as possible. It shifts the conversation and develops it.

\$It is also possible to divide the questions into: \$

Open questions – they do not predetermine the answer

Closed questions – they can be answered Yes / No. These are confirmatory questions.

From a linguistic point of view, the questions are divided into:

\$Fact-finding questions\$ – in family therapy, the questions are closed, the options of answers are known in advance, we do not learn anything that might raise another question, e.g. "Do you mind...?"

\$Alternative questions\$ – are also closed questions, via the answer we try to choose one of two possibilities, e.g. "Do children argue more when you are nearby or when they are alone?"

\$Supplementary questions\$ – this is a type of open questions, they start with interrogative pronouns and adverbs – when, why, with whom, to whom etc. The question induces thinking and reflecting the situation, e.g. "Who is the most annoyed?" (Gjuričová, Kubička, 2009: 137-138)

4.6.3 Determining the problem

The client's order defines the area and goal of the collaboration. It is the ideal way of work. It starts with the client's order to which the social worker responds with their offer. This is followed by a negotiation process that is more time-consuming compared to control. The

order may be a note, sentence or word that the client expresses and the worker understands it as a suggestion or a wish. Negotiation is a skill that any social worker must constantly develop. The purpose of the negotiation is to achieve the goal of working together, to get the client involved in deciding on joint activities, to create criteria to assess the fulfilment of tasks and creating space for collaboration. Úlehla emphasizes that if there is no joint contract, it is a control. (Úlehla, 1999: 75-76)

There are two concepts of the problem. In the first case, the problem is considered to be something bad, pathological. A classic diagnostic examination-assessment-intervention procedure is used to correct the problem. The second case is typical of workers who want to help, be useful and try to make their work pleasant for them and for clients. It is the client who defines the problem in their order. The client comes with difficulties, misery, hardship, grievance or conflicts that are significant for them. The social worker works with the client's thoughts, wishes and aspirations. (Úlehla, 1999) Erickson (in Úlehla, 1999: 77) writes that *"patients who come to us do not know exactly why they come." They have problems, and if they knew what the problems were, they wouldn't come."*

The problem is what the client says it shouldn't be happening. At the same time, it is important that the problem identified has some chance to be changed. The client is an expert to identify the problem while the worker is an expert to solve it. The client needs to understand their problem. The worker needs to have particular skills to solve problems and collaborate. (Úlehla, 1999)

4.6.4 Well-formulated goals

If work with a client is to bring some change, the formulation of the goal is necessary. The Brief Family Therapy Center, including Steve de Shazer, proposed requirements for a good formulation of a goal based on their experience.

1. The goal must be important for the client – the client invests better to achieve it
2. The goal must be small – it is better to formulate a number of small goals than a big one. Thus, the client can achieve faster progress in the solution
3. The goal should be specific, it should concern behaviour
4. The goal should be realistic – it is not possible to formulate goals focused on questions of existence, such as looking for the meaning of life.
5. The client has to make effort to achieve the goal
6. The goal should be the beginning of something, not the end
7. The goal should concern something that will happen, not the absence of something (Úlehla, 1999)

To compare, we can mention goal setting according to Reid and Epstein in a task-centred approach:

Specific – defined by client's words

Short-term – the client has to experience success of achieving something

Feasible – should correspond to the client's capabilities (e.g. their IQ, finances etc.)

Positively defined – what will be, what should be

4.7 PROCESS

In the course it is important to achieve a common goal, via solving the problem.

At this stage, it is important to solve the client's problem and reach a common goal. In particular, it uses the concept of empowerment, which can be understood as helping clients to gain or regain power and control over their lives. The purpose of empowerment is the belief that the client knows best what is good for them. However, the client's desire to cooperate is necessary for the empowerment. The prerequisite is the belief that the client has and had the ability to solve the problems. It is the client who sets common goals, who is an expert on their life and problems. The worker must realize that it is the client who evaluates the usefulness of the contact and who ends it. The client also decides whether and when the next meeting should take place. (Úlehla, 1999)

The worker's active participation in the dialogue is manifested by the choice of the work topic. Steve de Shazer and his colleagues (in Úlehla, 1999) named three basic work topics.

4.7.1 Basic work topics

\$Order\$

It is an ideal work topic that the worker tries to reach. During the meeting, the client and the worker agree on a jointly found order. The client is the holder of the problem.

\$Complaint\$

During the meeting, the client and the worker identify the content and goal of the collaboration, but are unable to negotiate the steps the client needs to make a solution. Clients do not associate themselves with causes of problems. They often see themselves as victims of other people's problems, and they think there is someone else to solve them. We can say that the clients come to complain about a problem, but they are not the ones to deal with it. The problem holder is "not present". For example, a good strategy is to offer opportunities to solve the problem continuously through circular questioning. As soon as the client begins to ask about their role in the solution, it is good to start making an order.

\$Visit\$

Within the work topic of the visit it is impossible for the client and the worker to formulate the goal, problem and content of the collaboration until the end of the meeting. The client repeats that there is no problem and if there is any, it is someone else's problem. We can simply say that a client visits a worker and tells him/her that someone has a problem. Thus, the worker is the holder of the problem or the person who sends the client. In this case, the worker often takes control. The appropriate strategy is to use the miraculous question to motivate the client, to find the problem and the role of the client in its solution.

4.7.2 Empowerment

The client is empowered in what they are successful. Via empowerment the worker shows they rely on the client's skills and good experience. The client is given the power to act on. (Úlehla, 1999)

The same concept as a self-actualization potential is used by C. Rogers, in the family and strategic therapy, as well as by W. Reid and L. Epstein in a task-centred approach.

4.7.3 Useful misunderstandings

Misunderstanding means that the worker still does not fully understand. They need to talk, act, discuss and argue until the matter is clear. This is the best source of new ideas on how to proceed further in the dialogue. Misunderstanding is useful by giving direction to the content of the dialogue. (Úlehla, 1999)

While a social worker is an expert at interviewing, the client is an advisor to the worker. A social worker encourages the client to collaborate via dialogue.

4.8 TERMINATION

Termination is based on appreciation of the collaborative work and highlighting the client's achievements. From the very first contact, the worker should take into account that the sooner the case is closed the better. The following question may arise: "What will change after we have finished our meetings?" The worker should be aware of what he/she wants to be changed, but at the same time he/she should know the changes the client wants to have when the collaboration finishes. Therefore, they work with several assumptions – the client has the right to end contact, is the only one to be able to consider what is good for him/her, is an expert in his/her life, the worker's job is to offer assistance, if the worker is forced to act against the client's interests, it is not about professional contact, but about making restrictions. (Úlehla, 1999)

When collaboration is over, it is good:

that the client knows what helped him get rid of the problem

that the client can repeat these procedures according to his needs

that the client knows what to do if the procedures fail

that the client knows that it is himself/herself who is able to deal with such things (Úlehla, 1999)

The aim of the collaboration is not to have a client without any problems, but a client who is able to handle them according to his will. The result of the cooperation must be according to the client's wish. It is not important to solve the problem, but to make the client satisfied. However, satisfaction of the client is only very remotely related to satisfaction of the worker. (Úlehla, 1999)

It should be emphasized that the social worker is not responsible for the client. For example, this misinterpretation appears in the Department of Social and Legal Protection of Children. Social workers are more often subject to so-called parental tendencies, where they feel responsible for the client's actions.

4.9 Using systemic approach

Schlippe and Schweitzer (2001) emphasize that systemic thinking can be applied not only in social work but also in other fields. In their publication, they deal with the use of systemic approach in lesser known areas than the classical ones. Educational and family counseling, psychotherapeutic practice and psychosomatic clinical work are among the classical areas. The first mentioned area (apart from the classical ones) is family medicine. In 1989, Häuser described systemic questions and methods that can be used in the medical clinical field. The

combination of general medicine with family therapy is considered to be important for the early recognition and prevention of somatization of mental health problems as well as the chronization of burdening disease management strategies. (in Schlippe, Schweitzer; 2001) Within psychiatry, Schlippe and Schweitzer (2001) talk about the positive impact of family therapy on the treatment of patients with psychosis and on pedopsychiatry. In the area of systemic social psychiatry, Schweitzer and Schumacher (in Schlippe, Schweitzer; 2001) developed forms of intervention for social psychiatric services, hostels and housing communities, which could bring the possibility of 'final psychiatry' to working with outpatients.

Social work is another area where a systemic approach can be applied. It is used, for example, in counseling within juvenile institutions, in institutional care and in work with chronic psychiatric patients. (Schlippe, Schweitzer; 2001)

In schools, systemic experts apply this approach to the school through contact with problem pupils. Their task is to make an expert report on the basis of which they recommend to exclude or accept pupils. (Schlippe, Schweitzer; 2001)

Chapter summary

Systemic therapy is one of the main directions in the humanities. It was established as a branch of family therapy in the early 1980s. One of the representatives is Kurt Ludewig. Ivan Úlehla applied the systemic approach to the Czech social work. This approach is based on theories of constructivists and post-modern philosophers. The main idea is that every person is responsible for the world they create and how they present it to others. According to Úlehla, systemic approach works with basic concepts such as assistance and control, negotiation, setting goals in collaboration (order). To accomplish these procedures, Úlehla recommends systemic approach techniques that are used in the dialogue. It comprises circular questioning (asking for the differences in opinions on issues; asking for the opinions of the third person etc.), constructive questions (opening questions aimed at areas that the client has not thought about yet), a miraculous question (focused on the client's imagination, the image of their future, if the difficult situation changed), measuring questions (the client may look at the situation from a different point of view, assess how much progress he has made in solving the problem, the goals they have set etc.). In order to successfully conclude the contact, Úlehla (1999) states that it is good for the client to understand what has helped them get rid of the problem, to repeat these procedures themselves, to know what to do if the procedures fail and especially to be aware of the fact that they are able to solve such issues themselves.

Comprehension:

Specify the historical beginnings of systemic approach.

What stages of the systemic approach does Úlehla mention? Name them and describe each of them briefly.

Formulate pros and cons of the work of social workers in terms of control and assistance.

What differences can you see?

Describe the relationship between a client and a social worker according to the concept after Kopřiva.

Prepare examples of questions useful in systemic approach.

What are the basic requirements that must be met by properly formulated goals?

Explain the principle of a problem holder.

Describe the basic working topics.

Explain what the term “empowerment of clients” means. What is this procedure useful for?

Give examples of basic working topics according to Úlehla.

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5 Working with client within task-centred approach

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In this chapter you will learn:

Working with a client within a task-centred approach – the core principles of a task-centred approach

The origin of this approach, its representatives

Key elements of task-centred approach – problem, goal, task, contract, time limit

Stages of work with a client – initial stage, middle stage, stage of completion and evaluation; evaluation of task-centred approach

After studying this you should be able to:

to characterize the essential principles and starting points of task-centred approach

to clarify the basic concepts of task-centred approach

describe particular stages of task-centred approach

explain the use of task-centred approach in social work

Key words: task, problem, goal, contract, stages, planning

\$Study Guide\$

\$Introduction to problems in the chapter.

You will need about 25 hours to master this chapter, so sit back and do not let anyone and anything disturb you. \$

5.1 Introduction to task-centred approach

The task-centred approach has had a significant impact on social work. The advantage of this approach is the fact that it was developed by social workers directly in the context of social work, for social workers, based on research. (Doel and March, 1992)

The first stimulus for this approach was the research by Reid and Shyne, from the early 1960s, who compared the effectiveness of short-term and long-term work with clients. For the purposes of the research, the short-term collaboration was limited to approximately 8 weeks, and the long-term collaboration period was 18 months. As a result, it was surprising to find out that the short-term collaboration where a social worker and a client focus on specific problems selected by the client is much more effective than the long-term work. (Reid and Shyne, 1969)

Since its beginning, the effectiveness of this approach has been repeatedly verified. Research dealt with both the effectiveness of this approach as a whole and its sub-parts. In particular, they focused on the time limit, the relationship between the tasks accomplished and the change in problem priority, the impact of each part on problem solving, the applicability of this approach to different client groups and the different types of problems, and, last but not least the development of this approach and discovery of its limits. (Reid, 1992; Reid, 1997)

The model itself is designed so that particular steps should be measurable. Several specific tools have been developed for this purpose to facilitate monitoring and evaluation of both progress in problem solving and of reaching the goals and completing the tasks. (Reid, 1975)

The authors of this approach are William Reid and Laura Epstein, who continued their research and formulated basic ideas, characteristics and principles of this approach.

The beginnings of the task-centred approach in the 1970s can also be found in the Czech Republic. Specifically, in Ostrava, social work with socially maladjusted clients was carried out according to individual socio-therapeutic plan called the *Socio-therapeutic Plan*. In the time sequence, it contained sub-tasks dealing with individual client problems, thus showing the same characteristics as Reid's and Epstein's task-centred approach.

Task-centred approach characteristics:

Empirical focus – in this approach, theories and methods that are empirically based are preferred. By doing so, the social worker tries to avoid speculative theorizing about the client's problems and behaviour.

Integrating attitude – within this approach, the worker selects the theories and methods that best fit the client's problem, for example cognitive and systemic approach, motivation theory, structural approach and others. In this way, the task-centred approach can be considered an eclectic and integrating model that selectively chooses from individual methods and theories that are based and supported by empirical research.

Focusing on issues confirmed by a client – one of the conditions for using this approach is to focus on the problems that was identified and accepted by the client. These form the basis of collaboration.

Systems and contexts – a client's problems do not exist in isolation, but they often occur in the context of multiple systems. Contextual change may be necessary to solve the problem or prevent it from recurring. Or vice versa, solving problems can have a positive impact on its context.

\$Planned short-term basis\$ – a service or collaboration is usually planned in the short term, ranging from 6 to 12 weekly meetings over a four-month period.

\$Collaborative relationship\$ – an important part of collaboration is the partnership among the client and the social worker and all those involved in the collaboration. This implies the basic ideas of this approach, i.e. supporting and mobilizing the client to collaborate and actively engage in solving their problems.

\$Structuring\$ – the advantage of this approach is its structure and clarity. The intervention process, including intervention meetings, is structured into clearly defined action sequences.

\$Problem solving activities (Tasks)\$ – changing problems can be achieved through individual activities clients perform during the meeting or elsewhere. Particular emphasis is placed on mobilizing the client's own activities.

In the English-written literature, discussions are held as to whether a task-centred approach is a theory, model or approach. Doel (2002) does not consider a task-centred approach to be a theory, but a practical method that provides a social worker with a practical framework for working with a client. The approach focuses on here and now, on solving problems and supporting client strengths. He perceives the key principles of this approach to be an agreement between the social worker and the client on problems, goals, tasks and time limits for work. Another important part is to build a partnership between the client and the social worker and all those involved in the work with the client.

5.2 Main theses of task-centred approach and position of a social worker

The task-centred approach puts a strong emphasis on the active role of the client. As Navrátil (1999: 48) states: **\$“Partnership and strengthening are the core values of this approach. A task-centred partnership means that it is believed that the client is the leader in solving their problems.”** **\$**In other words, the client is not seen as an object to be cared for, but as an autonomous person who is not only able to define their own problems but also has the means to solve them. Therefore, the client is the mediator of the change and not the social worker. One could say that the task-centred approach can be considered the beginning of attempts to empower clients. The task of the social worker is to help clients identify their problems, set goals and support them in the execution of the planned tasks. (Reid, 1975; Couldshed and Orme, 1998; Reid, 1996; Navratil, 2001)

The basis of collaboration is a dialogue between a client and a social worker, or other people or organisations involved. The relationship between a client and a social worker plays an important role, supports and stimulates problem-solving efforts. The client should feel accepted, respected and understood in the relationship. The basis for this is warmth, empathy and truthfulness. (Tolson, Reid and Garvin, 2003)

This implies the basic ideas of this approach, i. e. the support and mobilization of the client for collaboration and active involvement in solving their problems.

Within the task-centred approach, a social worker can hold several different roles. For example, one of them is a negotiator. Negotiation is one of the key activities, especially if the

client has problems generated by contacts with formal organizations or unsatisfactory social relationships. Negotiations include not only a client and a social worker, but all practitioners and organizations involved in collaboration with clients. Negotiation is particularly important if the client does not come willingly, but at the initiative of a third party, especially if there is a conflict between the sending and receiving agencies.

While planning the tasks, they can act as consultants, i. e. they may give options and suggestions. During the course of completing tasks, especially in the course of meetings, a social worker may hold the role of a teacher and mentor. (March, 2002; Coulshed and Orme, 1998)

5.3 Applicability of task-centred approach

The task-centred approach is widely applicable in practice. It can be used at all levels of social work, i. e. within individual social work, work with families, groups and communities.

According to Sobková (2008), the effectiveness of this approach was successfully tested when working with:

with children and youth with school problems

seniors

the unemployed

homeless

handicapped people

people with addictions

families with children

married couples and partners

people offering paid sexual services

people with mental disorders

minority ethnic groups

Although this approach is widely used, it has its limits when working with:

people who are not interested in solving specific problems, but they rather wish to deal with existential issues

people who do not want or cannot use the model structure and they rather prefer an occasional and informal way of working

people who have verbal disorders and who are unable to define the problem and the goal

people with severe mental disorders

people in an acute crisis, in a very urgent and changeable situation in which a specific problem cannot be isolated

The task-centred approach can be used as a "main" model as well as a "complementary" one. As a complementary model, this approach is mainly used abroad (USA, England) for the treatment of psychiatric patients and patients with different types of addiction, where the main treatment lies in psychotherapy, and the approach is used to deal with partial problems (impaired social relationships, debts etc.). A complementary system of work means to use partial activities of this approach, such as planning small tasks, performing and evaluating them. (Reid, 1992; Coulshed and Orme, 1998)

5.4 Key concepts of task-centred approach

The basic concepts of task-centred approach include problem, goals, tasks, contracts, and a timeframe.

5.4.1 Problem

The task-centred approach is based on a clear conception of problem. Determining the problem as seen by a client is a prerequisite for success. Social difficulties faced by an individual, group, or community may be regarded as a problem (Doel, March, 1992). Reid (1992) considers feeling of discomfort towards the outer world be a problem. Problems emerge during the interaction of an individual with the environment, reflecting human wishes or needs such as mental peace, satisfying relationships, adequate resources and others.

The problems faced by an individual can be divided into eight basic areas (Reid 1992, Doel and March, 1992):

- 1.interpersonal conflicts
- 2.dissatisfaction with social relationships
- 3.problems s formal organizations
- 4.difficulties with fulfilling roles
- 5.problems resulting from social changes
- 6.responsive emotional anxiety
- 7.inadequate resources
- 8.behaviour problems

From the perspective of collaboration between a client and a social worker it is necessary to distinguish between **\$acknowledged problem\$** and **\$attributed problem\$**. The acknowledged problem is the basis of client-social worker collaboration. The client acknowledged the problem, identified it as a problem, and agreed to deal with it. In contrast, the attributed problem does not form the basis for collaboration, as the problem was not defined by the client but by the third party. However, this does not mean that the problems attributed cannot be useful, they point to an area where the target problem can be hidden and can be recognized by the client-social worker dialogue. The concept of acknowledged and attributed problem clarifies who holds the problem. If the client is working on an acknowledged problem, they become holders of the problem. That is why there is less motivation to solve the problem. (Reid, 1992)

Task to the text

Create individual examples for the above areas.

5.4.2 Goal

According to Epstein (2001: 317), "... the goal describes what a client and a social worker want to achieve." The goals are formulated on the basis of a dialogue between a social worker and a client, together they focus on what the client wants to change, what the client wants to achieve. This implies that goals should be defined from the client's perspective, because the motivation to reach the goals set from the outside is much lower. Another reason is the assumption that the client is not only able to identify their problems, but also to set the goals they want to achieve. (Reid, 1992; Doel, 2002)

It is possible to classify goals from different perspectives. On the one hand, in terms of the relation between the goal and the tasks and in terms of their ability to be evaluated on the other.

Classification based on ability to be evaluated according to Doel and March (1992):

\$Clear goal\$ – a goal where an independent observer is able to clearly assess whether and when the goal has been achieved. This goal is therefore formulated in measurable terms.

\$Fuzzy goal\$ – at this goal, an observer is unable to determine what the goal was and whether or not the goal has been achieved. Still, fuzzy goals can be useful, they may point to the client's motivation. A social worker should help the client to understand the fuzzy goal and help him to reformulate it into a clearer form.

Classification with regard to assigned tasks and problems according to Reid (1992):

- 1.Goals that facilitate a client's problem
- 2.Goals that produce cognitive changes
- 3.Goals that support change in a client's behaviour
- 4.Goals that affect the change of a client's situation

Goal setting is essential for effective work with clients. The goals should be defined in a way that allows them to be assessed. According to Sheafor, Horejsi and Horejsi (2006), well-formulated goals should be:

1. Defined in positive terms, i. e. what the client should do or achieve instead of don'ts.
2. Concerning behaviour
3. Be measurable in terms of length, frequency, intensity

Similarly, Reid and Epstein characterize a well-defined goal. According to them, the goals should be:

1. Specific
2. Defined by clients
3. Short-term
4. Achievable
5. Positively formulated

5.4.3 Task

A task is a key element of a task-centred approach. It is a sequence of specific activities that help a client and a social worker to achieve their goals (Doel, 2002). The tasks are not planned without thinking, but are based on a set problem and a set goal. As well as the goals, the tasks

should be described in measurable terms and with deadlines to assess their fulfillment or failure.

@ Diagram No. 5: Process from a problem to a goal, Source: (March, 2002, edited)
Problém → task → task → task → goal



&

\$Types of tasks\$

We can classify tasks from different perspectives, for example, by the generality of tasks, by the person who performs tasks and when or how many people are involved.

Classification according to Epstein (2001)

a) From the general perspective

General tasks show the direction of action, but do not provide any procedural details or guidelines.

Tasks are individual, specific, problem-solving activities.

b) From the activity perspective

Integrated tasks

Complex tasks

Reciprocal tasks

Cognitive tasks

Classification according to Reid (1992)

a) From the perspective of the person who executes:

client's external tasks

client's tasks at the meetings

social worker's tasks

b) From the perspective of goals

evaluating tasks

cognitive tasks

behavioural tasks

situational tasks

c) In terms of number of participants and focus

individual tasks

shared tasks
reciprocal tasks
d) In terms of focus
straightforward tasks
paradoxical tasks
tasks facilitating evaluation
planning-focussed tasks
tasks to express emotions
tasks supporting awareness
skills training tasks
tasks aimed at reducing anxiety and stress

Classification according to Doel and March (2002)

social worker's tasks
client's external tasks
client's internal tasks (at the sessions)
individual tasks
shared tasks
reciprocal tasks

Classification according to Ewalt (1975)

mental tasks
physical tasks
combined

5.4.4 Contract

The contract is the result of negotiations and dialogue between a client and a social worker, providing a framework for collaboration. It defines the rights and duties of individual participants, a client, a social workers or others. This contract may be oral or written. Contrary to the oral agreement, a written contract can also serve as a tool for assessing the achieving the tasks or goals respectively. The contract is not permanent, on the contrary, being dependent on changing conditions it can be modified and supplemented at any time. (Epstein, 2001; Collins 2000)

The basic points that a contract should include are to define who will do what and under what conditions. Furthermore, the contract may contain goals, a list of term tasks of both the client and the worker, or other people involved in the process, a list of services used by the client, information regarding the handling of the acquired information, reasons for ending the collaboration, deadline for ending the collaboration and other points, as agreed by a client and a social worker (Řezníček, 1994; Gojová, Sobková, 2007). The essential rights and duties of both the client and the social worker are crucial.

Task to the text

1. Make groups of three. In the groups, formulate the basic components of a contract between a client and a social worker.

5.4.5 Time limit

As already mentioned, the task-centred approach is one of the short-term interventions, usually ranging from 3 to 4 months. This time is based on the theory of crisis, according to which people experiencing some degree of mental imbalance seek help to restore balance in the shortest possible time. At this time, they are most open and responsive to new ways of coping with their problems. After refinding the balance, their motivation decreases. (Kanter, 1983)

The short-term therapy is intended to help mobilize the client's strength and effort and prevent their dependence on the social worker from developing. Likewise, it can help a social worker in cases where a worker tends to do more than necessary or than has been agreed. (Epstein, 2001)

Although such collaboration is generally limited to 3 to 4 months in the context of this approach, it can be further extended. Especially if there are circumstances that prevent the time limit from being met. These circumstances include situations that are not under the control of both the parties (e.g. hospitalization) or in cases where the duration of the collaboration is determined by a third party (especially within collaboration with the OSPOD Department of Social and Legal Protection of Children etc.) or in case of a new collaboration within the long-term care (nursing homes etc.) The goal itself also influences the length of collaboration. Some goals may not be achievable in a short time (getting children back to care etc.). In such cases, the extension is possible, so-called recontracting, which means prolonging the contract, may happen. However, this contract should not be prolonged more than twice, otherwise the short-term collaboration loses its sense and it becomes a long-term collaboration. (Reid, 1992; 1988)

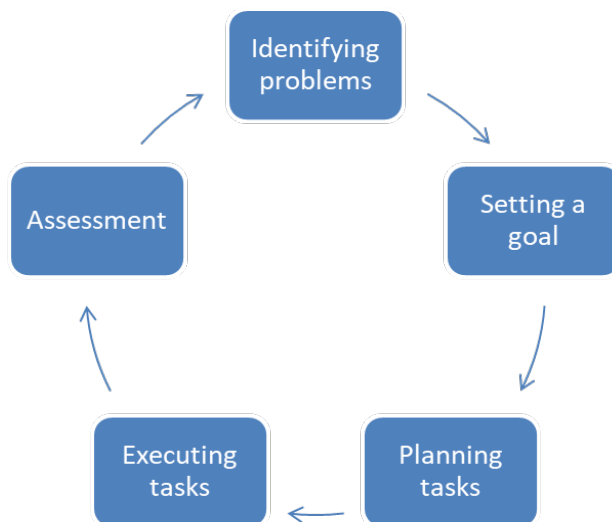
5.5 Stages of task-centred approach

The task-centred approach is structured into several stages that overlap and complement each other. The termination of one stage does not mean that a client and a social worker cannot return to it. Conversely, a task-centred approach is a dynamic process in which a client and a social worker regularly review individual steps and, on their basis, they modify their collaboration. (Epstein, 2001)

Although the views of various authors differ as regards the content of each stage, they all follow a logical sequencing and cohesion of steps, from clarifying the role, through identifying problems, setting goals, planning and executing a task to ending and assessing goals achieved. Throughout the collaboration, based on the evaluation, they either "move on" or go one step back and modify the approach to best fit the client's needs.

@ Diagram No. 6: Task-centred approach stages, Source: (Nedomová, the author's construction)

Identifying problems → setting a goal → planning tasks → executing tasks → assessment → Identifying problems.



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The task-centred approach is usually divided into three stages: initial, intermediate and final. However, this division is merely theoretical. The contents of each stage are intertwined. The division is also dependent on an author describing an approach given.

\$Division of stages by number of meetings\$

If we wanted to divide the stages by the number of meetings, then the initial stage would take one to two, and only in exceptional cases, up to four meetings. The intermediate stage takes six to eight meetings, and one or two meetings are usually reserved for the final stage. However, this length is only indicative, the real length of each stage depends on the complexity of working with clients. (Tolson, Reid, Garvin, 2003)

\$Division of stages by content\$

Reid (1992), Epstein (2001) divide the process into three stages: initial, intermediate and final. The initial stage begins with clarifying the role of the social worker and the client, explaining the purpose of the intervention and ends with a contract. The intermediate stage begins with task scheduling and implementation. The final stage is devoted to the final evaluation of achievements.

Doel (2002) divides the process into three stages. The first stage begins with the examination of problems and ends with defining them. In the second stage, he sets goals and tries to reach agreement. In the third stage, he deals with planning and executing tasks. He puts aside the clarification of the role of a social worker, as well as the ending of collaboration with a client. Coulshed and Orme (1998) divide the process of collaborating with a client into five stages, i. e. exploring the problem, reaching agreement, formulating objective indicators, accomplishing tasks and ending.

5.5.1 Initial stage

According to Reid (1992), initial stage includes in particular:
 the explanation of role, purpose of collaboration and obtaining necessary data
 identification of problems, their exploration and evaluation
 prioritization of problems, identifying priority issues, specifying priorities

goal setting
time setting
making a contract

\$Explanation of role, purpose of collaboration and obtaining necessary data\$

The explanation of the role and purpose or sense of cooperation should include some basic information, in particular the name of a social worker, their title and the name of the institution for which they work, previous work experience etc. On the other hand, a social worker also needs to know if a client has already had some social work experience, with which organization, whether this experience has been positive or negative etc. A social worker should also make a client familiar with the progress of the collaboration, as the explanation of what is happening and why, supports the client's ability to help themselves, which also makes the solution of the problem more effective.

\$Identification of problems, their exploration and evaluation\$

One of the main theses of the task-centred approach is based on the idea that clients themselves are able to define the problem. This implies the principle a social worker should follow, i. e. it is the client who defines the problem. If a client is unable to do so, it is the job of the social worker to help him identify the problem. During the stage of defining the problem, workers can turn to other professionals or people who are involved in the problem for help.

The purpose of exploring the problem is to identify a few basic elements: a factual description of the occurrence of the problem; frequency of occurrences; the severity with which a client sees problems; what the client has already done to lighten problems and with what result. The problem exploration process is largely guided by a social worker, but should also include a client as a collaborator. While a social worker contributes to discussions with their professional knowledge, it is the client who has a unique knowledge of the problem and its context. (Reid, 1992)

The following list of questions can be used to explore the problem:

1. What caused the occurrence of problems?
2. Where did the problems occur?
3. When did they occur?
4. Who else is present?
5. How often do the problems occur?
6. How long have they lasted?
7. How serious is the problem?
8. What did the client or other people do to deal with the problem?
9. What was the result of these attempts?
10. What are the client's expectations about solving the problem?
11. What does the client think of the problem?
12. What is the client's emotional response to the problem?
13. What are the consequences of the problem?

14. What are the stimuli for the problem?
15. What other factors are related to the problem?
16. What is the impact of other systems on the problem?
17. What is the impact of the problem on other systems?

\$Prioritization of problems, identifying priority issues, specifying priorities\$

More than one problem is often bothering a client who seeks a social worker. However, for effective work, a social worker and a client should not deal with a large number of problems, but should choose a maximum of three in which they will be fully involved. In English-written literature, this process is called Targeting, or prioritizing problems. Another expression for the priority problem is derived from this – Target Problem. (Reid, 1992; Epstein, 2001)

Navrátil (2001: 235) and Řezníček (1994: 47) recommend that in the process of prioritization of the problem all identified problems are written down and ordered, according to a client's priorities. The following questions can help prioritize the problem:

Which problems bother the client most?

Which problems, if not dealt with, would have the worst consequences for the client?

Which problems, if successfully solved, would have the best consequences for the client?

Which problems does the client find most significant?

Which problems can be solved with the least effort?

Are any of the problems insolvable?

Setting priority issues should not be random, but the result of discussion and agreement between a client and a social worker. At the end of the discussion, the client, together with the social worker, should define a maximum of three issues to be dealt with. (Reid 1992; Tolson, Reid and Garvin, 2003; Epstein, 2001; March and Doel, 1992)

Each priority problem should be further specified, i.e. described in terms of its manifestations, frequency of manifestations, their severity and duration. In order for a client to be able to specify a problem, there is a need for a certain timeframe in which the problem manifestations are described. From then on, we will be able to derive the frequency, duration and severity of the manifestations of the problem before the intervention. (Tolson, Reid and Garvin, 2003)

Several techniques, such as a client's introspection, standardized methods as rapid-evaluating tools, scaling techniques etc. can be used to collect this information.

\$Goal setting\$

The specification of the problem should be followed by setting the goals a client wants to achieve. The process of specifying the problem can be of great help in setting goals, since a clear problem specification leads to a clearly specified goal. During this activity, a social worker helps the client formulate goals. These should be formulated as clearly as possible and in measurable terms so that the client and other people involved in working with the client know exactly whether or not the goal has been reached. (Doel, 2002; Reid 1988)

Task to the text

Recap the guiding principles of a well-defined goal.

\$Setting a time frame\$

As already mentioned, the task-centred approach is one of the short-term interventions, therefore setting a time frame by which the goal should be achieved is essential. As a rule, a social worker proposes regular meeting dates and their number. A pre-set number of meetings can help the client mobilize his efforts towards achieving the goals. The time limit is usually established at the end of the first meeting. (Reid, 1988)

\$Making contract\$

According to Reid (1992), the final step of the first stage should be to make an agreement or contract between a client and a social worker. The contract should contain basic data, defined issues, goals, potential tasks etc.

It is also Řezníček (1994) who deals with the description of the initial stage in chapter called *\$Initial Contact and Defining the Conditions of Cooperation with the Client\$*. At the first interview, it is advisable for a social worker to greet the client and shake hands and to start a conversation. The goal is to make the client relax and not feel anxious. A social worker can start a conversation with a topic that is attractive to the client and relaxing at the moment. For example, they may ask about the client's skills, obvious strengths etc. In order to motivate a client to collaborate sufficiently, it is necessary for the worker to show a genuine interest in the client and their problems or situation. In order to verify the substantial facts, the worker can ask the control questions to verify that they have understood the client correctly.

At the initial stage, it is also necessary to decide whether it would be more appropriate to refer the client to another workplace or to mediate the transition. The reason for this may be the nature of the client's problem that the social worker or his/her facility cannot contribute to the solution at all, or only with the help of other professionals or facilities. (Řezníček, 1994)

5.5.2 Intermediate stage

According to Reid (1992), intermediate stage comprises in particular:

task planning

motivation boosting

planning details of task execution

identification and removing obstacles

summarizing task plans and their implementation

task modelling and practice

evaluation of task fulfilment and progress

\$Task planning\$

In the course of task planning process, a client and a social worker should discuss together all the ways in which the goal could be achieved. The purpose is to involve the client as much as possible in the planning process and thus increasing their motivation. While searching for possible tasks, none of the options should be evaluated not to reduce the number of alternatives before being discussed with the client in more detail. Only after all the alternatives have been recorded can they, based on discussions, be evaluated and selected to fit the solution to the client's problem. (Reid, 1992; Tolson, Reid and Garvin, 2003)

\$Motivation boosting\$

Task planning and motivation are very closely related. Motivation is a prerequisite for successful completion of the assigned tasks. The task itself may not fulfill the need or desire,

but it can provide a client with guidance on how to achieve it. The task of a social worker is to help a client to know how task fulfilling can help the client in achieving the goal. Partial success in accomplishing a task can motivate the client to further activities. On the other hand, failing a task can be motivating for some clients as well, because the client can learn a lesson from their mistakes, try the task again with more commitment, new skills and a new way. (Reid, 1992)

\$Planning details of task execution\$

In order for the client to be able to implement the selected tasks, it is necessary to plan them in detail. In other words, the selected general tasks need to be converted to operational or working tasks. This happens in the course of planning the implementation of tasks. (Reid, 1992)

While planning details of task execution, answers to the following questions should be found (Tolson, Reid, Garvin, 2003):

Who does what?

When do they do it?

How often do they do it?

How long do they do it?

Where do they do it?

Who do they do it with?

Careful planning of tasks is important especially for tasks that will be taken by the client at a time (e.g. a job interview with a particular company). When planning disposable tasks, some detail can be overlooked, so it is advisable to make a sufficient time to plan the implementation details. In the case of recurring tasks, details may be overlooked in subsequent meetings and in the evaluation of performance of tasks. (Tolson, Reid and Garvin, 2003)

\$Identification and removing obstacles\$

Obstacles can occur at any stage of the process, both during planning and in the execution of tasks. Already during the process of planning, it is necessary to take into account potential obstacles that might arise. A social worker or client can ask about these obstacles with a simple question "What if ..." (Hepworth, 1979).

The first step to deal with them is to identify them. Choosing a strategy to remove obstacles depends on whether these are potential or urgent generated during the implementation of the tasks. This also depends on the area the obstacles are generated in. According to Epstein (2001), obstacles may arise from the social environment, interpersonal interaction and the client's mental state as well. According to Reid (1992), obstacles can arise in the area of motivation, physical functions and their disorders and in cognitive-emotional area. Tolson, Reid, Garvin (2003) point out that a specific type of obstacle may be social workers themselves, their lack of skills and experience, racial prejudice etc.

Reid (1992) describes four possible ways to work with obstacles.

to try to remove the obstacle

to change the set task with regard to the obstacle

to replace the set task by another one whose achievement is feasible and which leads to the same goal

to evaluate feasibility of task or, respectively, solvability of problems

When dealing with obstacles, the measures of the approach itself can be used, i.e. an obstacle can be viewed as a problem, further specified and tasks for its removal can be planned.

\$Summarizing task plans and their implementation\$

At the end of each meeting, if one or more new tasks have been planned, they should be summarized. This should include an overview of all scheduled tasks that a client should undertake in the upcoming period, including details of their implementation. A social worker may ask a client to summarize it, thus verifying that the client understands the tasks. (Reid, 1992; Tolson, Reid and Garvin, 2003)

Execution of tasks can take place both within and outside the meeting. In most cases, clients are able to carry out the tasks themselves, without the involvement of a social worker, since a social worker can help a client to prepare themselves for implementing tasks via training and role-play. (Reid, 1992)

\$Task modelling and practice\$

Task modeling and practice give a client the ability to try their "mock tasks" and strengthen their skills. Practicing tasks during a meeting helps the client to manage them better and more successfully outside the meeting. However, task training does not only serve to master them, but also provides feedback to both a client and a social worker. On the one hand, it can help to identify shortcomings in a client's execution or to identify obstacles that could impede the implementation. This information should be taken into account in the further planning of tasks. (Doel and March. 1992; Reid, 1992)

Required behaviour or activities can be demonstrated either by a social worker or by another worker or a member of a client's family. Training and modeling include task simulation, role play, or specific skill training. A social worker then provides a client with feedback by assessing the model situation. (Doel and March. 1992; Reid, 1992)

\$Evaluation of task fulfilment and progress\$

Reviewing and assessing tasks should take place at the beginning of each meeting. It is not necessary to focus only on tasks within the evaluation; on the contrary, it is desirable to assess the state of the priority problem at the same time. As part of the evaluation, a client and a social worker should focus on what the client has done, how often, with what result and also on problems the client has encountered during the execution of the tasks. These tasks are necessary to decide whether the task chosen is adequate to the problem and the goal set, or it needs to be reformulated. (Doel and March, 1992; Tolson, Reid and Garvin, 2003)

Various techniques can be used to evaluate success. E.g. Sheafor and Horejsi (2006) propose the following scale:

0 = task has not been completed

1 = task has been completed with minimum success

2 = task has been partly completed

3 = task has been almost completed

4 = task has been fully completed

However, the actual use of the scale is insufficient, does not provide enough information and should be accompanied by a discussion. As part of the discussion, a social worker can learn about the information that the scale does not provide, such as what other activities a client has made to remove the problem. (Sheafor and Horejsi, 2006)

5.5.3 Final stage

According to Reid (1992), the final stage includes particularly:

final assessment of the problem

success boosting, plans for the future

the overview of acquired skills and final discussion

\$Final assessment of the problem\$

As part of the final evaluation, a client and social worker co-evaluate progress in priority issues. The procedure is the same as when evaluating individual tasks at a meeting. During the discussion, they should re-evaluate the priority issues with regard to their specification and tasks. Similarly, a point scale or other techniques can also be used for evaluation. (Tolson, Reid and Garvin, 2003)

\$Success boosting, plans for the future\$

The forthcoming end of collaboration can be stressful and cause feelings of fear. In particular, it is important to point out the achievements that the client has made and to make a plan for the future in case of potential re-occurrence of the problem.

It is advisable to point out what the client has done, how they proceeded and which new skills they have mastered. Appreciation of success should not be limited to the final discussion but should be a part of the whole process. Identified successful strategies can help a client and social worker develop a plan for the future. In most cases, it is a continuation of scheduled tasks. These plans should also include an analysis of possible or current barriers and also a plan to overcome them. (Tolson, Reid and Garvin, 2003)

Overview of acquired skills and final discussion

As mentioned above, within the final meeting, a client and a social worker should focus on identifying successful strategies. As part of the discussion, they should recap together the process, the social worker should point at the client's ability to identify problems and plan and implement procedures to eliminate them. (Tolson, Reid and Garvin, 2003)

Chapter summary

Task-centred approach is one of the models of short-term intervention where work on one problem is limited to 3-4 months with 8 to 12 meetings. The main idea of this approach is based on the assumption that a client not only has problems but also possesses means to solve them. Social worker intervention should be based on collaboration and active participation of a client in the whole process of change. For this reason, task-centred approach can be considered the beginning of a client's attempts to get empowered.

The approach is characterized by empirical focus, integrating attitude, focus on client-recognized problems, dealing with the system and context of the problem. What is also important is the planned short-termism, collaborative approach, structuring, problem-solving activities, i.e. general tasks that do not specify how and what should be done, and practical

tasks, or specific time-based activities, aimed at solving problems, thus achieving the goal (Reid, 1992).

The approach deals with the solution of psycho-social problems, which can be summarized in eight basic categories: interpersonal conflicts, dissatisfaction with social relationships, problems with official organizations, difficulties in fulfilling social roles, problems arising from social changes, reactive emotional anxiety, inadequate resources and behavioural difficulties. The approach can be used when working with a wide group of clients, and also can be used for work with individuals, families, groups and communities.

The approach is structured into several consecutive and overlapping steps. In general, these steps can be divided into three stages – initial, intermediate and final. In the initial stage, a social worker and a client focus on explaining the role, explaining the purpose of the therapy, obtaining the necessary data, identifying problems, exploring and evaluating the problems, setting the target problems, specifying the problems, setting goals and making a contract between a client and a social worker. The content of the intermediate stage is task planning, finding task options, establishing or searching motivation, scheduling details of task execution, identifying and dealing with obstacles, modelling, training and controlled work, summarizing task plans, implementing tasks, assessing tasks and evaluating progress. In the final stage, a social worker, together with a client, makes a final assessment of the problem, identifies successful strategies, strengthens the client's success and makes future plans. This stage also includes an overview of acquired skills and a final discussion. (Reid, 1992, Tolson, Reid and Garvin, 2003)

Comprehension:

What was the context of the origin of task-based approach?

What are the basic theses of task-centred approach?

Describe briefly the basic characteristics of task-centred approach

What areas of a problem does task-centred approach deal with?

Who defines a problem?

What requirements should a properly formulated goal meet? Give an example.

Define basic stages of task-centred approach and characterize them briefly.

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6 Seminar paper assignment

(author: Marie Špiláčková)

A student's task is to create a **\$Model example of social work with an individual\$**. The aim of the seminar paper is to practically try to apply a specific method of social work with an individual within the framework of a particular case study. The student will use the following methods – Client-centred approach by C. Rogers, Systemics according to I. Úlehla or Task-centred approach by W. Reid and L. Epstein.

The extent of the seminar paper is at least 5 standard pages without attachments.

\$Standard page in MS Office word:\$

1 SP = 1800 characters (30 lines by approx. 60 characters, including spaces)

1.5 line spacing
12 point font size
justified text

\$Study guide\$

\$Introduction to problems in the chapter.

You will need about 10 hours to master this chapter, so sit back and do not let anyone and anything disturb you.\$

6.1 Structure of seminar paper

The paper will be structured according to the following points:

\$1. Introduction to an issue – a brief description of a story that a student will use for their model work\$

\$My paper deals with...\$

\$2. A brief summary of the details of a client, their parents and other people involved in the problem\$

\$Genogram and ecomap of a selected client should be included. \$

\$3. A client's story (what happened, why, how, what's going on ...). \$

\$Continuous text.\$

\$4. Selection of a suitable method of social work, justification of the selection, description of the principles of work within the chosen method of social work. \$

\$I have chosen XY social work method because This method has the following stages The method is typical of..... \$

\$A brief description of the selected method of social work. Reason for choosing the method. \$

\$5. Description of particular stages of problem solving as typical of the method, the course of work with a client\$

\$A more detailed description of working with a client in particular stages, description of techniques used by a social worker.\$

\$6. Evaluation of appropriateness of the selected method of social work\$

\$Final evaluation.\$

6.1.1 Explanation of terms

\$Genogram\$ – is part of a case study. The purpose, content and subject of the genogram is to graphically illustrate intergenerational relationships in a client's family. It enables you to clearly capture relationships, connections and events in a client's family by means of signs and symbols. It includes:

Dates of birth, deaths of all involved (do not include personal data in the work due to GDPR).

The distinction between males and females, children, who contacted the social worker.

Positive relationships, coalition-loyal links, conflict and disrupted relationships in the family.

Specific situations – marriage, divorce, abortion, pregnancy, adoption etc. (Novosad, 2004: 34)

\$Ecomap\$ (the so-called **\$"Socio-ecological field"\$**) – it depicts and diagnoses the whole network of family relationships (cf. Matoušek, 2003: 193, 203). It includes all client-related exosystems, both current and potential. It contains a graphical illustration of relationships

(positive, disrupted, problematic) between all members who participate or could participate in the described problem of a client.

The graphical depiction must be clear and comprehensible so that even an inexperienced person can be introduced to the problem. Therefore, a legend explaining all symbols illustrating the given situation is included in the genogram and ecomap. (Novosad, 2004)

6.1.2 Case study choice

For the purpose of the seminar paper, a student may choose a case study observed during their professional training, or may be only inspired by it. Another option is to use imagination and invent a story of their own.

Correspondence tasks

The student submits the seminar paper via MOODLE to Methods of Social Work with an Individual course by a certain deadline set by the tutor.

The student will prepare a presentation for the seminar paper which informs fellow students and the tutor in the last seminar.

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