SOCIAL WORK SKILLS DEMONSTRATED:
Beginning Direct Practice
CD-ROM, Text-Workbook and Website, 2/e

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SAMPLE CHAPTER 5
The pages of this Sample Chapter may have slight variations in final published form.
CHAPTER FIVE
5
The Engagement Process

The Professional Relationship

When people experience difficulties in their lives, they can select from a wide variety of ways to overcome them. Some turn to family and friends, others look within and pull upon internal resources. When they select to see a professional social worker, they are seeking specific knowledge and skills that are usually not available to them through informal helping relationships. Most likely, they have been unsuccessful in resolving their problems through informal means and now seek the assistance of a well trained and experienced professional social worker who can assist them in dealing with their life problems. The purpose and goals of a professional relationship between a client and a social worker “are conscious and deliberate and come within the overall purpose and value system of the profession” (Compton & Galaway, 1999, p. 226). Implicit in this definition is the belief that clients will experience some type of improvement in their life and will be empowered to make changes to their liking as a direct result of working with the social worker in a professional therapeutic relationship. As discussed in Chapter 1, the relationship between the social worker and client is a purposeful one that includes the systematic process of beginning, middle and ending phases. This chapter will discuss engagement process, which occurs in the initial phase of the relationship between the client and social worker.

The relationship between the client and the social worker is unique. Both come into the relationship with a distinctive set of circumstances and life experiences. As social workers, we consider ourselves to be trained helpers and problem solvers. Social workers operate from an established knowledge base and a set of professional values, skills, and techniques. To affect a client’s life, we draw upon this professional knowledge and use it as the keystone for building the professional relationship between the client and ourselves.

Clients come to the helping relationship uncertain about what to expect and what is required of them. It is likely that many of our clients have never interacted with a social worker. At most, they may have seen a news report or an episode on TV depicting a social worker, taking children from their home or “losing” children within the state’s foster care system. As you know, this characterization is rarely accurate, and at best limits the role of the social worker to the child protective worker role. In reality, social workers work across the continuum of human needs with clients of all ages, cultures, and walks of life, who often are seeing a social worker for the first time. Sometimes, clients have had previous interaction with a social worker as a result of being a court “mandated” into treatment and as such, are involuntary clients. Under this set of circumstances, our job of engaging a client in the helping process can be a very challenging one.
What does it mean to engage a client in the therapeutic helping process? It is important to understand the circumstances under which a client is referred to you or coming to you for help. Many clients are scared about being “shrunk,” that the social worker will qualitatively “change them” or take their children away. Although as a profession, we are sometimes sanctioned to intervene in our clients’ lives, we must do so with the utmost respect and care. A challenge that we face however, is helping our clients to understand the true nature of who we are as professionals and what we do (see Chapter 1 on social worker roles.)

The setting of a social worker’s practice will, in part, determine the types of clients and the range of problems that we will be addressing. A client may be referred to your agency by a teacher, a probation officer, an outreach worker, a physician, a public health official, a judge, or a public housing employee. You may also have clients who seek out services from your agency because they recognize their need for help.

One important aspect of engaging the client is establishing rapport. Rapport is the entry point to the relationship (Hackney & Cormier, 2001) and is the intangible goal of connecting at a central or core level with your client. It is more than comfort, receptiveness, and respect. It is a commitment to stay with the client, to display warmth, interest, and care in a way that encourages trust and confidence. When clients feel understood, honored and valued, they are more likely to open up. It is through the relationship that client’s anxiety over time diminishes as their self-esteem and self-worth are enhanced (Hill & O’Brien, 2004).

Rapport connotes a relationship of mutual understanding and trust between two people and requires the ability to put yourself in the position of another. Empathy is an important skill in developing rapport with a client. It is trying to understand your client’s life experiences without having to experience them yourself. Small talk, such as a few comments about the weather, traffic, or how the children are feeling is one aspect of rapport, but building rapport is a much more complex and methodical skill. Small talk is never a substitute for genuine rapport.

As a social worker, you may find yourself in situations that are far outside your “comfort zone” or beyond anything you can imagine. Although some of these situations may be scary or uncomfortable, it is our responsibility to put our discomfort aside. However, don’t ignore clear warning signs of real danger. In cases of imminent harm to yourself, either leave immediately and/or contact the police. Social workers can also use these experiences to understand and empathize with a client regarding how frightened or overwhelmed they may feel when entering into unknown or foreign territory.

It is always wise to expand your life experiences (without taking unnecessary risks), by reading, asking questions, and educating yourself about other cultures, practices and lifestyles that you are unfamiliar with or that challenge your value system (see chapter 4). We can all relate to experiences of being disappointed, rejected, happy, or sad. So, as you are trying to relate to your client’s situation, remember, even if you haven’t experienced something similar, emotions are universals. For example, you are an undergraduate student completing your internship at a nursing home. A 78-year-old resident is on your caseload. You knock on his door and ask if you can come in and talk for a few minutes. He angrily states, “You’re just a child, what can you possibly do to
help me! I’m stuck here, no one ever visits me. You can do anything you want. I have to wait in my room for my food, my mail, being helped to the bathroom. And no, I don’t want your help!” Putting yourself in his place, what feelings come to you as you attempt to absorb the meaning of his message? Probably, you too, have felt lonely and frustrated in life. You know what it feels like to have little control over your life; you may even have experienced a situation where you have lost your own autonomy and independence. Even though you are not a resident of a nursing home, (nor are you in your late seventies) you can relate to his feelings of loss, isolation, and powerlessness. This is the first step in developing empathy and engaging the client.

Actively seeking to understand clients’ values, their needs, and purpose, and seeing them as unique human beings, doesn’t mean we always agree with them. Empathy is entering into the feelings and experiences of another without losing oneself in the process: “feeling not as the client, but as if the client” (Compton & Galaway, 1999, p. 227). It is important to give up stereotypes when working with a diverse client population. Gaining full understanding of a client’s life experiences can only be approached but not achieved. Social workers do, however, provide a safe place to assist clients in exploring thoughts, feelings and come to new understandings of the issues. It is through this process that clients try out new behaviors and make life-enhancing changes.

According to Ragg (2001), the elements of empathetic response are:

- **Client disclosure**—The social worker listens, hears and observes a client disclosure by their questions or reactions about some event, person or situation. (What did the client say?)

  **Example:** As a court service social worker, you are meeting with Yvonne, a 22-year-old female client, who was recently released from prison after a 24-month sentence. Prior to her incarceration, Yvonne was selling drugs and working as a prostitute. The social worker will need to consider the obstacles the client may face, such as living arrangements, job opportunities (or lack thereof), relationships with family members and other people on the inside and outside of prison. You want to ask questions about training and opportunities provided while she was incarcerated, and how she coped and managed to live day to day (assessing her strengths throughout the session). In addition, it is important to understand where the client is in the moment and what issues are relevant to her. Pay attention to her nonverbal body language. For instance, how she is sitting (erect, slumped, not facing you), her verbal tone, and choice of words.

- **Identification of action element**—The social worker listens to the client’s statements and identifies what people are doing or saying that contributes to the disclosing feeling. (What are the things that people are saying and doing?)

  **Example continued:** Yvonne discloses that she has become very religious while incarcerated. She attended prayer meeting daily (including Alcoholics Anonymous meetings) and feels a strong pull toward her faith. Yvonne will disclose more about her religious experiences and what is important to her if the social worker attends to the significance of her new discovery and the strength it provides to her on the “outside.” She shares with the social worker that her family and friends never attended church and have been making very negative
comments about her new-found religion. Yvonne has maintained close telephone contact with the prison chaplain since her release.

- **Identification of processing elements**—While listening and observing, the social worker reflects on the client’s statements and mentally labels the important thinking and feeling themes. (What are the beliefs, thoughts, and feelings that seem to be important?)

  **Example continued:** As you listen to Yvonne talking about her faith, you begin to realize that she is worried about her family’s negative reactions. She begins to distance herself from the family by stating, “They don’t get me anymore, and I can’t count on them. I knew this was going to be a problem; they are a bunch of heathens. But God will take care of them and me. If they don’t start going to church and praying, they will pay the price”. Yvonne also had indicated that she wants to start over and maybe get her GED (Graduation Equivalency Degree).

- **What are the core concerns**—From the action and processing elements of the client statement, the social worker identifies what appears to be most important to the client. (What are the critical concerns?)

  **Example continued:** As the social worker, you understand that her family has been a very important part of her life. Her experiences in prison have changed her in significant ways. Yvonne is determined to make a new life for herself, even if it means no longer maintaining as close a relationship with her family. You also want to attend to Yvonne’s goal of getting her GED. A high school education will open up more job and training possibilities for her.

- **Validation and exploration**—When the worker has tuned into the concerns and questions that might be evident for the client, the challenge is to get the concern out in the open and address it. (How can I validate this concern? Where do I take this to explore the experience of the client?)

  **Example continued:** You can explore with Yvonne ways that she can still maintain a relationship with her family. As a social worker, you understand the need and value of support, be it financial or emotional. You can confirm and acknowledge her choices and beliefs, but also validate the value of her family. Be careful not to judge her past experiences and troubles, while at the same time provide a sense of hope and certainty that she can use those strengths and skills to turn her life around, while also maintaining a belief in her family too. The struggles to stay clean and off the streets may be a challenge for Yvonne. Help her to anticipate some of the obstacles and barriers she may face.

Rapport building and empathy go hand in hand. It is important to remember that you may establish rapport with your client in a relatively short period of time, but it is the conveying of empathy, through the repeated application of basic interviewing skills such as paraphrasing, reflection of feeling, furthering responses and attending behaviors, upon which you ultimately build the helping relationship over time.

By the time clients come to seek the services of a social worker, often they have exhausted other sources of help and have experienced considerable emotional pain (Kottle, 2000). As the social worker listens to their story, it becomes apparent that the client has given quite a bit of consideration to the problem prior to your first session with
It is important to listen to the story, as relevant pieces of information come to light. You can ask questions that relate to your understanding of the situation, gaining insight into the client’s perceptions. As the social worker begins this helping process, it is imperative to understand clients from their unique vantage point, taking into account personal and family background, culture, education, developmental stage, environmental factors, and health status. Egan, (2002) suggests understanding clients in three ways: 1) understand them from the client’s point of view, including feelings surrounding this point of view; 2) understand them through the context of their life; and, 3) make a commitment to understand the dissonance between the client’s point of view and objective reality.

Social workers are equipped to deal with many different challenges on the client’s journey toward self-determination, but a road map can be helpful. This map consists of the profession’s knowledge, information, and skills (Egan, 2002). We are called upon to assist our clients in problem solving, resource acquisition and management, and advocacy. The social worker’s ability to use basic interviewing and assessment skills is an important aspect of conveying competency. As the helping relationship evolves, the responsibility is clearly more shared and the collaborative nature of the relationship becomes an essential building block.

Fortunately social workers always have the NASW Code of Ethics to refer to as a framework or road map for professional behavior and practice. Social workers can consult the Code of Ethics as a way of helping to make decisions that put clients’ best interests before their own. Although the NASW Code of Ethics covers topical areas in a general way, such as resolving disputes involving colleagues, the Code does not identify specific remedies or directions for each situation in which you may be involved. The code is a guide, of values, standards, and principles of professional practice and conduct we strive to meet. When unsure of how to proceed, consulting a trusted supervisor or co-worker is always a good place to start. (NASW Code of Ethics: http://www.naswdc.org/)

Box 5.1 is an excerpt taken from a BSW student’s field log entry. This example demonstrates a conflict the student is experiencing between what she believes to be her professional obligation using the NASW Code of Ethics as her guide and the reality of day-to-day practice.

**Box 5.1 Excerpt from a BSW Student’s Field Log**

The basic situation has to do with Mrs. Florence W. She’s 83 years old and lives alone. Both her children live out of state. She has a broken hip. Typically the discharge plan is for patients without social support to go to the nursing home, with the hope that they can be rehabilitated well enough to go home.

I have come to know Mrs. W. a little better than many patients because she’s been in the hospital for almost two weeks. I see her every day. When I began discussing discharge with her, I assumed that she would want to go to the nursing home. She made it clear that she would not consider it. I discussed this from many different angles (I wanted to make sure she understood her options!) but still – no deal. I began talking with her about home health services and “Meals on Wheels” and other things
that would help her at home. I did express on several occasions that I was very worried about her ability to care for herself at home given her hip fracture. She is a very independent woman and she was clear that she wanted to go home, period. OK – so I’m honoring client self-determination, right? I listened carefully to her, I tried to explore the nature of her concerns about going to a nursing home (basically she loves her own home, she’s very independent, and she’s seen friends “go downhill” in nursing homes) and I shared my concerns about her choice while also giving her information about what kind of support she can (and can’t) have at home. Good social work!

Well…the doctor pulled me aside to ask what’s been done about discharge. I told him about my efforts and he hit the roof! He says there is no way she can go home and that he will tell her she has to go to the nursing home before she can go home and that I should make arrangements. Meanwhile her daughter showed up from Michigan and made it clear the nursing home is the only plan the family will support. I tried to advocate for Mrs. W’s position but the daughter doesn’t hear me. As things stand right now, Mrs. W. will be in the hospital a few more weeks. Where does our commitment to self-determination fit with a system that seems to hold other values? How does the social worker (especially a student social worker) advocate for a client in the face of a physician who has lots of authority, power and influence?

So, the issue here is honoring client self-determination. The client is making, maybe not the best choice, but a reasonable choice. She’s competent and determined. Who are we to make choices for clients who are able to make them for themselves? The NASW Code of Ethics says “Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify goals.” The clash here comes because my professional values tell me to honor this and the physician’s values tell him to protect her health and well-being first and foremost.
I can’t see that physical health should always be put above emotional health (protecting a sense of autonomy and personal power). As a student I certainly feel less powerful in this situation than the physician, who the family will listen to, especially because they agree with his perspective. I’ll keep advocating for Mrs. W’s position but I’m afraid they’ll wear her down. And part of me thinks that she belongs in the nursing home anyway, so…this work is so hard sometimes!

Source: BSW Field Manual, School of Social Work, Illinois State University, 2004

In the example, the student is able to articulate her frustration with the physician, Mrs. W’s daughter, and the system that doesn’t necessarily view client self-determination as a first priority. The student feels powerless in a similar way that Mrs. W. feels powerless.

Social workers can feel very strongly about a situation, client, or circumstance. We may find ourselves experiencing a personal or emotional reaction to a situation (referred to as countertransference). Countertransference is an emotional reaction to clients, where the social worker sees the clients as a sexual object, friend, is overly involved in the client’s life, an adversary or even an extension of themselves (Shebib, 2003). It is important to respond to our clients in a non-defensive manner, meaning being able to respond to the client without feeling a need to guard or justify your decisions, positions, actions, feelings, or perceptions. Below are some warning signs that countertransference is occurring (Miley et al., 2001; and Timberlake et al., 2002).

### Box 5.2 Signs of Countertransference

- Having intense feelings (i.e.: irritation, anger, boredom, sexual attraction)
- Feeling of attraction or repulsion
- Reluctant to confront or tending to avoid sensitive issues or feelings
- Continually running overtime with certain clients and wishing that other clients would not show up for appointments.
- Acting with rescuing behaviors, such as lending money, adopting abused children or protecting clients
- Being reminded by clients of other people you know
- Dealing with clients who have similar histories or problems as yours
- Employing unnecessary or excessive self-disclosure (see chapter 5 for more about self-disclosure)
- Feeling reluctant to end the helping relationship

Source: Shebib, 2003, p. 87

As a social worker, you will be exposed to many details and facets of your client’s life. You are sanctioned as a professional to provide services to clients via your position within an agency or mandated by law. Because of this power differential between the
client and the social worker, we must always be mindful of the power we hold, not only sanctioned power through the positions you hold within our society, such as reporting a suspected case of child abuse or determining services and benefits, but also the power within the relationship. Clients will look to the social worker as the expert and may feel intimated by their perceptions or beliefs of who you are. These perceptions can be based on the reality of the relationship as well as subjectively viewed by the client.

Clients may respond differently depending upon the social worker’s age, gender, socioeconomic status, marital status, position within the agency, experience, gender, physical appearance, intelligence, social demeanor and attitude, ethnicity, race, or religion (Shebib, 2003). Some clients will wait for the social worker to assume leadership or power within the relationship based on their perceptions of the worker and the worker’s role. For example, clients may be used to having others do things for them, or may see themselves as victims with no power to change anything in their lives. In this instance, the social worker must “start where the client is,” but should also focus on the needs of the client by imparting information and knowledge to assist in confidence and self-esteem building. Once the client believes that he or she is capable of making positive changes, a sense of worth and a belief in their own ability can serve as the guide and motivator throughout the helping relationship and throughout their lives (See Chapter 3, strengths perspective model).

Box 5.3 illustrates how a social work intern, Danielle, allows her own personal views and discomforts to interfere with the helping relationship. She abdicates her professional (intern) role to the client.

### Box 5.3 Danielle

Danielle is a 21-year-old female social work intern. She has been in her internship placement for 5 weeks. She has completed all the required orientation and training. Danielle and her 15-year-old female client, Chaney, have met three times before (see information later in this chapter regarding confidentiality and home visits.) Today, Danielle meets Chaney at the group home and she suggests that they go out for ice cream. Danielle asks Chaney what has been happening in the group home since the last time they met. Chaney discloses that she and Jimmy, who is also a group home resident, have started eating together every day at school. She then whispers to Danielle, that they have had sex while in the group home (this is a violation of the rules) and she doesn’t like it. Danielle responds by saying, “You shouldn’t be having sex with Jimmy, it is wrong and you will get kicked out of the group home. Don’t tell me anymore about this. Let’s forget you said anything at all.”
**Box 5.3 Danielle, continued**

**Analysis 1:** In this case, Danielle in uncomfortable talking about sex, the violation of group home rules, and the possible consequences of Chaney’s decisions. Because of Danielle’s discomfort about the situation, she puts her own needs and feelings ahead of Chaney’s. She uses her position as the intern to communicate disapproval as well as demonstrating “breaking the rules and trying to cover it up” as her problem-solving strategy. Danielle also communicates that she can’t handle the reality of Chaney’s situation. She cuts off communication because of her own nervousness and anxiety. This intervention is not helpful to Chaney in any way.

In Box 5.4, Danielle responds to Chaney as a good friend might. She has difficulty remaining professional, as her interest is piqued.

**Box 5.4 Danielle, part 2**

Danielle is a 21-year-old female social work intern. She has been in her internship placement for 5 weeks. She has completed all the required orientation and training. Danielle and her 15-year-old female client, Chaney, have met three times before. (See information below regarding confidentiality and home visits.) Today, Danielle meets Chaney at the group home and she suggests that they go out for ice cream. Danielle asks Chaney what has been happening in the group home since the last time they met. Chaney discloses that she and Jimmy, who is also a group home resident, have started eating together everyday at school. She then whispers to Danielle, that they have had sex while in the group home (this is a violation of the rules) and she doesn’t like it. Danielle responds by saying, “Oh, do I know what you mean. My boyfriend wants to have sex all the time. I wish he would back off, but I don’t want the relationship to end.”

**Analysis 2:** In this case, Danielle is inappropriately self-disclosing information that reflects a friendship rather than a professional relationship. She also takes the focus off Chaney and her situation as she begins to share her own story. Chaney is likely to misinterpret the role of the intern, as she feels obligated to respond to Danielle’s struggles with her sexual relationship as well as her own.

In Box 5.5, Danielle responds more appropriately to Chaney by remaining professional and using her role as an intern to educate and support her client.
Danielle is a 21-year-old female social work intern. She has been in her internship placement for 5 weeks. She has completed all the required orientation and training. Danielle and her 15-year-old female client, Chaney, have met three times before. Today, Danielle meets Chaney at the group home and she suggests that they go out for ice cream. Danielle asks Chaney what has been happening in the group home since the last time they met. Chaney discloses that she and Jimmy, who is also a group home resident, have started eating together everyday at school. She whispers to Danielle that they have had sex while in the group home (this is a violation of the rules). Danielle appears calm and asks Chaney to further describe her relationship with Jimmy. She listens quietly, as Chaney discloses that they are not using any kind of birth control and that she feels pressured to have sex with him. She talks with Chaney about breaking the house rules and ways that she can communicate with Jimmy about her fears and concerns. Danielle offers that unprotected sex can lead to pregnancy and STIs (sexually transmitted infections). She also empowers her with information about how to assertively communicate to Jimmy that she doesn’t want to have sex with him right now. Simultaneously, Danielle also affirms Chaney decision to be honest.

Analysis 3: In this revised example, Danielle, realizes this information is very important to share with her internship supervisor and the group home staff but she is unsure how to proceed. Danielle wants to be helpful to Chaney, but also realizes the potential consequences to her behavior. Rather than condemning Chaney and shutting her up, Danielle explored more about the circumstances surrounding her relationship with Jimmy without being judgmental. She provided useful information about birth control, STIs and saying “no” to his sexual advances. Chaney also encouraged her to tell the group home supervisor about what is happening. Danielle puts her client’s well-being above her own discomfort. She responded appropriately within her role as an intern. Danielle provided support and understanding as well as some direction for what might happen next.

Finding the balance (or maintaining the boundaries) between a friendship and a professional relationship can be challenging, in part because so many of the qualities we find in a good friend are similar to those qualities needed in the helping relationship. For instance, trust, care, honesty, and genuineness are essential characteristic of both a friendship and a professional relationship. Box 5.6 is a list of some similarities and differences between these two types of relationships.
## Box 5.6 Friendship versus Professional Relationships

<table>
<thead>
<tr>
<th>Friendship</th>
<th>Professional Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring and concern</td>
<td>Caring and concern</td>
</tr>
<tr>
<td>Warmth and genuineness</td>
<td>Warmth and genuineness</td>
</tr>
<tr>
<td>Supportive and safe</td>
<td>Supportive and safe</td>
</tr>
<tr>
<td>Investment of self</td>
<td>Investment of self</td>
</tr>
<tr>
<td>Trust</td>
<td>Trust/Confidentiality as defined by the NASW Code of Ethics</td>
</tr>
<tr>
<td>Shared interests</td>
<td>Similar or different interests</td>
</tr>
<tr>
<td>Comparable levels of disclosure</td>
<td>Unequaled levels of disclosure</td>
</tr>
<tr>
<td>Similar or compatible values</td>
<td>Social Work Values guide the relationship</td>
</tr>
<tr>
<td>Physical intimacy/space</td>
<td>Physical proximity and touching is regulated by the NASW Code of Ethics</td>
</tr>
<tr>
<td>Friendship has no “Fee” attached</td>
<td>Client or other entity pays for services</td>
</tr>
<tr>
<td>Roles are fluid</td>
<td>Roles are constant, i.e., the client is always the client</td>
</tr>
<tr>
<td>Natural progression of the friendship</td>
<td>Beginning, middle and ending phase of the relationship/time limited/termination</td>
</tr>
<tr>
<td>No set agenda or purpose to the meeting</td>
<td>Each session has an agenda/plan for work toward problem resolution/purposeful</td>
</tr>
<tr>
<td>Feedback/advice is open and unsolicited</td>
<td>Feedback is specific to the problem area</td>
</tr>
<tr>
<td>Offering opinions</td>
<td>Offering options</td>
</tr>
<tr>
<td>Reciprocal (two way communication and disclosure/focus is on both parties)</td>
<td>Non-reciprocal (focus is on the client)</td>
</tr>
<tr>
<td>Power differential is determined by position</td>
<td>Power differential is determined by authority of the position</td>
</tr>
<tr>
<td>No formal education or training required</td>
<td>Degreed professional, on-going training and education, seeks consultation</td>
</tr>
</tbody>
</table>

Sources: Egan, 2002; Brill & Levine, 2005; Shebib, 2003
Several social work educators and authors (Compton & Galaway, 1999; Egan, 2002; Hackney & Cormier, 2001; and Kottler, 2000) offer building blocks for creating a strong foundation for your professional therapeutic relationships with your clients:

- Be warm, authentic, genuine, down to earth, and engaging—be approachable and friendly (smile). Be spontaneous. Let your humanness come through. Explore the client’s expectations of the process and determine if it is realistic. Avoid social worker defensiveness and stay open and responsive to your client.

- Strength and confidence—appear to be knowledgeable and capable even if you don’t always feel that way. Clients want to believe that there is hope. It is through the safety of the relationship that the client is most likely to take risks. Always be mindful of the power differential in the relationship. Serve as a partner and collaborator. Form a working alliance with your client. Making an appropriate referral to a more experienced professional and/or consultation with your supervisor may be necessary if you are in too deep or over your head.

- Be consistent and dependable—Trust is built over time and easy to break. For example, if you say you will check into housing options for your client, do it. Otherwise, trust is broken and the relationship will suffer. Be on time, respectful of confidentiality, follow-through with promises and commitments.

- Model honesty, frankness and integrity—Through your own actions, clients can see and learn to respond similarly. The helping relationship can serve as a guide throughout the client’s life, be frank, respectful, consistent and considerate. Always follow the NASW Code of Ethics in all professional interactions. (www.naswdc.org/)

- Stay with client needs, not your own—Deal with your own issues, so they do not cloud or color the relationship or your judgment. It is important to focus and attend to the needs of the client, putting your own issues and struggles aside during the session. Convey a nonjudgmental attitude and actively seek to understand your client from their point of view. Stay objective, so that you can give the client a new way of looking at an old problem. Keep your eye on the long view of the problem, remembering that change takes time. Consider, which feelings are yours, which feelings are the clients? Go beyond yourself to help a client. Know your agency’s policies and procedures, for example how and what can be done to assist a client.

- Focus on the client’s nonverbal messages and the immediacy of the interview (what is happening within the session itself)—Be aware of your own attending behaviors. Are you fully present; are you maintaining a relaxed demeanor, intermittent eye contact, mirroring the client’s emotional reactions?

- Go with the flow—Be willing to shifting gears, from one strategy to another, mid-session if necessary. Consider what is and what isn’t working between the client and social worker and adjust accordingly. Remember that relationships do change over time, through this interaction and during the helping process itself. Be tolerant of ambiguity. View new situations as a challenge rather than a threat.
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Expect to be surprised and believe that you have the confidence to figure out whatever may come your way.

- Stay flexible—As you get to know your clients and what makes them tick, be careful not to ‘pigeon hole’ them, based on information about their culture, religion, family background, spirituality, socioeconomic status, etc. Avoid stereotypes. Be open minded. This allows the social worker to work with a wide variety or range of clients. Clients often feel, “if the social worker accepts me, then I must be okay.”

- Respond therapeutically—There are many ways to respond, but pick one that is helpful and does no harm to the client. With enough goodwill between the client and the social worker, regrouping and moving ahead is possible. Put aside your own concerns to fully engage with the client, however, connectedness and shared understanding are critical aspects of the helping relationship. Learn from your mistakes and respond accordingly.

- Show care and concern—Use all the social work interviewing skills as a way of communicating that you value your clients as human beings. Communicate this concern through the relationship. The best predictor of outcome of the helping process is the relationship between the social worker and the client. (Hill & O’Brien 2004)

Getting Down to the Basics: Know Yourself

It is important to elaborate on the necessity of knowing yourself as a person and as a professional. Brill and Levine (2005) describes the process of becoming knowledgeable and disciplined in relationships and the importance of developing a personal objectivity based on qualities such as self awareness. Below is a series of questions to help you begin the self-reflection process.

1) Awareness of self and personal needs, weaknesses and strengths:

- What factors contributed to your decisions to become a social worker?
- What makes you tick and contributes to who you are?
- How do you communicate to others regarding your needs, wants and interests?
- What is your understanding of how your family and life experiences contribute to who you are today?
- What strengths do you posses? Are others aware of these strengths?
- What defense mechanisms do you use to protect yourself, your feelings and self-esteem?
- What are some of your anxieties and fears?
- What would others who know you well say are your strengths? Weaknesses?

2) Awareness of and ability to deal with our own personality patterns, and with the “stuff” that tends to cloud our perceptions.
Social Work Skills Demonstrated

- What are some of the patterns or ways that you conduct your life that work well for you?
- What are the barriers that get in your way?
- What does your “inner voice” say to you? (Negative or positive self-talk?)
- How do you view “power” within a relationship?
- What is your view on stereotypic roles within the family?
- What is your view on childrearing and discipline?
- How do you handle conflict? Change?
- What relational issues (between you and close family and friends) seem to come up time and time again?

3) Openness and freedom to perceive with clarity and relate with honesty-regardless of differences and similarities.

- What are your religious and political beliefs and values?
- How are these beliefs and values reflected in your daily life?
- How do you convey these beliefs and values?
- What personal needs do you have that might interfere with the helping relationship?
- What personal values guide your decisions?
- How do you conduct yourself when disagreeing about religion or politics?
- What do you consider to be the most important social issue today?

4) Ability to perceive and evaluate values, attitudes and patterns of behavior of which group the client considers themselves a part.

- How open are you to people who are different from you?
- Consider ways in which you feel (or have felt) vulnerable, disempowered or oppressed
- How do you feel about interacting with people from other cultures?
- What group(s) of people do you think are most like you?
- Are there any groups of people you feel as though you could not interact with
- If you dig deep, what are your stereotypes and prejudices?

5) Ability to differ and stand alone.

- How do you handle differences of opinion?
- What issues in your life do you feel most passionately about?
- If you had the opportunity to stand up for one social issue or social value, what would it be?
- What is your greatest fear about going out on a limb for a cause?
- What would you hope to gain or lose by advocating for an unpopular position?
- How do you receive feedback from others and what do you do with it once you get it?
- What are your views on power and authority?

Hackney and Cormier (2001) address the importance of social workers knowing their own needs (i.e., need for control, need for approval etc.), motivations for helping others, awareness of personal feelings, strengths, limitations, triggers, and coping skills. This
kind of self-awareness is important for several reasons. First, objectivity in dealing with a client is a crucial component in avoiding ‘blind-spots,’ or perceptions, behaviors, or ways of being that the social worker is unaware of, but that may detract from building a professional and therapeutic relationship with clients. For example, if the social worker has unresolved issues around being abused as a child, the worker will see every client’s life experience through this lens. Consequently, the social worker can project onto the client his or her own issues, perceptions and experiences, rather than dealing with the client’s concerns. The relationship becomes focused on the social worker’s needs instead of the client’s needs. The social worker may be unaware of these perceptions; indeed this can contribute to the client not feeling understood and the social worker remaining “stuck.” Unresolved personal issues can also lead social workers to feel angry and defensive because the social worker feels attacked. In this situation, the focus is on self rather than the needs of the client.

Before moving on, it is important to note that when a social worker inadvertently uses pitfalls, such as advice giving or being judgmental, the client can become disengaged from the helping process. The frustration a client may experience when the social worker is not listening or is generally not attending to the client’s needs, can cause extreme frustration and disillusionment. Repairing the “damage” of unintentionally using a pitfall is discussed Chapter 7.

Confidentiality

It is essential to create an atmosphere of trust in order for the client to feel secure enough to share personal information. The NASW Code of Ethics, Ethical Standard, 1.07 (1999) requires that social workers respect clients’ right to privacy. Information should only be solicited when it is essential to providing services that address clients’ problems and possible resolutions. To maintain confidentiality, social workers must refrain from disclosing information about a client to others. It is because of this expectation that trust can be developed between the client and the social worker over time (Miley et al., 2001).

There is a distinction between adhering to client confidentiality and privileged communication. Privileged communication provides the legal grounds for confidentiality, meaning clients can claim legal privilege and ethical social workers maintain confidentiality. Legal privilege protects the client’s private communication with a social worker by prohibiting the social worker from revealing information in court (Miley et al., 2001). According to Miley, O’Melia and DuBois, establishing privilege involves the following: 1) the client can invoke privilege to prevent the social worker testimony or records from being used as evidence in court, 2) the social worker can assert privilege at the client’s request, and 3) the judge considers relevant laws and the client waiver and entitlement to determine whether privilege applies. By invoking privilege, clients can restrict the social worker from revealing confidential information in a court of law. Without the client invoking privilege, the social worker can be compelled to testify and provide documentation to the court. Rules of privilege vary from jurisdiction to jurisdiction; therefore, a social worker must determine whether privilege is available in the state in which the professional practices (Hackney, 2000). It is important to determine whether privilege is available in your state and to determine what information is protected and in what situations privilege applies (Hackney, 2000).
Minors (typically 12 years and younger) are generally incapable of giving consent to health care treatment and a parent or guardian will need to consent on the minor’s behalf. Exceptions to the general rule vary from state to state. Commonly, a full explanation (or informed consent) is given to the child, parent, or guardian. If the child does not object or the social worker doesn’t identify any compelling reason to deny access to information, he or she may do so. When the social worker provides a full explanation of confidentiality and its limits, the possibility of being caught between a parent and a child is reduced. As always, when you are unsure about how to proceed, consult your supervisor. In some cases legal counsel may be required.

It is also important to note that there are two types of confidentiality, one is *absolute* and the other is *relative*. According to the NASW Social Work Dictionary (1999), absolute confidentiality means the professional never shares information in any form with anyone. There would be no written record of any interaction and no oral transmission of data. The principle of relative confidentiality allows for the sharing of information within the agency (such as in supervision or team meetings) but not with outside agencies or collateral contacts unless the client has given consent in writing.

There are some exceptions to confidentiality, such as evidence of child and/or elder abuse or neglect, threats by a client to harm self or others, the need for emergency services, guardianship hearings, lawsuits filed against a social worker, consultation with colleagues, attorneys, and for purposes of internal quality assurance reviews (Miley et al., 2001). Be careful not to discuss your clients with family and friends (even if you do not give any identifying information), or talk about clients in public spaces where others may be within earshot. Also always follow the agency’s procedures concerning the safeguarding of client records. Social service agencies are firmly entrenched in the computer age, and client records are now computerized. It is extremely important that these records be password protected or otherwise secured to protect the confidentiality of the client.

Clients can give the social worker permission to share information about their case with others. This is often important when a client is using multiple service providers and the need to coordinate client services across agencies exists. For the client to give “informed consent for releasing information,” the worker must share with the client the conditions, risks, and alternatives to sharing this information. Should the need for sharing information occur, be sure to have the client (or in the case of a child, the parent or guardian) sign a consent form that includes the information will be shared, with whom, for what purpose, and within what time frames.

Some communities are now using software that allows multiple agencies serving the same client to share client information online (with the client’s permission). This provides an easy way of coordinating client services along a continuum of care. For the client, this often means that they only have to tell their story once to the primary service agency, rather than repeating it for social service workers they see at each separate service agency. For such software to be used safely and ethically, it must contain multiple layers of security to ensure that client information remains secure and confidential. It is important that when talking with a client about parameters of confidentiality you discuss the details upfront and acquire the consents for information sharing as soon as possible. This will reduce the likelihood of misunderstanding should the client situation require the
social worker to limit the boundaries of confidentiality (see an example of a consent form at www.swskills.com).

Finally, the Privacy of Health Information/Health Insurance Portability and Accountability Act of 1996 (HIPPA) provides clear guidelines for health care providers. Social workers have a strong tradition of safeguarding information. However, in today’s world, the old system of paper records in locked filing cabinets is not enough. With information now broadly held and transmitted electronically, HIPPA provides clear standards for the protection of personal health information. To learn more about HIPPA, check out these websites: http://www.hipaa.org/ and http://www.hhs.gov/ocr/hipaa/.

Preparing for the First Meeting

Probably one of the scariest things a novice social worker faces is how to prepare for the first visit with a client. As mentioned above, the client is already preparing to meet you, thinking about what to say, and how to present him- or herself. As you plan for the first visit, whether a home visit or an office visit, be sure to have reviewed any material about the client that may be available. For instance, the client may have completed an intake form or perhaps information was collected over the telephone about the client’s needs. You may have received a formal referral letter from another social worker, a teacher, a physician, or some other helping professional. Generally, some basic data accompanies the client as an introduction. Through this introductory information you may learn how the client came into contact with services. An important piece of information to know is whether the client is voluntary or involuntary.

Additionally, if you have some background information regarding the referral, it can be helpful to do some preliminary informal and formal research about that particular topic, issue or circumstance. In keeping with social worker’s obligation to develop multicultural competence, if your client is a member of a group that you have little familiarity with, this is a great opportunity to learn more (see Chapter 4 for ideas and suggestions for building cultural competence).

Conversely, you may be working on a 24-hour hotline and the nature of the call is unknown. You have very little time to prepare for the interview other than to introduce yourself and ask the client how you may be of assistance. What you do know, however, is that the person is experiencing some type of distress. Mastery of basic interviewing skills and knowledge of resources may be the most beneficial preparation for engaging a client in this situation.

The relationship between the client and social worker begins as soon as they meet. First impressions are made as you venture forward. During those awkward first few minutes the client and social worker are taking stock. Introduce yourself, share information about your educational background and experiences, and provide a short description of your role and function within the agency setting. It is your responsibility to share with the client information about confidentiality, the helping process, the type of treatment or services offered, and what they can expect as a result of entering services. In addition, let clients know that your intention is to be helpful, favorable outcomes are possible (with a commitment on the part of the client as well), and their needs will be addressed.
Favorable environmental conditions include a private office or space with comfortable seating. A chair facing each other, placed within a comfortable spatial distance for you and the client is preferred. Obviously, few agencies have budgets for office decorating, but think about what you can include in the space to convey who you are as a helper. You can also express a sense of who you are and how you perform as a social worker based on the appearance of your office. A neat and well-ordered office can communicate to the client that you are organized, systematic, prepared, and focused. A messy, cluttered office can send the message that the worker is not prepared, incompetent, scattered, and unfocused. As you set up your office space, consider what types of artwork, pictures, plants, certificates/diplomas, and furnishings can help the client to see you as human and approachable. Displaying artwork and having magazines that represent the client populations you work with can be an effective way of communicating interest and acceptance.

In preparation for the first meeting, the social worker (or designated office personnel) may call to confirm the appointment a few days prior to the scheduled appointment. This call can serve as a reminder as well as conveying that you are looking forward to meeting the client. Of course, some clients can not be reached by phone. In that case you may want to send a short note or an e-mail reminder of the appointment. It is a good idea to leave a number where you can be reached, as well as the exact location of your office to facilitate the client in making the appointment on time.

Keep in mind that you will not ‘click’ with every client you meet. Clearly the social work adage, *goodness of fit* applies here. It is sometimes difficult to admit when the fit between the client and social worker is not good, and the time may come when you have to refer the client to another person, in part because your interactions may cause the client frustration at best and harm at worst. For example, you may have very strong feelings against abortion and your 23-year-old client is considering this intervention for resolving her unwanted pregnancy. You realize that you cannot be objective in your work with her because your personal beliefs are in conflict with her right to self-determination. Rather than convey a sense of disapproval or disgust, either consciously or unconsciously, refer her to an agency/worker that can provide this service in a more accepting way. To do otherwise would be in violation of the NASW Code of Ethics, specifically, the ethical principle that social workers respect the inherent dignity and worth of the person:

“Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, [and] ethical standards of the profession” (NASW Code of Ethics).

Regardless of how unprepared you may feel, your clients have a set of expectations that you may be unaware of. It is up to you to come across as a caring person who is interested in learning about them and helping them. The responsibility for this initially rests with you. To accomplish a favorable outcome, you as the social worker must know
what you are doing, communicate with the client that you are prepared to help, and plant the seed for change and hope (Kottler, 2000).

Although most BSW-level social workers are trained in the generalist practice mode, you may have developed a specialization along the way. For example, you may be a child welfare worker, but your area of practice is within the foster care arena. The expectation would be that you have a unique perspective, expertise, experience, and understanding of the issues facing the children, biological parents, and the foster parents. Additionally, first-year MSW education focuses on generalist versus specialization of practice. Regardless of your level or area of practice, social work skills must be applied within the values and ethics of the profession in your first meeting with the client and throughout the helping relationship. First meetings set the climate and tone within which the relationship will develop.

**The First Face-to-Face Meeting with the Client**

Assuming you have some basic information about the client and the presenting problem (what the client described as the reason they are there), you may already have some knowledge about their particular issues or concerns. Smiling at clients and welcoming them with a caring tone of voice and a handshake are ways to help put clients at ease (review session one of each of the four case studies on the accompanying CD-ROM for examples of these attending behaviors). Ask the client how she or he would like to be addressed, as this begins the process of self-determination (Ragg, 2001). If the client is in a waiting area, you may have to walk a long hall together or ride up in an elevator together. Small talk about traffic, the weather may help you both to feel more at ease. Once in the office, motioning or asking the client where they would like to sit is a good way to start. As much as possible, given the many configurations of offices, be sure that your space is private as possible.

You may share with the client your role and how you became involved in their case. This is also a good place for client introduction. The social worker’s opening statements should affirm the client’s experience, as they relate to the helping situation. Social worker also needs to normalize the client’s feelings by acknowledging that this can be a difficult and uncomfortable process. Finally, it is important for clients to feel a sense of hope that through the helping relationship change is possible. Once you have covered the introductory topics, it is helpful to ask if the client has any questions (Ragg, 2001). As mentioned above, discussing the parameters of client confidentiality and informed consent should also be included in the introductory segment of the session.

An open-ended question, such as, “Can you tell me what brought you in?” or “I have read the reports, can you tell me how you see the situation?” or “What do you see as the problem?” can help begin the first session. These open ended questions invite the client to tell you their story. Of course, not all clients are willing or interested in jumping right into the problem, so be patient. You may need to ask a series of related questions, trying each one out, until one finally hits a note for the clients. But be careful not to come across as an interrogator, as the client will likely feel defensive and frustrated. During this early stage of the relationship building trust and developing an atmosphere of care and concern is essential if the helping relationship is to move forward. Sometimes a
statement as simple as “How can I help you today?” can give the client hope that help is here, and prompt her to tell her story.

Home Visits

Social workers have been making home visits since the days of “friendly visitors.” Given our commitment to the “person in environment” perspective, a social worker can best understand a client’s life situation by viewing, participating, and joining in it (see chapter 3). Many helping professionals only see clients in their office and never have the opportunity to witness what day-to-day life is like for our clients. The benefits of a home visit often outweigh the limitations. You cannot truly visualize the client’s life without stepping into it. I once visited a teenage client’s home and noted that there was not a single picture of her anywhere. Her sense of lack of place and belonging was confirmed by what I saw, no markers of her presence in the house. Although she had talked about her feeling of isolation and being unwanted, observing how the family interacted with her and each other spoke volumes about her day-to-day life. I had a new appreciation for her sadness and her desperation to leave home.

Clients come from a wide range of socioeconomic backgrounds. For example, you may make a home visit to a very wealthy family with poor parenting skills or a family in which drugs and alcohol are pervasive and the home situation is chaotic. Given that social workers are committed to working with the disenfranchised populations, you will visit families living in housing projects, trailer parks, rooming houses, group homes, and so on. In fact, you can never fully anticipate what you will see on the other side of the door. It is important to understand that many of your clients may live in ways or circumstances that do not meet your standards of hygiene. Be careful not to communicate your displeasure or discomfort. This is your client’s home. For better or worse, this is how they live. With time and commitment, you may eventually be able to assist in helping your client to develop better housekeeping skills, but unless the situation is deemed a public health hazard, try to relax. Take time to observe the surroundings, learn about how your client lives. What are some of the obstacles and barriers that contribute to their life difficulties?

In reality, most clients you will see on a home visit are not dangerous and are often glad to see the social worker. For instance, in the CD-ROM, Mrs. Anderson is relieved to see her social worker, Nicole. Because Mrs. Anderson has Multiple Sclerosis (MS) her mobility is limited. Having a social worker come to her home is more convenient for the client and Nicole also has the opportunity to see how Mrs. Anderson is managing now that her granddaughter Maria is living with her. In the CD-ROM, Mrs. Anderson also refers to case aides that visit as well as a homemaker who assists her with some of her more physically challenging chores. Because several people a week are visiting Mrs. Anderson, she feels supported (and maybe a bit intruded upon), but the workers are able to keep a pulse on how she is managing given her medical condition. Any changes or limitations in her ability to manage independently because of her MS, age, energy level, ability to get up and down stairs, driving, and caring for Maria’s daily needs can be assessed during the visits. In the CD-ROM, Nicole the social worker makes two visits to Mrs. Anderson’s home. In the first clip, you are introduced to the neighborhood and the interior and exterior of her home. During the first visit, Nicole rings the doorbell and
waits for Mrs. Anderson to invite her in. Mrs. Anderson’s kitchen is a quiet and private place for them to talk. Also note that Nicole thanks Mrs. Anderson for welcoming her into her home. On Nicole’s second visit they are seated in the living room, again in a quiet and private space.

When making a home visit always let your supervisor/coworkers know your schedule and destination points. Some agencies now require that social workers make home visits in pairs, for an added measure of safety. If you have a concern about your safety, talk with your supervisor, take advantage of self-defense classes, and always pay attention to environmental cues such as poor street lighting, large groups of people congregating, high bushes and shrubbery, loose animals, or an individual carrying a weapon. Never put yourself in a dangerous situation. Carry a cell phone (or pager), wear comfortable shoes, and be aware of exits. Wear a name tag, carry a business card, or another form of identification as a way of assuring the client that you are a worker from a social service agency. The reality, however, is that you may be on your own. Generally speaking, don’t enter a client’s home if you suspect drugs or alcohol are in use. (Of course if you are a child protection worker, you may have to enter potentially dangerous situations. It is a good idea to ask for police escort if you anticipate the threat of violence.) To learn more about safety concerns and strategies in social work practice, visit http://www.ssw.pdx.edu/pgField_SafetyConcerns.

Once in a client’s home, remember you are a guest. It is important to attend to the family customs, religious beliefs and folk beliefs, and cultural courtesies, such as acknowledging first the oldest member of the household when visiting an Asian American family. In some cultures such as African American, small talk may be perceived as unprofessional. Don’t appear hurried during the visit. You want to convey your full and undivided attention. Ask where to sit; if offered food or drink, it is polite to accept.

It may be helpful to suggest a quiet private space to talk if there are a lot of people around. Sometimes the client puts up barriers, such as loud music, the TV blaring, a dog barking as a way to communicate that “I don’t want to be meeting with you.” It is important to acknowledge that you are not necessarily a welcomed guest. By acknowledging this reality, you may help to reduce the obstacles and work toward collaboration.

Although home visits can be scary, there is no better way to learn about your clients. You have the opportunity to see them in their environment and observe how they interact with their world. Visits also give you insight into environmental barriers of the neighborhood such as lack of public transportation, wheelchair accessibility, safe parks, hallways, etc. For some clients, just the day-to-day task of getting up and facing the world can be truly overwhelming. Being nonjudgmental and supportive can provide the client with hope.

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**Box 5.7 LaTonya**

LaTonya M. is a 12-year-old female. She is currently living with her mother and father. She has a younger brother, Dion age 8. LaTonya has sickle cell anemia disease, an inherited blood disorder which causes anemia (shortage of blood cells) and
periodic pain due to sickle shaped blood cells. LaTonya is more vulnerable to infections and has a hard time fighting them off once they start. Because of this disease, she is considered to have delayed growth and is very slightly built for her age. Her parents are both employed by a local grocery store: her father is the 3:00 PM to 11:00 PM manager and her mother is the head cashier.
The school’s outreach social worker, Julia was notified by the 7th grade teacher that LaTonya was tired, lacked energy, and appeared to be pain much of the time. Julia contacted the family and identified herself as the outreach social worker, explained the reason for her call and asked about coming out to meet them. Mrs. M. agreed to meet her in their home the following day. In preparation for the visit, Julie read the school file. There was little information except that LaTonya was diagnosed with Sickle Cell Disease when she was a baby. Julia also read some information about the disease (she downloaded information from the Sickle Cell Disease website, at http://www.sicklecelldisease.org/). Julia also talked to LaTonya’s teacher, Mrs. Berry, in order to get a better understanding of how she is managing in her classes, both academically and socially. Finally, Julia consulted with the school nurse who has been involved in LaTonya’s medical care since she came to the middle school. The nurse indicated that LaTonya has frequent bouts or flair ups related to her disease. LaTonya has missed 10-plus days of school over the past semester. There was no social history or any other information regarding the family in the school records.

Julie is relatively new to her position. She doesn’t know the neighborhood well and asked Mrs. M. for directions. Julie arrived on time. Knowing that Mr. M. was sleeping, she knocked on the door. Latoya’s younger brother Dion answered the door. Julie introduced herself and gave Mrs. M. her business card.

Julie: “Hi, Mrs. M., I spoke to you on the phone yesterday. My name is Julie.” (She gives Mrs. M. her business card.)

Mrs. M. “Hello, did you have any trouble finding us?”

Julie: “No not at all, you gave me great directions.”

Mrs. M.: “Come on in, do you want something to drink?”

Julie: “A glass of water sounds good.” (She is aware of the offer and doesn’t want to offend Mrs. M. by saying ‘No thank you.) “I am a social work intern at University College. Thanks for meeting with me today.”

Mrs. M. “So why are you here?”

Julie: “As I mentioned on the phone, LaTonya’s teacher, Mrs. Berry is concerned about her and her health and asked if I would come out to talk with you and Mr. M.”

Mrs. M.: “LaTonya is fine, she is fine.”
Julie: “Mrs. Berry did mention that LaTonya has missed 10 days of school since the beginning of January. Sometimes when LaTonya is in class she is tired and has trouble staying awake.”

Mrs. M.: “Well, she goes to bed on time and I make sure that she gets plenty of rest when she is home, This is the first time the school has contacted me about LaTonya.”

Julie: “Sorry if my visit is catching you off guard.”

Mrs. M.: “Well, yes it is, but tell me more about what is going on at school.”

Julie: “I know that LaTonya has sickle cell anemia disease and the teacher was wondering if LaTonya was having any flair ups which might be the reason she is so tired at school. Mrs. Berry also mentioned that LaTonya is having trouble concentrating during her classes.”

Mrs. M.: “Maybe it is the sickle cell causing her these problems, but she hasn’t had any flair ups or infections recently. She has been eating okay, and I take her to see the doctor when she is sick. I know she has been missing some school, but I make sure that we catch up on all her work.”

Julie: “Okay, if it isn’t the sickle cell anemia causing her tiredness in school, what do you think it could be?”

Mrs. M.: “I don’t know, I try to keep up with all her appointments, but sometimes it does get so busy around here, that I have to cancel or reschedule appointments. I don’t do it very often, but…..Things just get so busy here. I have to find a sitter for Dion and my work schedule is busy too. My husband sleeps during the day, so he doesn’t help much.

Julie: “So most of LaTonya’s health care falls on you.”

Mrs. M.: “Yeah, it does, and normally I can handle everything but I am 4 months pregnant and I have been feeling kinda run down myself.”

Julie: “You have a lot going on. You are very concerned about her and do what you can to keep her healthy. Let’s talk more about what is going on here.”

Mrs. M.: “Well, I have the kids, I work all day, my husband works all night. I don’t get any break and if I have to go somewhere, there is no one to help me out. I know that LaTonya wants to play with other girls and have friends, but I am not here, so I say “No”. She does watch Dion sometimes, but not that often. “One thing for sure, her daddy and me love her. I really want to protect her, I thought I had.”

**Box 5.7 LaTonya, continued**

Julie: Well, there are some ways that the school can help you and LaTonya. There is a Girl Scout troop that meets once a week after school. One of the teacher assistants, Mrs. Chin is the troop leader. She is really nice and the girls do all kinds of fun
Mrs. M. “I can’t pick her up after Girls Scouts because I have to be here when the bus drops Dion off.”

Julie: “I don’t know if this is possible, but there is a late bus that takes kids home once all the activities have ended. She may be able to ride that bus. I can check into that for you.”

Mrs. M. “Oh, I think she would like that. Do they have a tutor for her after school too? Maybe she could get some help with her homework. I just want her to do well in school, she has so many other things to get her down.”

Julie: “When you say get her down, what do you mean?”

Mrs. M.: “You know, it is hard for her to feel like everyone else. We try to keep up with everything. Now I am pregnant again. Dion is fine, but……”

Julie: “Are you are worried that this baby will have sickle cell too?”

Mrs. M.: “They tell me it’s 50-50. I want them to tell me everything will be fine.”

Julie: (Silence)

Mrs. M.: There is nothing I can do, but wait.

Julie: Well, the school nurse was telling me about a parent support group for parents who have kids with sickle cell. I know you have a lot going on, but we could find someone to stay with LaTonya and Dion. It might be helpful to talk to other parents.

Mrs. M.: “The other social worker had mentioned that a few years ago. We did go once, Mr. M and me, but I was not comfortable talking. That’s what my sister and my church are for.

Box 5.7 LaTonya, continued

Julie: I would be happy to get you some information.

Mrs. M.: Well, that might be okay, but I don’t think a support group is for me”

Julie: One positive about talking with other parents is they know about resources and specialists.
Mrs. M.: “Okay, I will think about it and talk to Mr. M. I want to meet with LaTonya’s teachers too. I will call Dr. Good tomorrow and see if she can see her this week.

Julie: “I would be happy to drive Latonya to Dr. Good’s office, if that would help you out.”

Mrs. M. “That would be great, her office is on the other side of town. I will call her office and can I get back to you about the appointment time?”

Julie: “Sure. I will check into the Girl Scouts and tutoring and let you know what I find out the next time we meet.”

Mrs. M.: Okay.

In this example, Julie expects to discuss LaTonya’s disease with Mrs. M. What she had not anticipated is the issue of Mrs. M’s pregnancy and how isolated and responsible she feels. She shifted gears and began to assess the additional family stress, rather than focusing strictly on LaTonya’s physical health. Julie presents herself as caring and non-judgmental and therefore Mrs. M. appears to be willing to engage in the helping relationship. She sees Julie as a partner and feels hopeful that LaTonya’s situation (and her family’s situation) may improve.

**Signs of Successful Client Engagement**

Although the focus of the chapter is on engaging the client in the helping relationship, it is also important to briefly discuss the next step in the process. You have worked hard to connect with your client, and there is now a connectedness and commitment on your client’s part to move forward and make some changes. You have covered all the basics and now it is time to get down to work. It can be very difficult to maintain a sense of direction and focus, and without a goal to work toward clients will lose motivation and interest.

It is important to frame the client’s concerns or problem for work in terms that are meaningful to the client. Ask the client about what changes they want to make. Social worker-driven goals provide no incentive for the client to change, but a goal that is truly meaningful to the client may spark action. Mutually agreeing upon goals and objectives is the keystone to effective partnering.

Ragg, (2001) identifies a four-step approach to reframing the problem in an effort to move forward. These are summarized in Box 5.8.

**Box 5.8 Reframing the Problem**

Listen to the client and understand the client’s definition of the problem—How
does the client explain their situation? How does the client experience it? Does the client feel challenged or thwarted by it?

Identify the elements of the client’s current understanding of the problem that may interfere with solving the problem—Often times the client’s perspective is clouded by conflicting factors. Clients may experience multiple, conflicting, and shifting feelings about the situation. It is also important to understand how feelings contribute to behavioral actions. Who else is involved in the problem, what are the dynamics of those relationships? Does the client feel hopeful?

Identify the important themes, constructs and language that the client identifies with the problem—Themes of loss, powerlessness, and hopelessness can keep the client from seeing any possible solution. The duration of these feelings and ongoing and repeated patterns and experiences can contribute to the client feeling overwhelmed by the problem.

Create an alternative definition—Clients can see that change is possible if given the opportunity. Asking the question, “How would you like things to be for you 6 months from now?” or “If you could make the current situation different (or better), what would it look like?” or “You wake up tomorrow and things are better, what has happened while you were sleeping??” These kinds of questions do provide a new way of looking at an old problem, meaning it is fixable, even if only in small, but often times compelling ways (see Chapter 3).

Referring back to the case of LaTonya, her parents, and the outreach social worker Julia, there is an agreement now about how to move forward in defining goals and interventions. Mrs. M. has successfully engaged in the helping process as indicated by her willingness to meet with Julia again and to contact LaTonya’s physician about her medical condition. Julia has agreed to locate childcare services for the family, a tutor for LaTonya and exploring options related to age appropriate activities (and fun ones), such as Girl Scouts. Providing specific services, such as providing LaTonya with a ride to the doctor’s office, is essential if LaTonya is to receive the medical care and the emotional care she needs. As in this case, once the client (who really is Mrs. M. as well) has begun to reframe the problems into more workable solutions, you can join together, developing a plan of action that feels manageable and provides realistic ways to move forward. Small and incremental steps work best. Start with the big picture, the long-term goals, and work backwards, taking one step at a time.

In the CD-ROM case study of Maria, Crystal, and Mrs. Anderson, the long-term goal may be Maria’s reunification with her mother Crystal. However, the reality of Crystal’s life circumstances may very well preclude Maria’s return home. In this case, it may be more realistic to work on goals to help Maria adjust to life with her grandmother. Concurrently, as Maria’s situation becomes more stable, Nicole the social worker can also work with Crystal in an effort to find employment, pursue drug and alcohol treatment, safe housing, and other supports that she will need in order to become an effective parent to Maria. Taking each one of these goals and breaking them into small and manageable pieces will help Crystal feel successful and hopefully help to maintain her motivation to regain custody of Maria. Nicole can also help Mrs. Anderson identify ways to make this transition more manageable. What kinds of resources might be beneficial to her during this stressful time? (See Treatment Plans related to all four cases
on the CD-ROM at www.swskills.com for more information about long- and short-term goals.)

Success is a relative term. What is success to you may be quite different from the client’s definition. A good way to evaluate success is to continually assess the client’s level of motivation and commitment to goal setting and problem solving. In the social worker’s role we are the collaborator, advocate, teacher, broker etc., but the client must “do” the work. The social worker can encourage and assist in this process, but ultimately it is the client’s self-determination that will shape the outcome of the helping relationship.

CONCLUSION

The overall goal of the helping relationship is to assist in improving the well-being of clients. How each individual social worker meets this lofty goal may vary greatly in style and creativity, however, varying approaches should be grounded in the same knowledge base, skills, and social work values and ethics. As you develop your own professional style and methods, you will also become more confident. Remember, be yourself. Always be open to learning from your clients. Follow the NASW Code of Ethics, seek help, guidance and information when needed, and use your supervisor’s expertise and experience to guide you long the way. This can be a bumpy journey at times, but well worth it.

REFERENCES


