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THEORETICAL PERSPECTIVE OF GENERALIST SOCIAL WORK PRACTICE AND ITS SIGNIFICANCE TO SOCIAL WORK PROFESSIONALISM

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Abstract:-The concepts 'theory' and 'method' are both independent and interrelated. A theory helps to predict or describe a particular phenomenon and a method specifies what to do when faced with that particular phenomenon. As independent concepts, a theory is a hypothesis, an idea or prediction about what can or might happen in certain situations given certain circumstances. A method is what the social worker actually does when working with a client. In simple terms, a theory is what you think about a specific situation and what you speculate might occur based on that situation, and a method is what you do given your thoughts or speculations about a situation. In this view it is very essential to understand the theory and method. The term 'method' is often used inter¬changeably with 'approach', 'intervention', or 'practice'. These terms all denote action, which is synonymous with method, in regard to something the social worker does or implements. Majority of the practioners think that theory is something purely academic, with no link to "real life". Many social work students cover theory at university, but begin their practice learning experience intimidated by the idea of how to apply theory to their practice and especially concerned about how to demonstrate the links they have made in their assignments and reflective accounts. Practice learning is about relating the ideas learned in academic institutions in practice setting. However, in order to link theoretical knowledge to practice, students need a firm grasp of the fact that theory is something everybody uses every day in social work and that theory has a clear link to common sense/what works/real life or whatever the phrase of choice is. Without this, theory can become something which seems abstract and this develops the idea that theory is something you learn at University and then forget when you enter the "real world" of work. As interrelated concepts, a theory often informs social workers as to the type of method they should use with clients in certain situations. A theory assists social work¬ers in understanding various situations, difficulties, behaviors and experiences, and a method instructs the social worker in what to do in response to the identified phenom¬enon. Therefore, when working with clients to make a behavioral change, social workers should use the stages of change theory to assess the current stage of the client as this will determine the type of method, or technique that is used with the client. If the client is in a contemplation stage, where she or he is ambivalent about making a change, the social worker would know to utilize techniques, such as the decisional-balance or scaling in an attempt to resolve the ambivalence in favour of change. On this background it is very essential to understand the relationship of theory and practice in generalist social work.

Keywords: Generalist social work, behavioral change, social work theory and practice, method, technique, macro and micro levels, social change, charity organizations society,

INTRODUCTION

Introduction to Social Work courses teaches conceptualize social problems and their solutions. These

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1

solutions are on a continuum from 'micro' practice with individuals to 'mezzo' practice with families and groups to 'macro' practice. These two levels interact with institutions, communities, and society at-large. Many of these young social work students quickly learn micro concepts out of their desire to help people directly. In several social work programs, understanding of micro practice is further perpetuated by the opinion and experience of instructors or institutions. Some of us within the profession have become increasingly concerned about the absence of macro theory and practice in social work education. One such author states, "social work's emphasis on therapy has become so substantial, in fact, that many of the activities long associated with the profession (such as system reform work, community organizing, advocacy, social activism, community economic development, and human capital development) are no longer called 'social work'" (Jacobson, 2001, 52). This great divide which has come to exist between micro and macro is not a new phenomenon, but a theme throughout the history of the social work profession as social, political, and intellectual trends and flow between an emphasis on the community and a focus on the individual. The historical perspective of this trend offers some insight into the implications of bridging this divide and suggests the framework of Community Development Theory as a legitimate, modern solution.

The field of social work has been polarized by a divide between a focus on the individual versus a focus on the community since the beginnings of the profession. In the late 1800's, two competing modes of what came to be called 'social work' began with Charity Organizations Society (COS). These two models of care to the poor exemplify the micro-macro divide, especially as it relates to the role of the social worker in the change process. COS focused attention almost exclusively on individuals and sought to provide charity and services to the poor. The COS model viewed the role of the worker as the 'expert' in the process of aid and change. By contrast, the settlement house movement which was started along with (COS) focused on the environment and communities in which the poor lived by moving into the immigrant and oppressed areas and developing an understanding of the issues leading to an individual's poverty. Settlement house workers then sought to work in collaboration with the poor to achieve community change, viewing the role of the worker as a facilitator in the process of change.

The profession experienced another period of conflict between the micro and macro focus in the war era between 1939 and 1945. At that time, community change efforts within the field met with resistance from many who associated community social work efforts with colonialism. Modernization Theory and Marxist Dependency Theory, both of which focused community development as a process of assimilating oppressed, resource-poor communities into the Western industrialized model of 'success', are seen as largely responsible for this resistance to community social work (Payne, 2005). Then, in the 1960's and 1970's, American social work saw yet another strong debate between micro and macro interventions, this time specific to the mode and location of therapy. As a result of the Civil Rights movement, Americans experienced an increase in public awareness about oppression and concurrent trend toward engagement with government, advocacy, and social change. Community Mental Health Centers began to emerge in at-risk areas, and the profession refocused on the person-in-environment. Yet, as the anti-war movement grew so did a return to professional conservativism, which resulted in the beginnings of the accreditation of social work programs nationwide and a major shift in focus toward psychodynamic therapy interventions.

The growth in popularity of Liberation Theology in the late 1980's and 1990's directed the social work profession once again toward macro level change. Liberation Theology "focuses on movement from oppression to liberation within concrete issues in family life, rather than accepting oppression. Both personal and 'social' sin (namely structural oppression by social institutions) must be overcome by non-violent social change through personal empathy with other and their social situation" (Payne, 2005, 210-211). This required social workers to operate their clinical practices in the context of the larger society. Liberationists sought to link individual problems directly to "isms" within communities and society, thus addressing societal issues of racism and oppression was essential to addressing the individual needs of a client.

Today, in 2008, many within the field remain focused on individual therapy and clinical practice. However, there is growing consensus about the need to focus more globally and holistically in our work. It is believed that we are experiencing resurgence, again, of importance of community level social work. As we fight the effects of globalization, we need new, innovative solutions to the traditional medical model of care; perhaps this is reason to consider again the more eclectic set of theories and practice approaches. Mendes (2008) suggests the current trend away from individualistic practice and toward structural, systemic, and person-in-environment practice is a good match for the emphasis of Community Development theory and practice. Progressive and modern social work places less concern on the expertise of the social worker and instead emphasizes the need for the client to be a part of their own change (Mullaly, 2002). However, experience is that many students on the social work degree can be afraid of by the word 'theory'. This immediately inhibits effective learning about theory. Theory in social work is about how we relate to others and how we make sure that we are providing effective services. It is important that theory is not seen as the preserve of academics or senior social workers. Through understanding and applying theory to social work practice our work with service users can become far more effective and person centered.

Majority of the practioners think that theory is something purely academic, with no link to "real life". Many social work students cover theory at university, but begin their practice learning experience intimidated by the idea of how to apply theory to their practice and especially concerned about how to demonstrate the links they have made in their assignments and reflective accounts. Practice learning is about relating the ideas learned in academic

institutions in practice setting. However, in order to link theoretical knowledge to practice, students need a firm grasp of the fact that theory is something everybody uses every day in social work and that theory has a clear link to common sense/what works/real life or whatever the phrase of choice is. Without this, theory can become something which seems abstract and this develops the idea that theory is something you learn at University and then forget when you enter the "real world" of work. The Requirements for Social Work Training state that all social work programmes must ensure that the teaching of theoretical knowledge, skills and values is based on their application to practice." (Department of Health 2002). The basic aspects of social work theory will be taught in the University setting, practice learning is about you transferring your knowledge and applying theory to your practice, and you will need to demonstrate that you can make the links in your written work.

WHAT IS THEORY?

Theories in social work are nothing more than an attempt to explain situations and social relationships. Theories have been developed since it became clear that there were similar patterns or repeating cycles of behavior both in an individual's life and in the lives of lots of different people. Since theories have been expressed by academics and social scientists, they often use an academic language. Don't let that put you off. Many theories actually have a very straightforward, accessible message even if you sometimes have to look beyond the jargon.

There has been some debate about what actually constitutes a theory. Generally, a theory helps to explain a situation and perhaps how it came about. In science, a theory is seen as helping to:

** describe (eg: what is happening?)
** explain (eg: why is it happening?)
** predict (eg: what is likely to happen next?)

Sometimes theories are also seen as helping to control a situation and bring about changes. In supervision discussion, placement assignments, portfolios, etc. you need to be able to describe the situation, and explained why you think in a particular way, what you can do to bring about change etc. In doing so, you will be drawing upon some form of theory. You may, however, not always be aware of this.

Whenever social worker considers theory he should be able to:

1. Recognize that no single theory can explain everything: When a person engages in an action (or inaction) the reason for their behavior can be rooted in a range of causes or motives.
2. Application of theory depends on nature and extent of the problem that social worker is dealing with, hence the social worker should adopt situation based approach to apply social work theory
3. Take a critical approach to theory. If it doesn't "work", why not? Can you adapt aspects such that it is helpful?
4. Always apply the value base to theory - much of the theory used in social care practice and social work is drawn from outside of the profession. Theory may have its roots in education, psychology or management. As such, it may not incorporate social work values and you should take responsibility for incorporating social work values and ethics in application of theory.
5. And finally, never be intimidated by theory. You use it every day by thinking various alternatives of solutions

Why do we need to apply social work theory to practice?

The individual social work theories have different purposes, using all kinds of theory in our practice offers us, some important things/ ways /approaches to adopt most appropriate strategies to find the suitable solutions to the problem.

❖ Theories can help us to make sense of a situation. Using theory, we can generate ideas about what is going on, why things are as they are etc. For example the information obtained as part of an assessment can seem like a jumble of information - applying theory can help "make sense" of the information.
❖ Using theory can help to justify actions and explain practice to service users, careers and society in general. The aim is that this will lead to social work becoming more widely accountable and ultimately more respected.
❖ In work with individuals, making use of the theories which may relate to their specific situation will give us more direction in our work with them.
❖ Using theory can give an explanation about why an action resulted in a particular consequence. This can help us review and possibly change our practice in an attempt to make the consequences more effective. It is clear then, that theory is important in practice - both for work with service users and for social work to be more valued in society.

INTRODUCTION TO THEORIES AND METHODS:

Theory is an essential ingredient in practice that guides the way in which social workers view and approach to individuals, groups, communities and society. Theory helps to pre¬dict, explain and assess situations and behaviors, and provide a rationale for how the social worker should react and intervene with clients who have

particular histories, problems or goals. Methods are the specific techniques and approaches that social workers utilize in their work with clients to accomplish tasks and reach specific goals. Theories often inform social workers of the type of method that is most appropriate for use with a client. Social workers are tasked with approaching, assessing and providing interventions, or methods, with clients based on psychological, sociological and social work theories.

Every social worker practices from a theoretical framework whether they recognize it or not (Coulshed and Orme, 2006). Some social workers may not necessarily acknow¬ledge or understand their theoretical framework, but rather practice from assumptions and beliefs that are guided by their personal or professional experiences and not necessarily from established and researched theories. In such situations, the social worker could be putting clients at risk of harm by practicing from assumptions and the social worker's values versus established theories and the values set by the social work profession. Social workers have an ethical and professional responsibility to have knowledge of established and researched theories that are grounded in social work values and to draw continually upon these theories in social work practice. The following text provides an overview of a theory and a method by providing definitions and explanations of the role and use of theories and methods in social work practice and later part of this text turns to an overview of the psychosocial theory, which historically and currently provides a foundation for many social work theories and methods, and sev¬eral processes to consider when initiating a social-worker-client relationship.

### What is the difference between a theory and a method?

The concepts 'theory' and 'method' are both independent and interrelated. As independent concepts, a theory is a hypothesis, an idea or prediction about what can or might happen in certain situations given certain circumstances. A method is what the social worker actually does when working with a client. In simple terms, a theory is what you think about a specific situation and what you speculate might occur based on that situation, and a method is what you do given your thoughts or speculations about a situation. A theory helps to predict or describe a particular phenomenon and a method specifies what to do when faced with that particular phenomenon. Table 1.1 provides a list of synonyms for theory and method, which can assist in understand¬ing the difference between the two concepts. The term 'method' is often used inter¬changeably with 'approach', 'intervention', or 'practice'. These terms all denote action, which is synonymous with method, in regard to something the social worker does or implements.

As interrelated concepts, a theory often informs social workers as to the type of method they should use with clients in certain situations. A theory assists social work¬ers in understanding various situations, difficulties, behaviors and experiences, and a method instructs the social worker in what to do in response to the identified phenom¬enon (see Figure 1.1). For example, the stages of change theory (often depicted as a five-stage model) specifies that individuals proceed through distinct stages when making a behavioral change and they often cycle through the stages several times before the change is maintained. Therefore, when working with clients to make a behavioral change, social workers should use the stages of change theory to assess the current stage of the client as this will determine the type of method, or technique, that is used with the client. If the client is in a contemplation stage, where she or he is ambivalent about making a change, the social worker would know to utilize techniques, such as the decisional-balance or scaling in an attempt to resolve the ambivalence in favour of change. In this situation, the social worker utilizes the stages of change (theory) to assess where the client currently sits in regard to behavioral change and then, based on this assessment, implements specific techniques and interventions (method) to reach the goal of behavioral change. Therefore, as interrelated concepts, theories inform practice.

Table 1   Synonyms of theory and method

Theory	Method
Hypothesis	Means
Premise	Way
Presumption	Process
Conjecture	System
Speculation	Scheme
Assumption	Technique
Guess	Mode

Figure 1 Theory informs practice.
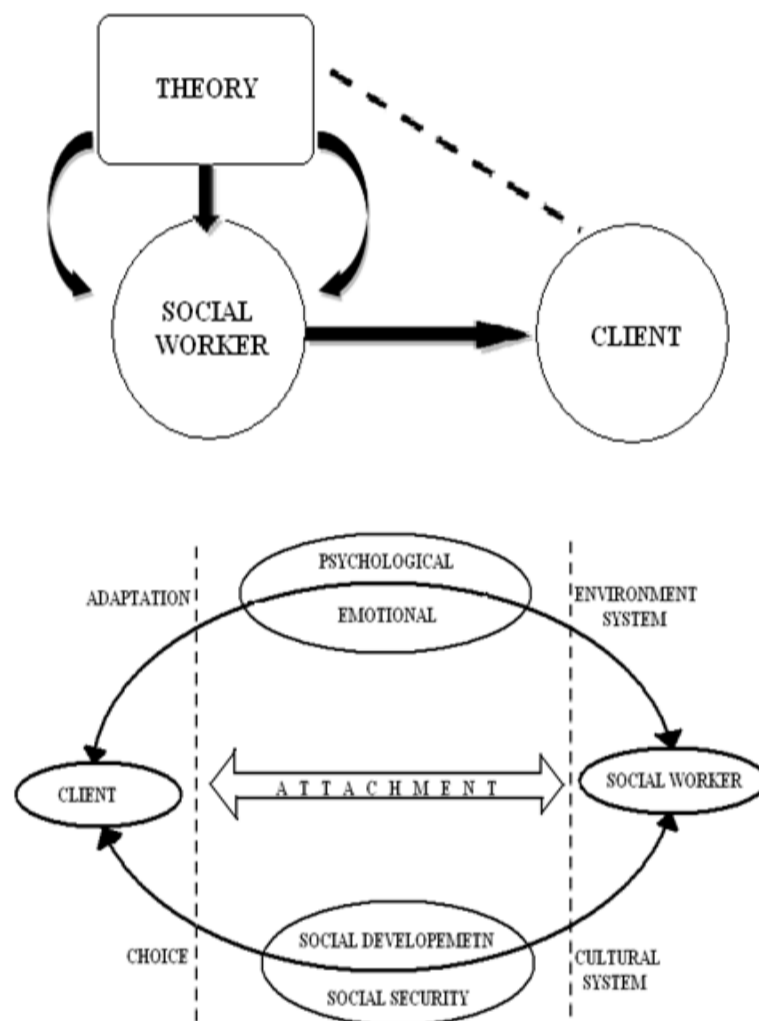
In addition to the terms theory and method, social workers may also come across the terms perspective, model, approach, intervention and practice. As stated earlier, method is used interchangeably with approach, intervention or practice. A perspective is slightly different to a theory as it does not necessarily predict or describe a phenomenon, but more often describes a framework or a way of viewing and understanding particular situations. Saleebey (2009, p. 15) describes a perspective as, 'at the least it is a stand¬point, a way of viewing and understanding certain aspects of experience. It is a lens through which we choose to perceive and appreciate. It provides us with a slant on the world, built of words and principles'. A model is usually a theory or method depicted logically and/or graphically and is concerned with what and how something happens while practicing the social work. More than one of these terms can be used to describe the topics of particular context. For example, social constructivism is often viewed and described as a theory as it attempts to explain or describe a particular phenom¬enon, but it can also be referred to as a perspective when influencing the way in which social workers view or understand certain experiences. Social workers can also incorporate aspects of social constructivism into their interventions, such as taking a position of curiosity, which can then make social constructivism a method. Other topics are clearer in their identification, such as motivational interviewing, which is a method informed by the person-centred theory and the stage of change theory (often depicted as a visual model) or crisis intervention, which is a method informed by crisis theory. A list of commonly used terms and their definitions is given in following text.

The function of social work theory
The answer of the question why should social workers utilize theory in practice is that the theories always assists social workers in understanding, explaining or making sense of situations or behaviors and provide insight into what might have

Table 1.2	Commonly used terms
Term	Definition
Theory	Describes, explains or predicts certain phenomenon
Method	Specifies what to do when faced with certain phenomenon
Perspective	A way of viewing or understanding certain experiences; based on words and principles
Model	A theory or method depicted logically or graphically

occurred in the past or might occur in the future. For example, a social worker working with a child who was placed in foster care as a baby and subsequently moved to numerous foster homes, might explain the child's 'disruptive' behavior in foster homes as a result of an inability to create a secure connection to a parent or caretaker as an infant, which is based on Bowlby's (1979; 1988) attachment theory. Another example includes the use of social systems theory or the ecological perspective, which holds that individuals and their environments are separate systems that are interconnected and interdependent and a change or move¬ment in one of these systems results in a change or movement in the others. Therefore, when social workers utilize the social systems theory or ecological perspective, they conduct an assessment of the individual and her or his environment in order to deter¬mine which system requires an intervention. As the examples illustrate, theories inform social work practice by providing a foundation or basis from which to under¬stand clients and their situations and what might happen when certain methods or approaches are applied.

Social workers have a professional and ethical responsibility to observe, assess, interact and intervene with clients and their environments in a way that is based on theories and methods shown to be credible and in alignment with social work values. This is in contrast to social workers observing, assessing, interacting and intervening based on intuition, what feels right, the social worker's assump¬tions, which could put the client at risk of harm. This does not mean that 'practice wisdom' does not exist, but rather acknowledges that practice wisdom is actually based on previous experiences where theories and methods have been successfully or unsuc¬cessfully utilized and, therefore, inform future thinking when faced with similar situ¬ations. Practice wisdom does not indicate a lack of applying theories or methods, but rather a quick, more accurate response to situations based on prior experiences and similar situations when theories and methods have been applied. Theories and methods that are utilized in social work practice are to be reliable and effective, which is usually established through quantitative and qualitative research. Social workers should critically assess, evaluate and reflect on their own practice and implementation of theories and methods in social work situations in order to deter¬mine what works, what does not work, or what needs modified, adjusted or maintained for future situations. This process enables the social worker to utilize theories and implement methods that are found to be the most appropriate and effective for the current client and situation. As Payne et al. (2009, p. 3) state, 'reflecting critically entails reviewing different perspectives and options before deciding on "best practice". Critically reflective practice requires social workers to be both reflective and critical about social work practice. Social workers can begin to participate in this process by asking themselves the following questions after a social work encounter (Adams, 2009, p. 234):

◆ What happened?
◆ How did it compare with previous experience?
◆ How did I do?
◆ How well did I do?
◆ What could I have done better?
◆ What could I have done differently?

The first three questions above involve the social worker reflecting on the situation and what happened, and the last three questions involve the social worker critically reflect¬ing on the experience, what was learnt and what will be adjusted or modified in future practice.

INCORPORATING THEORIES AND METHODS IN PRACTICE

Theories and methods: options for practice – The main challenge in professional social work is How do social workers begin to establish what theories or methods to utilize in practice? Becoming knowledgeable and effective as social workers begins with a familiarity with and an understanding of the commonly used and well-established theories and methods used in social work practice. Once this knowledge is established, the social worker can then assess a situation and determine which theory, method or combination of theor¬ies or methods are most appropriate for the client, the situation and the social worker. Often, social workers favour particular theories or frameworks as they are in alignment with the ethos of the social worker or the agency/organization in which they work. For example, a drug and alcohol treatment centre may suggest the use of motivational interviewing in order to

challenge the addictive behaviors of clients, while an eating disorder clinic may suggest the use of cognitive behavioral therapy in order to change the eating routines of clients. Both of these approaches have been established as effect-ive when attempting to change behaviors. The key is ensuring that what the social worker utilizes is appropriate for the client and situation, and that the theory or method is working. If the theory or method is not working, the social worker must not try harder, but must change the theory or method to fit the needs of the client.

Social workers have a range of options when incorporating theories and methods in practice. Social workers can utilize a single theory or method, or they may choose to take an eclectic approach. An eclectic approach involves the social worker selecting different theories and methods and combining all or various aspects of them in prac¬tice. For example, some social workers and agencies specialize in the implementation of one method, such as solution-focused practice, motivational interviewing or cognitive behavioral therapy, yet other social workers and agencies incorporate numerous theories and methods depending on the client, situation and end goals. For example, the social worker may begin with aspects of the person-centred approach while simul¬taneously working through the task-centred approach, and end with aspects of cognitive behavioral therapy in order to achieve one or more of the established goals. The choice of theories and methods must depend on what is most appropriate for the clients and their situations as well as the knowledge of the social workers. Again, if the theory or method is not working, the social worker must not try harder or assume the client is resistant, but rather must reassess the client and situation and adjust the theories and methods to best fit the client and the established goals of the work together.

PSYCHOSOCIAL THEORIES AS A BASE FOR SOCIAL WORK PRACTICE.

Theories and methods have an established place within social work practice. At the foundation of current social work theory and practice is psychosocial theory. Modern social work theorists have emphasized the importance of contextualizing the human person in relation to their social environment (Hutchison, 2008), and the social work profession has viewed the person as interrelated and interdependent with their environment. Not only are individuals' development and social satiation in part a product of their environment, but individuals are able to influence and change their environment (Kondrat, 2002). Psychosocial theory provides the context in which other theories and methods should be understood by social workers, particularly as it provides the foundation for modern social work theories.

The psychosocial theory, which originated from psychoanalytic and psycho-dynamic casework, has had a significant impact on social work. The psychosocial theory served as the most articulated theory available in the beginning stages of social work and continues to impact social work today (Kenny and Kenny, 2000). Psychosocial theory originated in social work through the work of Frank Hankins (1931) from Smith College and Mary Richmond, author of Social Diagnosis (1917) and What Is Social Casework? (1922), both of whom stressed an understanding of man based on his psychological and sociological aspects. Florence Hollis (1958; 1972) has been viewed as a pioneer of the psychosocial approach as she discussed the necessity to consider individuals and their environments simultaneously. Hollis drew upon psycho¬analytic concepts from Freud to explain the individual aspects to casework and drew upon the assumptions of social systems theory to explain the environmental aspects (Howe, 2009). The emergence of psychosocial theory to social work practice stressed that, 'people are to be understood as products of the interaction among their biogenetic endowment, the effects of significant relationships, the impact of life experiences, and their participation in societal, cultural, and current events' (Turner, 1978, p. 2). Much of social work practice is based on the psychosocial concepts from the work of psychoanalytic and psychosocial theorists (Woods and Robinson, 1996). In particular is the acknowledgement that social workers should consider persons and their environments simultaneously.

Psychosocial theory can provide a foundation for social workers in practice. This theory stresses an acknowledgement and assessment of the individual and her or his psychological processes, the interpersonal or the relationships of the individual, and the environment in which the individual resides and obtains or seeks to obtain needed resources. The basic ideas of psychosocial theory can be seen in other social work theories and methods, such as social systems theory, the ecological perspective, feminist theory, empowerment-based work, anti-oppressive work, the strengths-based approach, task-centred social work, crisis intervention and cognitive behavioral therapy. Therefore, a basic understanding of this theory and its concepts are necessary before exploring specific theories and methods.

According to Coulshed and Orme (2006, p. 109), 'understandings based on the psychosocial approach highlight that we should not be too precipitous in dismissing behavior as just "difficult" or "non-compliant". Trying to make intelligible how people behave and feel means there is a decreased likelihood of wasting time or dismiss¬ing someone as beyond help'. In taking a general psychosocial approach to social work practice, we highlight the necessity to establish and focus on the relationship between social worker and client, and acknowledge some of the basic concepts of psychodynamic and psychosocial work that could hinder the relationship and work between the client and social worker.

The social-worker-client relationship

The social-worker-client relationship is a crucial factor in the effectiveness of social work interventions. In

deed it is an aspect of social work that cannot be ignored. The ability of the social worker to focus on the clients' strengths and abilities (Saleebey, 2009) and to exhibit professional competence (Woods and Robinson, 1996) leads to a positive social-worker-client relationship. In order to be a competent social worker, one must have a knowledge and understanding of a variety of social work theories and methods, and their application to various clients and social work situations. The beginning of a positive social-worker-client relationship often includes three of the initial therapeutic conditions as specified by Carl Rogers (195 7), which consist of:

1)A genuine social worker who demonstrates a concern for the client;
2)An empathic social worker who attempts to understand the clients' experiences perceptions; and
3)A social worker who holds an unconditional positive regard, or non-judgmental attitude, towards the client.

These three conditions enable the client to feel comfortable, acceptable and more capable of making necessary change. The extent to which relationships develop within social work is fairly consistent across the prominently used theories and methods. Payne (2005) specifies four com-ponents of the social-worker-client relationship, which differentiate this professional relationship from others. These components include the following:

1.Client-need driven, where the needs and goals are defined by the client and not by the social worker;
2.A controlled and disciplined social worker, versus a social worker who acts on emotions or personal values;
3.Professional-value driven, where the social worker adheres to the values and ethics of the profession and not those dictated by society; and
4.A reflective practitioner, who acknowledges her or his past experiences and how these influence future behaviors. Personal interest in form of co-operation on humanitarian ground.

To foster a positive relationship with clients, social workers should be familiar with psychoanalytic concepts of transference and countertransference initially defined by Freud. These concepts acknowledge the influence of the unconscious on personality, behavior and functioning and therefore the ability to develop a positive relation¬ship (Turner, 2009). The unconscious is viewed as influencing both the client and the social worker and, therefore, social workers should be cognizant to the effects of the unconscious on their or their clients' ability to develop a positive relationship. Each of these terms is described in detail below.

Transference is defined as 'a projection of the social worker of the client's inner models derived from feelings, images and experiences of previous significant people. The purpose of the projection is defensive and protective, usually to avoid the full impli¬cation or impact of these feelings and previous experiences' (Preston-Shoot and Agass, 1990, p. 34). Transference occurs when past experiences of the client are revived, which initiates feelings, thoughts and behaviors that are then transferred to the social worker either exactly as they were experienced in the past or in a revised form. These transferred feelings, thoughts and behaviors can be both positive and negative (Kenny and Kenny, 2000). For example, if a client who historically has been taken care of and treated as if she could not accomplish anything on her own may look to the social worker as a helpful figure who will care for the client and do the necessary work for her. An alternative example could consist of a client who had repeatedly been hurt and manipulated by those who were supposed to help her and therefore is speculative of whether the social worker is attempting to manipulate or hurt her as well. The client may respond to the social worker in a guarded and suspicious way as if she is waiting for the social worker to hurt or manipulate her. As these examples illustrate, the client-social-worker relation¬ship may be challenged and result in the social worker feeling pressured to act out the role as transferred by the client. In these situations, social workers may begin to feel as if they are attempting to help a client who is resistant, hostile, demanding or unappreciative (Preston-Shoot and Agass, 1990), or the client may begin to idealize or become overly attached to the social worker (Kenny and Kenny, 2000).

Counter transference is defined as 'the worker's capacity to pick up those different types of unconscious communication from the client and to understand their meaning. The worker may be induced not only to experience a particular feeling-state but also to act out a particular role' (Preston-Shoot and Agass, 1990, p. 42). In this situation, the client is influencing the unconscious of the social worker, which elicits feelings, thoughts and behaviors that the social worker then transfers to the client. For example, the social worker may take on a role of parent or caretaker for the client instead of that of a social worker who collaboratively works with the client. Another example could include a social worker taking authoritarian role with a client who is not ready to make a behavioral change. The social worker's unconscious is influenced by her or his personal experiences, histories and even past experiences from the work with other clients. Counter transference and its impacts can be explored and minimized through self-examination, reflection and skilled supervision (Preston-Shoot and Agass, 1990; Kenny and Kenny, 2000). Social workers need to be aware of their emotions, the impact of their past experiences and histories on their thoughts, feelings and behaviors and any current concerns that could impact the social-worker-client relationship (Woods and Robinson, 1996).

Attachment theory: A base for social worker – client relationship

The social-worker-client relationship can also be influenced by the relationships and quality of attachments of the client's past. Bowlby's (1979; 1988) theory of attachment can assist social workers in understanding and making sense of clients' behavior and abilities or inabilities to develop relationships both within the social work context and within the interpersonal and environmental systems. In developing the attachment theory, Bowlby stressed the importance of past relationships in determining how indi¬viduals will develop emotionally and socially, and form relationships with others in the future. Bowlby was particularly concerned with the interactions and attachments that individuals had with their parents or caretakers. He theorized that the ability or inability of a child to attach to the parent or caretaker, the level of consistency of the parent or caretaker to meet the emotional needs of a child and the ability or inability of the child to feel safe and secure with the parent or caretaker predicted how the child would develop emotionally and socially and view or react to others in future relation¬ships. If a child was made to feel safe and secure and was given appropriate attention and affection, then the child would develop future relationships and interact with others in a way that mirrored this positive relationship. These individuals would develop a more positive psychological and emotional base. Alternatively, a child who did not receive attention, affection or feel safe and secure was more likely to develop emotional and/or social problems and have a distorted or inaccurate view of others in future relationships and interactions. These individuals would develop a more negative psychological and emotional base. Therefore, the basic premise of Bowlby's attachment theory is that past experiences with relationships and interactions affect psychological, emotional and social development and functioning, which further impacts new relationships and interactions.

Bowlby defined four types of attachment between child and parent or caretaker that can help to explain an individual's behavior in interacting with others. The four types of attachment (Howe, 2009, pp. 141-3) are described below:

1.Secure attachments. Parents or caretakers are consistently loving, responsive and sensitive to the child's thoughts, feelings and needs. The child and parent interact with mutual interest and care for one another and the child feels safe and secure with the parent or caretaker. The parents or caretakers' behaviors are predictable to the child. They love you and will protect and provide for you, but there are some rules to follow and consequences for actions.'
2.Insecure, ambivalent attachments. Parents or caretakers are inconsistent in dis¬playing love, affection or sensitivity to the child's thoughts, feelings and needs, and the parents' or caretakers' behaviors are unpredictable to the child. The child may feel anxiety or distress due to the inconsistency in behaviors and a failure of the parent or caretaker to display affection and attention in a consistent manner. The child may view her or himself as unworthy of obtaining a comfortable, loving relationship. They love you when you behave the way I want you to, but not when you behave in ways which I don't like.'
3.Insecure, avoidant attachments. The parent or caretaker responds to the child in a hostile, violent or rigid manner and displays indifference to the child's thoughts, feelings and needs. The inconsistency in the parent or caretaker's behavior leaves the child to feel alone and unable to deal with feelings. 'You are unworthy of love.'
4.Disorganized attachments. The parent or caretaker is not consistent in their behaviors as evidenced by displaying hostile, violent or rigid behaviors on some occasions and more compassionate, loving, affectionate behaviors at others. The child is receiving mixed messages from the parent or caretaker. 'Will protect you and keep you safe, and I will frighten and hurt you.' This confusion leads the child to feel anxious and unable to explain feelings.

The attachment theory is helpful to social workers in assessing the social-worker-client relationship and understanding how past experiences of the client can impact on the behaviors and ability or inability of the client to form a positive relationship. Attachment theory is compatible with the concepts of transference and countertrans-ference, and these psychosocial theories are often used in conjunction to assess the social-worker-client relationship as well as other social relationships. Preston-Shoot and Agass (1990) stress the importance of psychosocial theories in social work practice, particularly as it assesses the interrelationship and interconnectedness of the person in the environment and explains the development and quality of relationships by considering the impact of both the social worker and client's conscious and unconscious thoughts and feelings on behaviors.

HUMAN CONSIDERATIONS: PRACTICE WITH THEORIES AND METHODS

Social workers are in the business of facilitating change, which not only includes change among individuals but change within the individual's environment that is oppressing or prohibiting the individual from positive growth and development. Social workers seek to challenge inequality and disadvantage, promote social justice and advocate for resources and opportunities for individuals, groups and communities (Burke and Harrison, 2009). In accomplishing these tasks, social workers should work in an anti-oppressive way with individuals, groups, communities and society. Anti-oppressive practice focuses on the use and abuse of power on and by various systems within society. Individuals, community establishments and societal structures can oppress other individuals, groups and/or communities through overt or covert acts of racism, classism, sexism, ablism or ageism. Oppressive acts can be implemented in ways that limit or block access to resources or opportunities to particular groups of people and is

often evidenced by advantages for the powerful in systems such as healthcare, education, policy, finance, media and culture (Clifford, 1995). Oppressive practices disadvantage some in favor of advantaging others and can lead to restraints on an individual, group or community's ability to grow, develop and reach their full potential.

DOMINELLI DEFINED ANTI-OPPRESSIVE PRACTICE AS:

A form of social work practice which addresses social divisions and structural inequalities in the work that is done with 'clients' (users) or workers. Anti-oppressive practice aims to provide more appropriate and sensitive services by responding to people's needs regardless of their social status. Anti-oppressive practice embodies a person-centred philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate inter¬action and the work they do together(1993, p. 24). Thus, anti-oppressive practice is empowering in nature as it seeks to provide a working environment that is egalitarian where clients identify their needs and collaborate with social workers to identify clients' strengths and resources to overcome barriers and obstacles within the environments. The end result will be that the clients are empowered and able to combat oppression, access resources and opportunities and meet needs.

Thompson (2006) developed an approach to analysing anti-discriminatory and anti-oppressive practice by building on the works of Dalrymple and Burke (1995). Thompson's approach, referred to as the Personal, cultural, social/ structural (PCS) model, sees anti-discriminatory and anti-oppressive practice as occurring on three levels: personal, cultural and societal. The model is often depicted as a set of three circles each embedded within the other, as illustrated in Figure 2. As the figure shows, the personal level (P) involves interpersonal relationships, personal feelings, attitudes and self-conceptions, and inter¬actions between individuals, which would often include social work practice relation¬ships (Payne, 2005). The personal is embedded within the cultural context (C) where the person's culture establishes norms and rules that shape how the individual feels about themselves, others around them and interactions between people and the society environment.

Figure 2. A set of three circles each embedded within each other
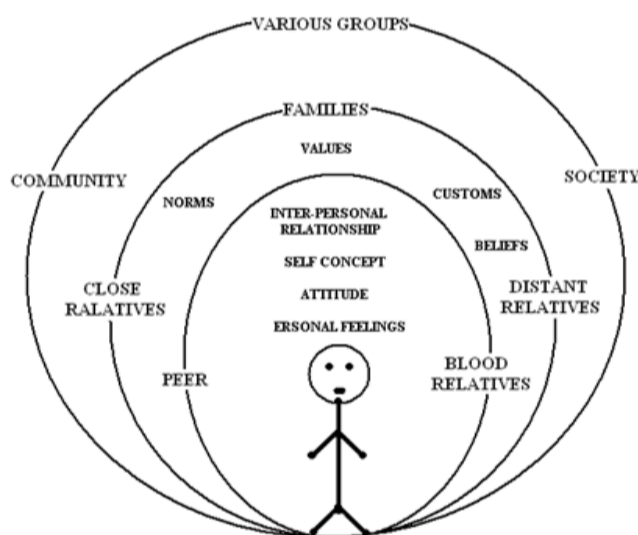
Both the personal and cultural levels are then embedded within the societal framework (S), which sets the structures, norms, rules and order within society. The PCS model is important to social workers in illustrating that anti-discriminatory and anti-oppressive practice may not only take place on the personal level, where social workers are most likely to intervene, but may also take place on the cultural and societal levels as these levels are each embedded within another. Social workers often working on an individual level are able to challenge discrimination and oppression, but may find it more difficult to change discriminatory and oppressive behaviors of larger groups of people, such as a group with a shared culture or society as a whole that continues to discriminate and oppress. Social workers can begin this process by first examining and reflecting on their personal views, culture and societal norms, rules and structures.

Anti-oppressive practice should permeate different aspects of social work practice, which should include the social-worker-client relationship, the employer-employee relationship, the ethos of the social service agency and the social context all with a driving force of challenging inequalities and disadvantage (Dominelli, 2002; Burke and Harrison, 2009). In accomplishing this goal, social workers should participate in self-reflection and become self-

aware of how inequalities, disadvantage and injustices impact upon them and/or how they may be privileged by advantages and power. Social workers' values, past experiences and current perceptions shape the way in which they practice and, therefore, acknowledging and reflecting on what the social worker brings to the working relationship can assist in delivering anti-oppressive practice. According to Dominelli (2002, p. 15), social workers are required to consider three key levels when implementing anti-oppressive practice:

1)Intellectual - understanding the prin¬ciples and methods of working in an anti-oppressive way;
2)Emotional - ability to deal with oppression and discrimination in a confident way, and the ability to learn from one's mistakes; and
3)Practical - ability to implement the principles of anti-oppressive practice.

PROFESSIONAL RELATIONSHIP IN SOCIAL WORK

Many professionals enter into the field of social work to help others grow and improve their life circumstances. Yet, when working with clients, social workers must maintain clear boundaries to assure professional integrity and responsibility. On any given social work one will see frequent cases in which there have been complaints filed against social workers resulting in imposed fines, penalties, licensure sanction, suspension, or revocation. In some instances, workers have been imprisoned for misconduct for violation of confidentiality, falsification in record-keeping, malfeasance, and so forth. However, this part of text will explore the issue of client relationships and ethical boundaries for those working in social work, with a particular focus for those in child welfare. Dietz & Thompson (2004) offered, "The concern about appropriate boundaries is, at least in part, a concern about the effects of the power differential between client and professional. It is primarily a concern about boundary violations" (p. 2). Boundaries are "the limits that allow for a safe connection based on the client's needs" (Peterson, 1992, p. 74). Yet, in retrospect, Reamer (2003) suggested that boundary violations and boundary crossings have to be examined in the context of the behavioral effects the behavior has caused for either the social worker or client. He posited a typology of five central themes in which boundary issues may arise: 1) intimate relationships, 2) pursuit of personal benefit, 3) emotional and dependency needs, 4) altruistic gestures, and 5) responses to unanticipated circumstances.

In addition, the clinical issues of managing dual relationships and management of transference and counter transference are factors that cannot be ignored in this discussion. Workers in child welfare are often found in dual client relationships. According to the NASW Code of Ethics (1999), dual relationships occur "when social workers relate to clients in more than one relationship, whether professional, social, or business" (p. 9). Social workers must be knowledgeable and mindful of the NASW Code of Ethics (http://www.socialworkers. org/pubs/ Code/code.asp), which provides a comprehensive and strategic outline of one's professional standards and conduct in meeting the needs of those we serve.Throughout one's career, the question is often asked, "Why did you go into social work?" The answer invariably centers on an interest in wanting to help or improve the lives of others. In child welfare, we are often described as helpers, resource/change agents, motivators of change, child-snatchers, and other stereotypes. Inside our respective roles and responsibilities, to move a client forward, we must engage a client in the process of change. When working with clients, a major skill that social workers must utilize in facilitating the client's growth or change process is to earn their trust, confidence, and respect. This is an integral part of the client engagement strategy, which must be established in the early phase of the relationship. For those in child welfare, this poses a great challenge, since there is an inherent right and governmental authority to remove children from their own homes, while continuing to work with families toward improved functioning, stabilization, and/or family reunification. Unfortunately, many professionals in our field have difficulties in the area of client rapport building. In an effort to meet the clients' needs, workers may find themselves "befriending the client," under the guise of helping.

Throughout our profession, thousands of men and women work with vulnerable families and children. In the scope of delivering social services, we often hear stories that can "break one's heart," or cause one to be inadvertently "sympathetic vs. empathetic" to the clients' experiences and/or pain. Many of our clients have been subjected to abuse, neglect, or other forms of violence or maltreatment. Some report stories of abandonment, domestic violence, emotional abuse, or other wrenching experiences. Some even report having difficulty with intimacy as a result of their reported pain. When social workers have not clearly identified and/or managed their emotional issues and baggage that they brought into the profession, the scope and nature of client/worker relationships can become quite blurry. Subsequently, instead of helping, the social worker may start the path of hurting the client while disclosing or sharing his or her own personal experiences. In child welfare, immediate supervisors must play a vital role in modeling, coaching, and engaging in frequent discussions with workers on topical issues of client engagement, rapport-building, and assurance of proper boundaries in the worker and client relationship. Social work schools, child welfare training, and other continuing education programs also have a responsibility in providing education and information on the management of client relationships and examination of ongoing ethical issues. The following behavioral factors may warrant or signal violations in the worker/client relationship:

1.Worker has given the client his/her personal e-mail, cell, home address or phone number, or may even disclose his/her MySpace or Face Book account

2.Worker and client communicate with each other via texting via cell on the worker's personal and/or company cell phone

3.Worker is warm-natured and enjoys physical connectedness with clients to provide comfort and support to the client

4.Worker spends lengthy phone hours with the client during the work day or even on personal time

5.Worker may tend to dress provocatively on days when scheduled to see the client(s)

6.Worker tends to spend an inordinate amount of time with the client, both scheduled and unscheduled visits, in comparison to other clients

7.Worker talks frequently about the client, and may even openly share how much he or she likes, fantasizes, or can relate to the client

8.Worker may begin to spend frequent time with client at various restaurants, movie theaters, or other public places outside of the client's home, or even at worker's home, under the guise of a client visit

9.Worker freely shares and discusses his/her own personal experiences with the client

10.Worker spends his/her own personal funds to support clients' needs, particularly if agency won't pay for clients' needs, while worker chooses to assume cost on his/her own

11.Worker engages in the use of alcohol with the client

12.Co-workers begin to talk about the worker and his/her relationship(s) with specific clients

13.Client's own family and/or personal friends begin to talk about the amount of time worker spends with the client, and may even share such information with the agency

The above is not an exhaustive list, but signals that the worker's involvement with the client warrants further probe and attention. If the supervisor has a suspicion or concern, it's important to document and confer with others in authority. In some instances, it may be a labor relations matter, or a training or coaching issue between the worker and supervisor. Why might a caseworker risk contamination of the client engagement process or actual working relationship? There is no definitive or even easy answer. Erickson's developmental stage of young adulthood, when there is a concentration on intimacy and expansion of one's interpersonal relationships, might suggest that social workers between 22 and 25 years of age are vulnerable to such violations occurring while finding their personal and/or professional selves. Others may suggest that social workers' use and/or abuse of power and authority may be a contributing factor while working with vulnerable clients who lack decision-making or empowerment skills. From others, it may be suggested there are always persons in any given profession who will violate the code of conduct rules and standards, despite any degree of training, supervision, or administrative oversight. As social workers, we have a responsibility to examine the issues of client relationships and ethical boundaries. This conversation merits discussion among our peers and other related professionals. In the age of increased litigation and constituent complaints, it is not a topic to be ignored. The personal and corporate costs and liabilities associated with claims of unethical behaviors have long lasting impact to those in the profession and for those who are served.

Fortunately, ethics training for social workers must be taken in accordance with state standards. This provides an opportunity to be mindful of our ethical obligations and boundaries in serving others throughout the field. Non-professional employees are not exempt from the risk of assumed liabilities in child welfare or other social work settings. Both public and private organizations generally have ascribed core principles, ethical procedures, and guidance with regard to policy safeguards that govern the scope of responsibilities of employees in providing client services. This is intended to keep all safe. As individuals, let's take the time to examine our own behaviors and interactions in the way we communicate with and relate to our clients. This includes verbal and nonverbal communication. Explore and determine whether your client engagement skills are healthy or unhealthy. Revisit the signals and warning list of possible risk factors provided earlier in this article. If you find yourself or others on the list, take any necessary action to correct the area(s) of concern. Always remain focused on meeting the needs of the client versus your own personal needs. Evaluate and pursue other avenues of support, which may include professional counseling, clinical supervision, and training. Finally, critically evaluate whether a career change might be necessary for the protection of self, clients, and agency employer.

SUMMARY

In this chapter has defined the concepts of theory and method, and has discussed how these two concepts are both independent and interrelated. A theory helps describe, predict or explain human behaviors and social work situations, and a method pro¬vides the techniques or steps that the social worker can utilize in working with clients to reach goals. The two concepts are interrelated in the sense that knowledge about theories helps to inform social workers as to the most appropriate method to use based on the situation. In some circumstances there are theories that also specify techniques that can be used, which can then turn the theory into a method. For example, the theory of empowerment holds that individuals who have access to resources and opportunities are able to grow, thrive and develop, and the method of empowerment provides techniques, such as use of language and political advocacy, that

can be used in work with the client that moves towards a goal of the individual being empowered. Therefore, in determining the difference between a theory or method, one should assess whether it is something that helps inform, predict, explain or hypothesize a behavior or situation (theory), or whether it is steps, techniques or actions that the social worker utilizes to foster change (method). A summary of psychosocial theory, particularly as it informs the development of social-worker-client relationships is also given in brief. Although this chapter does not devote a complete enumeration on theory a foundational understanding of some of the key concepts, such as transference, countertransference and attachment were deemed necessary to begin the process of relationship development. Further resources on psychosocial theory can be found at the end of this chapter.

REFERENCES
1.Adams, R. (2009) Being a critical practitioner, in R. Adams, L. Dominelli and M. Payne (eds) Critical Practice in Social Work, 2nd edn. Basingstoke: Palgrave Macmillan.
2.Bowlby, J. (1979) The Making and Breaking of Affectional Bonds. London: Tavistock.
3.Bowlby, J. (1988) A Secure Base: Clinical Application of Attachment Theory. London: Routledge.
4.Burke, B. and Harrison, P. (2009) Anti-oppressive approaches, in R. Adams, L. Dominelli, and M. Payne (eds) Critical Practice in Social Work, 2nd edn. Basingstoke: Palgrave Macmillian.
5.Clifford, D.J. (1995) Methods in oral history and social work, Journal of the Oral History Society, 23(2): 65-70.
6.Coulshed, V. and Orme, J. (2006) Social Work Practice: An Introduction, 4th ed. Basingstoke: Palgrave Macmillan.
7.Dalrymple, J. and Burke, B. (1995) Anti-oppressive Practice: Social Care and the Law. Buckingham: Open University Press.
8.Dominelli, L. (1993) Social Work: Mirror of Society or its Conscience? Sheffield: Department of Sociological Studies.
9.Dominelli, L. (2002) Anti-oppressive practice in context, in R. Adams, L. Dominelli and M. Payne (eds) Social Work: Themes, Issues and Critical Debates, 2nd edn. Basingstoke: Palgrave.
10.Hankins, F. (1931) The contributions of sociology to the practice of social work, Proceedings of the National Conference of Social Work, 1930. Chicago, IL: University of Chicago Press.
11.Hollis, F. (1958) Personality diagnosis in casework, in H. Parad (ed.) Ego Psychology and Dynamic Casework. New York: Family Service Association of America.
12.Hollis, R (1972) Casework: A Psychosocial Therapy, 2nd edn. New York: Random House.
13.Howe, D. (2009) Psychosocial work: an attachment perspective, in R. Adams, L. Dominelli and M. Payne (eds) Critical Practice in Social Work, 2nd edn.
14.Hutchison, E.D. (2008) Aspects of human behavior: person, environment, time, in E.D. Hutchison (ed.) Dimensions of Human Behaviour: Person and Environment, 3rd edn. Thousand Oaks, CA: Sage.
15.Kenny, L. and Kenny, B. (2000) Psychodynamic theory in social work: a view from practice, in P. Stepney and D. Ford (eds) Social Work Models, Methods and Theories. Lyme Regis: Russell House.
16.Kondrat, M.E. (2002) Actor-centered social work: re-visioning 'persons-in-environment' through a critical theory lens, Social Work, 47: 435-48.
17.National Association of Social Workers. (1999). Code of ethics. Retrieved from http://www.socialworkers.org/pubs/Code/code.asp.
18.Payne, M. (2005) Modern Social Work Theory, 3rd edn. Basingstoke: Palgrave Macmillan.
19.Payne, M., Adams, R. and Dominelli, L. (2009) On being critical in social, in R. Adams, L. Dominelli and M. Payne (eds) Critical Practice in Social Work, 2nd edn. Basingstoke: Palgrave Macmillan.
20.Peterson, M. R. (1992). At personal risk: Boundary violations in professional–client relationships. New York: W.W. Norton.
21.Preston-Shoot, M. and Agass, D. (1990). Making Sense of Social Work: Psychodyanmics, Systems and Practice. Basingstoke: Macmillian Education.
22.Reamer, F. G. (2003). Boundary issues in social work: Managing dual relationships. Social Work, 48 (1), 121-133. Retrieved from http://web.ebscohost.com.ezp.
23.waldenulibrary.org/ehost/pdf?vid=15&hid=4&sid=84fd60ce-0dc4-46de-91e8-d035fafef8a5%40SRCSM1.
24.Richmond, M.E. (1917) Social Diagnosis. New York: Russell Sage Foundation. Richmond, M.E. (1922) What Is Social Case Work? An Introductory Description. New York: Russell Sage Foundation.
25.Rogers, C.R. (1957) The necessary and sufficient conditions of therapeutic personality change, Journal of Counseling Psychology, 21(2): 95-103.
26.Saleebey, D. (2009). The Strengths Perspective in Social Work Practice, 5th edn. London: Allyn and Bacon.
27.Thompson, N. (2006) Anti-discriminatory Practice, 4th edn. Basingstoke: Palgrave Macmillan.
28.Turner, F.J. (1978) Psychosocial Therapy. New York: Free Press.
29.Turner, F.J. (2009) Psychosocial therapy, in A.R. Roberts (ed.) Social Workers' Desk Reference, 2nd edn. New York: Oxford University Press.
30.Woods, M.E. and Robinson, H. (1996) Psychosocial theory and social work treatment, in F.J. Turner (ed.) Social Work Treatment: Interlocking Theoretical Approaches, 4th edn. New York: Free Press.

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