HELPING SKILLS FOR SOCIAL WORK DIRECT PRACTICE

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DIRECT PRACTICE

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Jacqueline Corcoran, Ph.D.

Since the Northern Virginia Campus of the Virginia Commonwealth University School of Social Work will close in Spring 2011, I would like to dedicate this book to all the students I have taught and advised at this campus for the last ten years.

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PART 1

INTRODUCTION

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INTRODUCTION AND OVERVIEW

The target audiences for *Helping Skills for Social Work Direct Practice* are bachelor's and master's degree students taking courses in direct practice. Direct practice focuses on helping skills enacted in a one-to-one fashion in individual and family modalities, known in social work terms as the *micro* level of practice.

Helping Skills for Social Work Direct Practice is organized around a framework that has a long tradition in social work, the problem-solving process (Perlman, 1957). The problem-solving process comprises the following phases of helping:

1. engagement
2. assessment of problems and strengths
3. goal setting
4. intervention
5. evaluation and termination

The book moves through the phases in order, helping you to understand which techniques to apply at what stages. Along with short descriptions of the techniques, an abundance of examples and exercises provide students with many opportunities to apply the particular skill to practice scenarios drawn from actual student process recordings. In this way, you will be able to learn to use the techniques through practice and apply them to the clients with whom you work. Illustrations are de-identified and are selected from many different fields of social work practice:

- child welfare
- health
- mental health
- children and schools
- partner violence
- addictions
- gerontological practice

Cases will show social workers and interns enacting a variety of roles, including:

- case manager
- caseworker
- crisis counselor
- hospital social worker
- school social worker

Note that "therapist" is *not* one of the roles, as direct practice in social work is much more broadly defined than the provision of psychotherapy, and the focus in the Bachelor's in Social Work and the first year of the Master's in Social Work program is on these other direct practice roles. However, this book *will* teach you how to be therapeutic—working collaboratively to support people's efforts to cope with difficult life events and to change these circumstances, and to make changes in their behaviors and their relationships that will help alter their circumstances—in the variety of settings to which foundation students are assigned.

The examples and exercises in the book utilize diverse settings and roles that will help students generalize the skills to different practice settings and client problems. Furthermore, socially diverse clients are represented in the examples: children, older adults, people from low socioeconomic strata and from a variety of ethnic groups. An instructor's manual accompanies *Helping Skills for Social Work Direct Practice* with answers provided. Therefore, the chief focus of *Helping Skills for Social Work Direct Practice* is on the application of skills through an abundance of examples so that students can see how direct practice in social work is carried out and exercises to allow students to practice what they will deliver in their work.

The skills building is primarily applied to individual work with clients, but special considerations for working with families are also covered. Family social work is defined as work "with any part of the family system. . . where membership in the family is a concern, or where the family or some part of the family system is the target for change" (Yanca & Johnson, 2008). In the National Association of Social Workers Code of Ethics, the importance of human relationships is emphasized as a core value of the profession (NASW, 1999). Social workers not only provide a relationship to clients, they also work to build and enhance the naturally existing relationships in clients' lives.

Many of the same techniques and skills used in working with individuals apply to group work, so the same helping process can be followed. Although some examples derive from group work, *Helping Skills for Social Work Direct Practice* will not delve deeply into group work, as special considerations must be paid to group dynamics, and particular skills are needed for effectively facilitating a group. The reader interested in a workbook-style format for group work may reference Corcoran (2009).

THEORETICAL UNDERPINNING

Helping Skills for Social Work Direct Practice uses two models of helping: motivational interviewing and solution-focused therapy. These overlay the framework of the problem-solving

process—the solid foundation of basic helping skills, such as open-ended questions and reflecting statements. The integration of motivational interviewing and solution-focused therapy is described in detail in the book *Building Strengths and Skills* (Corcoran, 2005), but here it will be applied to social work's problem-solving process and will focus primarily on the application of these techniques and skills. The main thrust is that working with client problems and limitations, as well as client strengths, is needed to optimally help clients (McMillen, Morris, & Sherraden, 2004). Along with learning basic helping skills, students will be introduced to the techniques used in Motivational Interviewing (MI) and Solution-Focused Therapy (SFT) and will be given ample opportunity to put these into action.

In the following sections, the strengths-based models solution-focused therapy and motivational interviewing, presented in *Helping skills for Social Work Direct Practice* are elaborated upon. Exhibit 1 shows how these models are integrated within the problem-solving process. Future chapters will illustrate how these are applied, as there is a chapter devoted to each stage of the problem-solving process. The final chapter of the book will demonstrate how the values and ethical principles and standards of social work can be operationalized in a variety of practice settings.

SOLUTION-FOCUSED THERAPY

Developed by deShazer, Berg, and colleagues (Berg, 1994; Berg & Miller, 1992; Cade & O'Hanlon, 1993; de Shazer, Berg, Lipchick, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986; O'Hanlon & Weiner-Davis, 1989), solution-focused therapy (SFT) emphasizes the strengths people bring and how these can be applied to the change process. Clients are

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EXHIBIT 1: Stages of the Helping Process and Techniques

Stage of the Helping Process	Model	Techniques
Engagement	SFT	Orienting toward goals and strengths Coping questions Normalizing Reframing Relationship questions
Assessment: Exploration of the Problem	MI	Exploring the advantages and disadvantages of the problem behavior
Exploration of the Solution	SFT	Exception finding Strengths finding
Goal Setting and Implementation of the Plan	SFT	Future-oriented questioning Scaling intervention Problem solving and coming up with ideas for change Providing information collaboratively Handling noncompliance
Evaluation and Termination	SFT	Scaling questions Termination questions

assumed to have the capability to solve their own problems through resources that are found by eliciting and exploring times when the problem does not exert its negative influence and/or when the client has coped successfully.

Rather than focusing on the past and the history of the problem, using SFT, the attention orients on a future without the problem as a way to build vision, hope, and motivation for the client. Extensive historical information is not viewed as necessary in SFT since understanding the past will not change the future without action. The past is explored only through the process of exception finding, identifying the times when problems do not occur. The focus of conversation between the practitioner and the client moves to how these exceptions can be applied in the future.

The assumption in solution-focused therapy is that change occurs in a systemic way. A small change is all that is necessary to create a "spiral effect": the client takes a step in the right direction, others in the context respond differently, and the client feels more empowered and is encouraged toward further change. Behaving differently *and* thinking differently are part of the processes of change (de Shazer, 1994). Rapid change is possible; all that is necessary in treatment is for a small change to occur, as this will reverberate throughout the system.

Solution-focused therapy values individuals for their unique perspective and assumes their right to determine their own goals. Clients are encouraged to find the solutions that fit their own worldview. The practitioner works collaboratively with the client to build the client's awareness of strengths. These strengths are then mobilized and applied to problem situations.

Solution-focused techniques build upon people's existing problem-solving capacities to create change by focusing on concrete goals that can be achieved in a brief time frame. The focus on client resources and what the client is *doing right* empowers and offers hope to people who are often beleaguered by the time they come to a social worker for assistance. Solution-focused therapy holds many advantages for social work in a broad variety of settings and offers a method by which to operationalize core values and principles of social work. These include the following:

- the importance of context for behavior (in SFT, the assumption is that *context and interpersonal interactions,* more than factors within the individual, drive behavior)
- a systemic perspective (i.e., change in one part of the system can invoke change in another part of the system)
- client self-determination (clients have a right to choose their own goals and solutions, taking into consideration their unique resources and situations)
- a focus on strengths and resources of the individual

Solution-focused techniques also operationalize social workers' ethical responsibility to clients in terms of understanding, and being sensitive to, clients' diverse social backgrounds: ethnicity, immigration status, gender, sexual orientation, age, marital status, political beliefs, and disability (NASW Code of Ethics, 1999). When discussing how to work with clients from other cultures, the literature frequently mentions "the importance of incorporating a client's worldview, empowering the client, and utilizing a client's strengths in cross-cultural social work practice" (Lee, 2003, p. 387). Lee explores the ways in which solution-focused

therapy operationalizes these ideas, including emphasizing collaborative work with clients, eliciting and building upon client strengths, and helping clients find solutions that fit within their worldview. A short-term, goal-focused approach that attends to interactional patterns and context, rather than individual dynamics, also makes solution-focused therapy compatible with the worldview of clients from many ethnic minority backgrounds. Social diversity is further discussed in Chapter 12 on ethics and values.

In *Helping Skills for Social Work Direct Practice*, solution-focused therapy is used throughout the phases of the problem-solving process, but especially during engagement, goal setting, and strengths finding. SFT has a unique emphasis on assessing the client's relationship to the change process. Many of the clients seen in settings where social workers are employed are there involuntarily. Some of them are formally mandated by the court system to receive intervention. Others may be nonvoluntary in the sense that they feel coerced to seek help by a family member, romantic partner, or another system such as school or child protective services. In a way that conveys respect for the value and dignity of the person (NASW, 1999), solution-focused work places the onus on the client so that he or she is responsible for the process of change.

MOTIVATIONAL INTERVIEWING

Developed over the last 20 years (Dunn, Deroo, & Rivara, 2001), motivational interviewing is "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller & Rollnick, 2002, p. 25). Originally for the treatment of substance abuse, motivational interviewing (MI) is now being applied to other areas of change, such as diet and exercise (Moyers & Rollnick, 2002). It has been employed as both a standalone treatment and a way to engage people in other intervention approaches (Walitzer, Dermen, & Conners, 1999). Several guiding principles underlie the techniques of motivational interviewing:

- expressing empathy
- identifying discrepancy between the clients' problematic behavior and their goals for themselves and their loved ones
- rolling with resistance
- supporting self-efficacy
- developing a change plan

These principles establish motivational interviewing as a collaborative model. Even when talking with people about difficult topics—their illegal, dangerous, or harmful behavior—techniques pave the way so the practitioner can stay attuned to the client's position while also guiding the client toward change.

Empathic listening and affirming statements are foundational techniques of motivational interviewing. While these techniques are drawn from nondirective counseling (Rogers, 1951), the two methods differ in several key ways. Nondirective counseling allows the client to decide the content and direction of the discussion. In motivational interviewing, the practitioner systematically directs the process toward building client motivation.

Another difference between the approaches has to do with the use of empathy. In contrast to nondirective counseling in which empathic reflection is used regardless of the direction the client is headed, empathy in motivational interviewing is employed to reinforce client statements about changing. In social work, we tackle challenging problems, such as child abuse, criminal offenses, anger problems, and substance abuse, and many of our populations include nonvoluntary clients. Motivational interviewing can help us negotiate conversations about these difficult problems while remaining respectful, collaborative, and change-oriented—all at the same time. Some of the dos and don'ts of motivational interviewing are expressed in Exhibit 2:

The principles of motivational interviewing are enacted through the following techniques:

- listening reflectively and demonstrating empathy
- eliciting self-motivational statements
- handling resistance
- enacting a decisional balance

These techniques are selectively presented in *Helping Skills for Social Work Direct Practice* as they apply to beginning practice situations that interns and new social workers may encounter.

EXHIBIT 2: Guidelines for Motivational Interviewing

Do

1. Set a tentative agenda, allowing for flexibility.
2. Begin where the client is.
3. Explore and reflect the client's perceptions.
4. Use empathic reflection selectively when clients express reasons to change.
5. Reflect by making paraphrasing and summarizing statements rather than using questions.
6. Use affirmation and positive reframing of the client's statements to bolster self-efficacy.
7. Present a brief summary at the end of each contact.
8. Use phrases like "I wonder if. . ." and "some people find. . ." to probe about problem behaviors gently.

Dont

1. Argue, lecture, confront, or persuade.
2. Moralize, criticize, preach, or judge.
3. Give expert advice at the beginning.
4. Order, direct, warn, or threaten.
5. Do most of the talking.
6. Debate about diagnostic labeling.
7. Ask closed-ended questions.
8. Ask a lot of questions (more than three in a row) without reflecting.
9. Offer advice and feedback until later stages when sufficient motivation has been built.

(Adapted from Miller & Rollnick, 2002; Killick & Allen, 1997)

CONCLUSION

Helping Skills for Social Work Direct Practice uses two models of helping, motivational interviewing and solution-focused therapy, while at the same time pulling from a solid foundation of basic helping skills such as open-ended questions and reflecting statements. These models are supported by the framework of the problem-solving process:

1. engagement
2. assessment
3. goal setting
4. intervention
5. evaluation and termination

Helping Skills for Social Work Direct Practice presents, with an abundance of examples and exercises, real case situations involving clients from socially diverse backgrounds who are seen by social work students and beginning practitioners in a variety of practice types. The diversity in the book's examples not only increases students' likelihood to identify with the material and to generalize skills, it also exposes the reader to the broad range of roles and settings with which social work is involved. This workbook stands apart from other direct practice texts in its emphasis on the acquisition of skills that are then applied in a concrete way. Other books tend to offer discussion about social work's values and principles, but lack direction or examples of how to actually *do* social work while enacting its values and principles in client situations that arise in everyday practice. *That* is this book's goal.