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| DEPARTMETN OF SOCIAL WORK |
| Introduction to Social Work |
| Second year |
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| Social work is organized work directed toward the betterment of social conditions in the community, as by seeking to improve the condition of the poor, to promote the welfare of children, |

**Introduction to social work**

**Overview of the social work process**

**Social Work Definition**

**Social Work:**

Organized work directed toward the betterment of social conditions in the community, as by seeking to improve the condition of the poor, to promote the welfare of children, etc…

**Global Definition of Social Work:**

The following definition was approved by the IFSW General Meeting and the IASSW General Assembly in July 2014:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge’s, social work engages people and structures to address life challenges and enhance wellbeing’’.

**What is Social Work?**

Social Work is an Existing profession looking after people’s well-being within a country law and politics.

**Social work generally**

Social work is a professional and academic discipline that seeks to improve the quality of life and subjective well-beings of individuals, groups, and communities through research, policy, community organization, direct practice, crisis intervention, and teaching for the benefit of those affected by social disadvantages such as poverty, mental and physical illness or disability and social injustice, including violations of their civil liberties and human rights.

Research is often focus on human development, psychotherapy, counseling, social policy, public administration, social programs evaluation, and community development.

Social workers are organized into local, national, continental and international professional bodies.

It is an interdisciplinary field that incorporates theoretical bases from economic, education, sociology, law, medicine, philosophy, politics, anthropology and psychology.

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**Levels of Social Work Intervention**

Social work is often divided into three broad practice categories: **macro, mezzo and micro**.

**Macro** level social work is interventions provided on a large scale that affect entire communities and systems of care.

**Mezzo** social work happens on an intermediate scale, involving neighborhoods, institutions or other smaller groups.

**Micro** social work is the most common practice, and happens directly with an individual client or family.

These three levels of social work practice at times overlap and always influence each other, so it is important to understand the distinctions between these social work approaches.

**Macro Social Work:**

The practice of macro social work is the effort to help clients by intervening in large systems. Examples include lobbying to change a health care law, organizing a state-wide activist group or advocating for large-scale social policy change.

**Mezzo Social Work:**

Mezzo social work practice deals with small-to-medium-sized groups, such as neighborhoods, schools or other local organizations. Examples of mezzo social work include community organizing, management of a social work organization or focus on institutional or cultural change rather than individual clients. Social workers engaged in mezzo practice are often also engaged in micro and/or macro social work.

**Micro Social Work:**

Micro practice is the most common kind of social work, and is how most people imagine social workers providing services. In micro social work, the social worker engages with individuals or families to solve problems. Common examples include helping individuals to find appropriate housing, health care and social services. Family therapy and individual counseling would also fall under the auspices of micro practice.

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**History of social work**

* The concept of charity goes back to ancient times, and the practise of providing for the poor has roots in many ancient civilizations and world religions. Even before the rise of modern European states, the Church was providing social services of a primitive sort.
* The earliest organised social welfare activity of the Christian church was the formation of burial societies, followed closely by provision of aims to the poor, shelter for the homeless, and care and comfort the sick.
* Monasteries ‘’religiuos foundations’’ often served as comprehensive social service agenesis, acting as hospitals, homes for the aged, orphanages, and travellers aid stations.
* It was not until the emergence of industrialization, and Urbanization that the informal helping systems of the church and family began to break down and organised social welfare services emerged to supplant it.

**The profession of Social Work is generally considered to have developed from three movements:**

1. The charity organisations (COS) movement
2. The settlement house movement
3. The development of institutions to deal with the entire range of social problems.

All had their most rapid growth during the nineteenth century, and all grew out of the church.

**Early Beginnings of Social Work**

As a profession, social work officially originated in the 19th century as a movement primarily experienced within the United States and United Kingdom. After the demise of feudalism, those in poverty were seen as a direct threat to the social order, so the government formed the Poor Law and created an organized system to provide care to them. While the Industrial Revolution sparked great leaps in technological and scientific advancements, the great migrations to urban areas throughout the Western world led to increased social problems and in turn social activism. During this time, rescue societies were initiated to provide support to resolve the problems of poverty, disease, prostitution, mental illness, and other afflictions.

In the late 1800s, a new system emerged as a method for providing aid for social ills. As one of the most influential early professionals in social work, **Jane Addams** was a founder of the U.S. Settlement House Movement to establish settlement houses in poor urban areas for volunteer middle-class social workers to alleviate the poverty of their low-income neighbors. Focused on the causes of poverty through research, reform, and residence, early social workers in the movement provided the poor with educational, legal, and health services. By 1913, there were 413 settlements spread across 32 states in the nation to improve the lives of the poor.

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**Modern Social Work History in America**

While the movements for social reform continued to escalate in the early 20th century and many schools of social work were established, the question of whether social work was a profession lingered. In 1915, Dr. Abraham Flexner famously contended that social work was not a profession because it lacked specific application of theoretical knowledge to solving human issues. As a result, the professionalization of social work began by concentrating on casework and the scientific method, and the American Association of Hospital Social Workers was established in 1918 to boost formal education opportunities in social work.

There were ten university programs in social work by 1929 to add a more scientific basis to dealing with patients and challenging behaviors from mental dysfunction.

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**7 Core functions of Social Work**

1- Engagement: the social worker must first engage the client in early meetings to promote a collaborative relationship.

2- assessment: data must be gathered that will guide and direct a plan of action to help the client.

3- planning: negotiate and formulate an action plan.

4- implementation: promote resources acquisition and enhance role performance.

5- Monitor/Evaluation: “On-going documentation through short-term goal attainment of extent to which client is following through”.

6- Supportive Counseling: “Affirming, challenging, encouraging, informing, and exploring options”.

7- Graduated Disengagement: “Seeking to replace the social worker with a naturally occurring resource”.

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**6 core values of Social work**

1. Service: Help people in need and address social problems.
2. Social justice: challenge social injustices.
3. Dignity and worth of the individual: respect the dignity.
4. Importance and centrality of human relationships: give importance to human relationships.
5. Integrity: behave in a trustworthy manner.
6. Competence: practice within the areas of one’s areas of expertise and develop and enhance professional skills.

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**Social work process**

* **Intake and assessment:** The Brief Intake/Assessment is the initial meeting with the client during which the case manager gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.

The Brief Intake/Assessment may also be used to screen clients to determine if they need case management services, and if so, to determine the model of case management most appropriate to meet a client's needs, and to assess the client's willingness and readiness to engage in case management services.

**Assessment** is the process of gathering information from and about the client in order to develop an understanding of their drug and alcohol, health and welfare needs and to determine suitable intervention options and treatment planning. Client assessment is usually undertaken after intake, though may be done at the same client contact.

**Eligibility** refers to characteristics that people must possess and/or situations which people must experience in order to receive services from the organisation.

**Intake** is the initial process through which a person’s drug and alcohol, health and welfare needs are identified to determine suitable intervention options. Eligibility for specific services, programs or interventions may be assessed during the intake process.

* **Treatment and intervention**: Social work interventions are purposeful actions we undertake as workers which are based on knowledge and understanding acquired, skills learnt and values adopted. Therefore, interventions are knowledge, skills, understanding and values in action. Intervention may focus on individuals, families, communities, or groups and be in different forms depending on their purpose and whether directive or non-directive.

Social work interventions are selected on the basis of the issues, needs and strengths of the client. These are determined as a result of a psychosocial assessment conducted by the social worker. In initial meetings with the client, the social worker will obtain extensive information from the client in order to develop a detailed and comprehensive understanding of the client. The assessment will be used to develop a treatment plan with the client, in which interventions, action steps and desired outcomes are specified. A time-frame will be established for each outcome, with a means to measure the client's progress towards achieving his/her goals on a regular basis identified.

**Step 1**

**Intake and assessment**

* Identify the client’s presenting problems and challenges.
* Provide empathic responses to enhance the connection and trust with client.
* Conduct a multidimensional psychosocial assessment.
* Look for strengths and resources.

**Step 2**

**Treatment and intervention**

* Identity and establish goals with client
* Develop a comprehensive treatment plan
* For intervention while in institution

For reintegration into society thereafter

Provide referrals to external support centres as needed.

* Implement the treatment plan.
* Monitor progress of the client in relation to the goals.
* Modify the treatment plan as needed to ensure that all of client’s needs are being addressed.

**Step 3**

**Conclusion/Termination**

* Determine when the client's goals have been reached.
* Emplacing Strategies for clients to maintain and continue their progress.
* Concluding the helping relationship.

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**9 Core Competencies of Social Work Practice**

1–Demonstrate Ethical and Professional Behavior

2 –Engage Diversity and Difference in Practice

3 –Advance Human Rights and Social, Economic, and Environmental Justice

4 -  Engage in Practice-Informed Research and Research-Informed Practice

5 –Engage in Policy Practice

6 –Engage with Individuals, Families, Groups, Organizations, and Communities

7 –Assess Individuals, Families, Groups, Organizations, and Communities

8 –Intervene with Individuals, Families, Groups, Organizations, and Communities

9 –Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

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**Social Work Ethics and Values**

**Values of Social Work**

* **Human Rights and Social Justice**

All human beings deserve access to the resources they need to deal with life’s problems and to continue their potential

* **Human dignity**

Social workers respect the inherent dignity and worth of the person

Social workers recognise the central importance of human relationships

* **Professional integrity**

The value of integrity means that social worker professionals behave in a trustworthy manner.

* **Professional competency**

The value of competence requires that social worker practise only within their scope of knowledge and ability and that they enhance and develop their professional experience.

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**Ethics of Social Work**

* Commitment to clients
* Self-determination of the clients
* Informed consent
* Privacy and confidentiality

**Commitment to clients**

Social Workers primary responsibility is to promote the wellbeing of clients. In general, clients’ interests are primary. However, there are rare instance when social workers may have to break confidentiality, and clients should be advised (For Example, if a client threatened to harm him/her or even others).

**Self-determination of the clients**

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identity and clarify their goals. Promoting self-determination includes focusing on the strengths and resilience of the clients.

Social workers may limit clients right to self-determination when, in the social workers professional judgment, clients actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

**Informed consent**

Social workers should provide service to clients only in the context of a professional relationship based, when appropriate, on valid informed contest.

Use clear and understandable language to inform clients of:

* The purpose of the service
* Their right to refuse or withdraw contest
* The time frame covered by the contest
* Social workers should provide clients with an opportunity to ask questions.

For example:

When the clients are not literate or have difficulty understanding the language used in the practice setting, social workers should take steps to ensure clients comprehension.

In instance when clients lack the capacity to provide informed consent, social workers should protect clients interests by:

1- seeking permission from an appropriate third party

2- informing clients consistent with the clients level of understanding.

3- seek to ensure that the third party acts in a manna consistent with clients whishes‘ and interests.

4- social workers should take reasonable steps to enhance such clients ability to give informed consent.

In instance when clients are receiving services involuntary, social workers should provide information about the nature and extent of services and about the extent of clients right to refuse services.

**Privacy and confidentiality**

**Privacy**

* Respect clients right to privacy
* Private information should only be solicited form clients if it is essential to providing services.
* Protect the confidentiality of all information obtained in the course of professional service.

Once private information was shared, standards of confidentiality apply

**Disclosure**

* Disclosure maybe made only with a valid contest from the client except when:

Disclosure is necessary to prevent serious, foreseeable and imminent harm to a client or other identifiable person.

* for example social worker should disclose the least amount of confidential information necessary to achieve the desire purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.
* Inform clients about the disclosure of confidential information and the potential consequences before the disclosure is made when possible. This applies wither social worker disclose confidential information on the basis of a legal requirement of client consent.

**Limitation**

Discuss with clients the nature of confidentiality and limitations of clients right to confidentiality

Review where confidential information may be requested where disclosure of confidential information may be required.

The discussion should occur as soon as possible in the social worker client relationship and as needed throughout the course of the relationship

**Groups**

* When social worker provide counselling services to families, couples, or groups seeks agreement among the parties involved concerning each individual’s right to confidentiality and obligation to preserve the confidentiality of information shared by the others.
* Inform participants in family, couples or group counselling that social worker cannot guarantee that all participants will honour such agreement.
* Inform clients involved in family, couples, martial, or group counselling of the social worker’s employer’s and agency’s policy concerning the social worker’s disclosure of confidential information among the parties involved in the counselling.

**Privacy and confidentiality**

**The social worker’s role**

Social workers should not:

* Discuss confidential information in any setting
* Discuss such as hallways, waiting rooms, elevators and restaurants.

Social workers should:

Take reasonable steps to ensure that clients records are stored in a secure location and that clients records are not available to others who are not authorised to have access.

Protect the confidentiality of clients during legal processing to the extent permitted by law.

Protect the confidentiality of clients when responding to request from members of the media.

Protect the confidentiality of clients written and electronic records and other sensitive information

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**The Role of Social worker**

1. Advocate
2. Counselor
3. Mediator
4. Researcher
5. Educator
6. Manager
7. Case manager
8. Facilitator
9. Community change agent
10. Broker

**Advocate:**

In the advocate role, the social worker champions the rights of others with the goal of empowering the client system being served. A social worker in the role of advocate speaks on behalf of clients when others will not listen or when clients are unable to do so. Social workers have a particular responsibility to advocate on behalf of those disempowered by society.

**Broker:**

In the role of broker a social worker is a professional agent responsible for identifying, locating, and linking client systems to needed resources in a timely fashion. Once the client’s needs are assessed and potential services identified, the broker assists the client in choosing the most appropriate service option and assists in negotiating the terms of service delivery. In the role of broker the social worker is also concerned with the quality, quantity, and accessibility of services.

**Community change agent:**

A community change agent participates as part of a group or organization seeking to improve or restructure some aspect of community service provision. A change agent, working with others, uses a problem-solving model to identify the problem, solicit community input, and plan for change. A community change agent acts in a coordinated manner to achieve planned change at multiple levels that helps to shift the focus of institutional resources to meet identified goals.

**Counselor:**

The role of the professional counselor focuses on improving social functioning. In the role of counselor, the social worker helps client systems articulate their needs, clarify their problems, explore resolution strategies, and applies intervention strategies to develop and expand the capacities of client systems to deal with their problems more effectively. A key function of this role is to empower people by affirming their personal strengths and their capacities to deal with their problems more effectively

**Mediator:**

When dispute resolution is needed in order to accomplish goals, the professional social worker will carry out the role of mediator. In the mediator role, the social worker intervenes in disputes between parties to help them find compromises, reconcile differences, and reach mutually satisfying agreements. The mediator takes a neutral stance among the involved parties.

**Researcher:**

In the researcher role, a social worker evaluates practice interventions and with others evaluates program outcomes. The researcher seeks to critically analyze the literature on relevant topics of interest and uses this information to inform practice. A researcher extends and disseminates knowledge, and seeks to enhance the effectiveness of social work practice.

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**Assessment**

**The therapeutic relationship**

**What is a Therapeutic Relationship?**

The purpose of a therapeutic relationship is to assist the individual in therapy to change his or her life for the better. Such a relationship is essential, as it is oftentimes the first setting in which the person receiving treatment shares intimate thoughts, beliefs, and emotions regarding the issue(s) in question. As such, it is very important that therapist provides a safe, open, and non-judgmental atmosphere where the affected individual can be at ease.

Trust, respect, and congruence are major components of a good therapeutic relationship. Therapists are encouraged to show empathy and genuineness. As with any other social relationship, the therapeutic relationship has boundaries which help to define acceptable and unacceptable behaviors.

**Relationship building skills**

**1- Empathic responses:**

This is the therapists’ ability to recognize, identify and understand the situation their client is experiencing and to understand their feelings, ideas and motivations. This is the basis and foundation for a therapeutic relationship because it establishes a personal connection between the therapist and client, allowing the client to see their therapist hears them, values and understands their needs

Empathetic responses are a way of listening and responding to another person that improves mutual understanding and trust. It enables the listener to receive an accurately interpret the speaker’s message, and then provide an appropriate response. The response is an integral part of the listening process and can be critical to the success of negotiation or mediation.

**2- Authentically:**

Social workers' education has trained us to effectively use authenticity to engage clients and systems to perform our best work. By offering a more genuine self, we elicit better engagement and sharing from clients, colleagues, and advocates. We are guided by a code of ethics to do this in a principled way.

**Authenticity**

Authenticity means that the worker is present, responsive, and real

His/her actions must be based on the context of each relationship and on knowledge of the complex factors the growth of an empowering relationship

**3- Active listening:**

A significant portion of a social worker’s job involves interviewing clients and other parties involved in a client’s care. To provide the most effective services and counseling, a social worker must develop the ability to listen carefully and pay attention to details. This may involve learning to take detailed notes so as to easily recall what was said later. Effective listening also involves paying attention to how the social worker reacts as the client is speaking. This means avoiding giving signs that the social worker disagrees with something a client has said, interrupting a client, rolling eyes, doodling, multitasking, or yawning and appearing generally disinterested in what the client is saying.

**How to listen with empathy**

* Display sensitivity to the emotions being expressed.
* Provide encouraging responses
* Remain non-judgment
* Approach interventions as collaborative effort
* Be attentive to what is being said
* Use open-ended questions
* Be willing to let the other person dominate the conversation
* Reflect back to the other party the feelings and facts being expressed
* Be encouraging and highlight strengths
* Use phrases like ‘’you are important’’ and ‘’I am not judging you’’
* Acknowledge the speaker in a way that invites the communication to continue.

**Benefits of Empathetic Listening**

Builds trust and respect

Enables the disputants to release their emotions

Reduces tensions

Encourages the surfacing of information

Create a safe environment that is conductive to collaborative problem solving

**4- Nonverbal Behaviors (Nonverbal Communication):**

A social worker’s nonverbal behaviors can go a long way when it comes to communicating. Social workers should make eye-to-eye contact when speaking with clients and those involved with their care. Giving a smile can signal warmth and make a social worker seem more approachable. Keeping a distance of three to five feet between the social worker and the client can also help improve the level of comfort in the room, although a social worker also needs to keep in mind that cultural norms for physical distance vary, so that some clients may want to be closer than the social worker is used to.

**Nonverbal communication**

* Gesture
* Touch
* body language
* Posture
* Facial Expression
* Object Communication

Clothing

Hair Style

* Nonverbal communication in speech

Voice quality

Emotion and speaking style

Tone, rhythm, and stress

**5- Building Trust:**

Social workers must often build someone’s trust in order to effectively communicate. Communication with a client will not be successful if the client feels the social worker does not have her best interest in mind or if the social worker does not genuinely listen to the client. Building trust also involves not minimizing what a client has to say. Even if the social worker does not agree with the client or wants to focus on something more important, it is often necessary to focus on the client’s agenda rather than the social worker’s to help build trust and make the client feel important or as though she has some say.

**Importance of relationship Building**

* If there is a week or entrust relationship the client might be reluctant to reveal vital information needed to provide an effective intervention.
* Establishing a strong therapeutic relationship with client gains the trust of clients.

With trust there is a larger possibility for having a positive impact and successful intervention.

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**Assessment**

**The intake Interview**

**Assessment is…**

* The process of information gathering and analysis that will assist the Social Worker in determining the best course of treatment and/or intervention necessary.
* The exploration of clients problems by eliciting comprehensive data about the person, the problems, and the environmental factors involved.

**Basic steps in assessment**

* Problem Identification.
* Strength Identification.
* Identification of environmental factors.

Consideration of family functioning

**Sources of Information for assessment**

* Forms that clients complete prior to meeting.
* Interviews with clients.
* Direct observation of interaction between families and groups.
* Information from relatives, friends, Doctors, instructors, employers, other professionals.
* written assessment.

*Starting “where the client is "means letting the client set the agenda within the limits of responsible caregiving*

**Mental status example**

These exams are used to assess a client’s psychological functioning through direct observation and questioning.

**ASSESSMENT**

Goal Setting,

Formulating a contract,

And make referrals

**GOALS**

* Should be connected to the client’s desired result.
* Should include motivational components for involuntary clients.
* Should be defined in clear terms.
* Should be feasible to achieve.
* Should be adapted according to social worker’s knowledge and skills.
* Should be stated in positive terms that emphasize client strength and growth.
* Should be agree upon by the client

**Purpose of Social Work Intervention**

The purpose of the intervention is diverse and ranges from:

* increasing life skills or changing behavior to increase life options
* promoting independence and inter-dependence
* working with conflicts of interest or in relationships
* stabilizing or slowing down deterioration and loss of independence
* coping with changed life situations and transitions
* learning new skills, for example in parenting or as a family career
* loss, bereavement and trauma,
* balancing expectations, needs and responsibilities that involve ethical and moral dilemmas
* supporting individuals' development to enable them to participate in groups, use local community resources or to move to mainstream services.

**Negotiating Goals**

Determine clients readiness for goal negotiation.

Explain of purpose and functioning of goals.

Negotiating goals with involuntary clients.

Jointly select appropriate goals.

Define goals explicitly.

Determine the feasibility of goals and discuss their potential.

Benefit and risks.

Assist clients to make a choice about committing themselves to specific goals.

Rank goals according to clients priority

**Contracts**

ACONTRACTS INCLUDING:

Goals to be accomplished.

Roles of participants.

Interventions or techniques to be employed.

Time frame, frequency and length of sessions.

Means of monitoring progress.

Stipulations for renegotiating contract

**INTERVENTION**

**The therapeutic Process**

Selecting and applying appropriate models of intervention including:

* Task-centered interventions.
* Solution-focused interventions **Models of intervention**
* Crises intervention
* Cognitive behavioral therapy

**Task-centered intervention**

* Shorter-term intervention

*4-12 sessions*

* Focused of problem- solving and behaviors.

*(not focused in emotions)*

* Social worker and client collaboratively define problems and identify solutions.
* Strategy is to change behaviors by using specific tasks and monitor any changes

Task-centered Casework is a system of time limited treatment method designed to help individuals with the problems of living. It is a problem-solving model which emphasizes clients' and social workers' input as a joint venture. The client and the nature of the problem are considered within the context of a social system which have bearing on the etiology of the problem and its resolution.

TCP involves a four-step process that trains social work practitioners to work closely with clients to establish distinct and achievable goals based on an agreed-upon presenting problem, usually called the target problem. Under TCP, a maximum of three target problems are identified by the client and the social worker collaborates with the client on devising tasks to work on those target problems. The social worker and client cocreate a contract that contains the target problem, tasks to be implemented by both client and practitioner to address the target problem, and overall goals of the treatment. At all times through the process, TCP emphasizes client preferences by asking clients what they most want to work on to address their problems. Client priorities and strengths are interwoven into the entire TCP process. Most TCP involves working briefly with clients, typically 8–12 sessions over the course of a six-month period.

**Solution- Focused Interventions**

* Short -term intervention

*3-4 sessions*

* Focused on wishes & goals for the future

*(not focused on problems)*

* Key questions:

“Miracle question” & “exception question”

* Identifies solutions to achieve these goals.

Solution-focused brief therapy (SFBT) places focus on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted.

Instead, a qualified therapist encourages those in treatment to develop a vision of the future and offers support as they determine the skills, resources, and abilities needed to achieve that vision successfully.

**Miracle Question (MQ)**

This unusual sounding tool is a powerful in generating the first small steps of ‘solution states’ by helping clients to describe small, realistic, and doable steps they can take as soon as the next day.  The miracle question developed out of desperation with a suicidal woman with an alcoholic husband and four “wild” children who gave her nothing but grief. She was desperate for a solution, but that she might need a ‘miracle’ to get her life in order. Since the development of this technique, the MQ has been tested numerous times in many different cultures.  The most recent version is as follows:

**T:** I am going to ask you a rather strange question . . . that requires some imagination on your part . . . do you have good imagination?

**C:** I think so, I will try my best.

**Crisis interventions**

* Short-term intervention (1-4 sessions)

When a crisis/potential crisis is identified

Focused on mitigating/ eliminating the crisis/potential crisis

**Definition**

[Crisis intervention](http://www.minddisorders.com/knowledge/Crisis_intervention.html) refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. A crisis can refer to any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving and [coping skills](http://www.minddisorders.com/knowledge/Coping__psychology_.html). A number of events or circumstances can be considered a crisis: life-threatening situations, such as natural disasters (such as an earthquake or tornado), sexual assault or other criminal [victimization](http://www.minddisorders.com/knowledge/Victimisation.html); medical illness; mental illness; thoughts of **suicide**or homicide; and loss or drastic changes in relationships (death of a loved one or divorce, for example).

**Aim:**

Crisis therapy aims to intervene as soon as possible after the onset of the crisis in order to enable the individual to overcome it, minimize the usage of maladaptive coping strategies and avoid complete psychological breakdown. It is a short-term intervention, which may require intensive involvement of the therapist with the patient and sometimes also members of their family.

Crisis management is familiar to all in primary care - both supporting those with exacerbations of severe mental illness (often involving the Crisis Intervention Teams to prevent hospitalization) and helping other patients to weather difficult times.

**Responses to crisis**

A typical crisis intervention progresses through several phases. It begins with an assessment of what happened during the crisis and the individual's responses to it. There are certain common patterns of response to most crises. An individual's reaction to a crisis can include emotional reactions (fear, anger, guilt, **grief**), mental reactions (difficulty concentrating, confusion, nightmares), physical reactions (headaches, dizziness, [**fatigue**](http://www.minddisorders.com/Del-Fi/Fatigue.html), stomach problems), and behavioral reactions (sleep and appetite problems, isolation, restlessness). Assessment of the individual's potential for suicide and/or homicide is also conducted. Also, information about the individual's strengths, coping skills, and social support networks is obtained.

**Crisis interventions**

* Additional step for suicidal client:

Safety planning

Establishment of contact with the client.

* Ensure support is in place to prevent future crisis
* provide follow- up

Steps of crisis interventions

Ensure client safety.

Develop therapeutic connection

Maintain ongoing communication

Explore coping mechanisms& support resources

Develop an action plan

Ensure client has the support needed to achieve the goals

Provide follow-up

**Cognitive behavioral therapy**

* Long –term intervention

6-12 weeks

* Goal- &present- oriented
* Focused on interconnected relationship between thoughts, behaviors and feeling.
* Strategies may equally address thoughts, behaviors to change feelings, or may focus more on thoughts or more on behavior.

**Cognitive behavioral therapy**

* Aim is to help client change their thoughts and/or behaviors in order to improve their feelings.
* “Homework” is usually assigned for the client to work on by themselves between sessions.
* Find to be effective for the clients who has experienced trauma and clients who are facing mood disorders(e.g. depression)

CBT is a psychotherapy that is based on the cognitive model: the way that individuals perceive a situation is more closely connected to their reaction than the situation itself.

One important part of CBT is helping clients change their unhelpful thinking and behavior that lead to enduring improvement in their mood and functioning.

CBT uses a variety of cognitive and behavioral techniques, but it isn’t defined by its use of these strategies. We do lots of problem solving and we borrow from many psychotherapeutic modalities, including dialectical behavior therapy, acceptance and commitment therapy, Gestalt therapy, compassion focused therapy, mindfulness, solution focused therapy, motivational interviewing, positive psychology, interpersonal psychotherapy, and when it comes to personality disorders, psychodynamic psychotherapy.

Cognitive behavioral therapy (CBT) is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behavior that are behind people’s difficulties, and so change the way they feel. It is used to help treat a wide range of issues in a person’s life, from sleeping difficulties or relationship problems, to drug and alcohol abuse or anxiety and depression. CBT works by changing people’s attitudes and their behavior by focusing on the thoughts, images, beliefs and attitudes that are held (a person’s cognitive processes) and how these processes relate to the way a person behaves, as a way of dealing with emotional problems

An important advantage of CBT is that it tends to be short, taking five to ten months for most emotional problems. Clients attend one session per week, each session lasting approximately 50 minutes. During this time, the client and therapist are work together to understand what the problems are and develop new strategies for tackling them. CBT introduces patients to a set of principles that they can apply whenever they need to, and that’ll last them a lifetime.

CBT can be thought of as a combination of psychotherapy and behavioral therapy. Psychotherapy emphasizes the importance of the personal meaning we place on things and how thinking patterns begin in childhood. Behavioral therapy pays close attention to the relationship between our problems, our behavior and our thoughts. Most psychotherapists who practice CBT personalize and customize the therapy to the specific needs and personality of each patient.

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**Concluding the psychological intervention**

**Importance of the conclusion is**

* Helps clients transition from being a client to ‘being on one’s own’.
* Identifies clients’ strength and resources for the future.

The idea of the ending of an intervention is often introduced at the beginning of an intervention

* When goals are met
* When clients make a transferred other services
* When time limited service are concluded
* When evaluating the service provided to the extent to which goals were accomplished.
* Determining when to conclude the intervention.
* Mutually resolving emotional reactions experienced during the process of ending.
* social workers or clients leave the helping relationship
* Evaluating the service provided to the extent to which goals were accomplished.
* Determining when to conclude the intervention.
* Mutually resolving emotional reactions experienced during the process of ending.