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This text is dedicated to Dennis West (1936–2004) who at one point in his life thought about becoming a social worker.
Introduction

This section on interventions opens with a discussion of counselling. There are two reasons for this. First, the processes of social work that have been discussed in Part I often draw upon the skills of counselling. As has been outlined in the previous chapter, effective communication is crucial in all social work intervention, whether it is with individuals, families, groups or communities. However social work needs more than good technical communication skills; it requires frameworks with which to comprehend the emotional and other meaning vested in communication, and it demands that workers reflect on the implications on their own and others’ actions and reactions. Understandings drawn from these processes inform the decisions of workers about how to intervene. Second, skills in counselling, and the psychodynamic theory that underpins them, are core to other social work interventions, such as crisis intervention or behaviour modification. These are somewhat controversial statements, as some argue that with the changes in the organisation and delivery of social work, counselling has become redundant. This redundancy, it is argued, is in part because of the criticisms of counselling and its underpinning theories as being individually focused and oppressive. Another reason why such approaches are thought to be no longer relevant is that the changes in service delivery brought about by developments such as care management mean that counselling is no longer possible in statutory social work.

However this chapter illustrates that counselling takes place in specialist settings, such as palliative care, and that voluntary and independent agencies are increasingly providing counselling services. In addition, the principles of counselling also underpin a number of developments in social work.
The chapter therefore gives an introduction to theory underpinning counselling. Dealing briefly with the history, it outlines some classic approaches that draw predominantly on Freudian psychoanalytic theory. In discussing some criticisms the chapter then goes on to argue that counselling approaches have responded to these and can provide effective interventions in their own right, and that aspects of counselling contribute to other interventions. It also seeks to illustrate how counselling skills are key to effective social work practice, and are in part what makes social work a distinctive activity within the field of social care.

Counselling and social work

Psychosocial casework is one of the oldest methods in social work, and is usually linked to the writings of Mary Richmond (1922) and Florence Hollis (1964, 1970). The then-radical notion of formulating a 'social diagnosis' prior to deciding whether to give indirect treatment (that is relieving environmental distress) or direct treatment (that is, influencing the thoughts and feelings of individuals) became known as the diagnostic school of social work. Throughout the 1950s and 1960s Freudian psychoanalytic ideas, particularly personality theory, began to feed into what became known as psychodynamic casework. The 1970s and 1980s saw much debate about this method of social work. For example, the separate phases of study, diagnosis and treatment were thought to lead to too much concentration on the first two, at the expense of actually doing anything. Also, it was thought that workers sometimes relied on the client–worker relationship as an end in itself, spending a lot of time with people which, research suggested, was ineffective (Fischer, 1976).

During the 1970s and 1980s the radical critique of social work brought into question methods that were individually focused, suggesting that they were oppressive and failed to address the broader socio-economic issues that contributed to the problems experienced by clients, or service users. This was followed in the 1990s by major changes in the delivery of social work services. The debate within this period was twofold. On the one hand there were questions about whether it was appropriate for social workers to be involved in counselling. On the other, there was the suggestion that what social workers did was not counselling. This debate had been
crystallised in the Barclay Report (Barclay, 1982), but has continued in a variety of fora.

**Uses of counselling**

As Seden (1999) points out, counselling is a generic term which covers a number of different schools or approaches. Also it is often used as a shorthand for any form of interaction to help people. She suggests that counselling techniques can be used in many tasks that are undertaken by social workers (for example community care assessment, pre-sentence reports, and assessments of children and families). Analysing the introduction of care management, Orme and Glastonbury (1993) argued that it required many skills of social work, and that the ability to respond to people in a variety of circumstances is core to these skills. It is worth remembering that even when there are resources available, there are situations that are difficult to change, as well as people whose behaviour leaves even experienced workers puzzled and floundering. Assessment and intervention in such cases usually cannot be brief and straightforward. Methods of helping service users acknowledge their emotional problems have to be found because some people need to understand themselves and why they feel powerless to change, or respond to change in unpredictable ways. There are others for whom self-knowledge could be damaging, or where such insight would seem to make no difference.

In these situations social workers do not necessarily have to undertake in-depth counselling, but they do have to acquire the skills of making relationships. Such skills are not only about technical proficiency; they also require appropriate attitudes and style (Seden, 1999, p. 12). Just as importantly social workers need to have knowledge of, and understand the differences between, different approaches to counselling so that when they refer service users to other agencies, or when commissioning services from these agencies, they are able to make informed judgements about the appropriateness.

There is an irony that while statutory social work becomes more dependent upon approaches that help workers contain situations and operate in the mixed economy of welfare to commission services from other organisations, there is also a growing tendency within society as a whole to turn to counselling. In areas of work
such as palliative care the principles of counselling are core (Sheldon, 1997). In working with children there has been a resurgence of interest in psychosocial theories, and attachment theory in particular (see Howe, 1995; 1997). Often after natural disasters, horrific violent offences, war and other events that involve groups of people it is reported that teams of counsellors are enlisted to help those involved in the experience (see Chapter 6 for further discussion of work in these situations). It is apparent that these teams of counsellors are enlisted from somewhere. Their existence is testament that in voluntary sector organisations, and increasingly in the private sector, opportunities for counselling are increasing. This is, according to the sociologist Anthony Giddens, because in the period that he calls ‘high modernity’ people have a more heightened sense of self, and the search for self is a therapeutic activity that involves making sense of our biographies (Giddens, 1991, p. 33).

It would appear therefore that there is a role for counselling. Seden (1999) draws on the work of Marsh and Triseliotis (1996) to argue that social work students want more teaching on counselling. She suggests that there is a lack of clarity in social work training about counselling, and that the difference between counselling and social work should be clarified. In particular she emphasises that legal, procedural and resourcing frameworks affect the boundaries and responsibilities of social workers in ways that affect their capacity to counsel. ‘Counsellors do not have to engage in service delivery or directly with their clients’ social environments’ (Seden, 1999, p. 14).

The psychosocial approach as a method of understanding

Everyone, and that includes social workers, has vulnerabilities; we sometimes do not know why certain events upset us or remind us of a part of the past that we would rather forget. As part of our duties, too, we could unconsciously slip into favouring one client group, for example children or women, over others, thereby risking neglect of less ‘attractive’ clients on our workloads. This is why social workers need to attempt self-understanding and why, moreover, there is a need to try to understand others so that we may accurately understand the person as well as the problem. If we accept, and are to take into account, that people have inner worlds and outer realities, then we have to understand the ‘person
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in-situation’ whole (the psychosocial). Practice that automatically accepts that the presenting problem is the problem may, on some occasions, miss the point. If initial coping strategies or solutions do not seem to alleviate the distress, or in some cases seem to exacerbate the anxieties, then it may be worth taking time to explore other explanations.

The psychosocial approach helps us to develop a healthy questioning of the obvious. An open mind, imagination and knowledge of personality functioning, human behaviour and emotional suffering are inherent in the ideas; they assist in reaching ‘differential diagnoses and treatment plans’. This is another way of saying that clients interact with their environment in unique ways, and if we are to give service that is accurately targeted then, when appropriate, we have to comprehend underlying feelings and motives that can block people from making optimum use of such help.

Many situations in social work cause us to ask what is going on for the person when he/she acts in angry ways or misses or avoids appointments. But that does not mean every missed appointment has to be analysed. Understandings based on the psychosocial approach highlight that we should not be too precipitous in dismissing behaviour as just ‘difficult’ or ‘non-compliant’. Trying to make intelligible how people behave and feel means there is a decreased likelihood of wasting time or dismissing someone as beyond help. It might be that, to some degree, the psychosocial approach is less a system of therapy and more an approach to understanding.

Framework for understanding the psychosocial approach

The theoretical base for psychosocial work is Freudian personality theory, with an emphasis on the ego’s capacity for adaptation and problem-solving.

Assessing ego strengths

Basic to the psychosocial approach is knowledge of psychosexual development (see Howe, 1987). Freud emphasised the importance of early development, delineating several major stages: oral (first year of life), anal (ages 1–3), phallic (ages 3–6), latency (ages 6–12) and genital (continuing from 12 for the rest of life). The origins of
faulty personality development were thought to stem from childhood adjustment problems, resulting in unhealthy uses of ego-defence mechanisms. These are a further key feature of the psychosocial approach, since defences help individuals to cope with anxiety, thereby preventing the ego from being overwhelmed: these are normal behaviours but they can frustrate coping with reality. Common ego defences are repression, whereby painful thoughts and feelings are excluded from awareness, denial, where again people 'close their eyes' to threatening actuality but on a more conscious level than repression, and regression, where there is a return to behaviour which is immature. In order to assess how realistic and logical the person is in coping with problems and inner conflicts, that is, to reveal which method of helping is indicated, elements of personality structure are assessed.

According to the psychoanalytic view, the personality consists of three systems: the id, the ego and the superego, which interact dynamically both with each other and with the environment, that is, the individual's living situation (see Milner and O'Byrne, 2002, for an excellent discussion of this). The impulses originating from the id are governed by the pleasure principle, while the 'conscience', the superego, strives to inhibit these chaotic drives. The ego, in touch with outer reality, tries to mediate between instincts and the outer environment, thinking through ways of satisfying needs, anticipating consequences and rationally working out solutions. The capacity to do this depends on the strength of the ego.

Ego strengths are not a fixed condition but an ever-changing capacity to cope with frustration, control impulses, make mature relationships and use defence mechanisms appropriately. In general, an individual's age, capacity to work through early traumas and the intensity of pressures all affect ego functioning. A truly mature person in this sense is someone who does not need to rely on others for positive self-esteem and who has a deep understanding of who he/she is. It is to this that Giddens (1991) is referring when exploring the notion of self-identity. In community care a worker's focus may be on reducing environmental change, or bringing about change as a way of giving hope and comfort to a person, but many of the situations dealt with involve challenges to how a person sees himself or herself. In such situations, which often involve loss, individuals might not desire self-awareness or could not cope with it, but it is still useful to be able to gauge ego strengths. This assists in
understanding how motivated or reluctant the person is likely to be and what kind of relationship is likely to develop. Kenny and Kenny give the example of an older woman whose husband has developed dementia. They point out that the worker’s task is to find a nursing home for the husband, but that worker also has to be responsive to the woman’s capacity to cope with what amounts to the death of her husband as she has known him (2000, p. 38).

When helping adults who appear to have ‘infantile’ needs, or whose behaviour is baffling (for example those who intellectually understand what to do but who do not connect this to their feelings or actions), it might be useful to assess at what stage of psychosexual development they might be stuck. Especially when there has been a past trauma, for instance, loss of a parent at a vulnerable age; then, when there is internal or external pressure, the client frequently regresses to the stage where these earlier issues were not resolved.

Equally, those clients who seem totally unable to manage their lives (Kaufman, 1966) can be helped to gradually mature with a worker who feels comfortable in a nurturing, restitutive parent–child relationship, where dependency is accepted and worked through. Normally, these are the adults who antagonise agencies because of their neediness and their inability to care for anyone else (until they have been cared for). Examples include the parent who forgets to have food in the house and who spends the money she is given on cigarettes; the patient who is over-concerned with illness but whose numerous tests reveal no abnormality; the person who insists on seeing the social worker at all hours and then is aggressive when limits are imposed. Some time ago Wittenberg said that:

The caseworker acts as a kind of mother who takes away the mess that the child produces and cleans it up and helps him to do so gradually himself.

(Wittenberg, 1970, p. 155)

With clients whose lives may have been marked by inconsistency, desertion, the intrusion of too many figures of authority or attacks on self-esteem, workers have to provide understanding, holding and containment.

That said, it should not be assumed that it is always necessary to introduce self-awareness and re-education. Ego strengths must be
assessed particularly when dealing with those who have been diagnosed psychotic or when working with the immature ego of the child. In such situations indiscriminate ‘laying bare’ of feelings can prove overwhelming to the personality, and interpretation and insight would probably be harmful. Indeed, the immature ego may need help to increase rather than decrease defences to prevent repressed (unconscious) material from threatening the fragile personality.

**Psychosocial techniques**

Building on Freud’s concepts of defence mechanisms, personality structure, transference and counter-transference, resistance and early trauma, Hollis (1970) suggests that the interplay between the ‘psycho’ and the social aspects lead to clear identification of systems that include:

- **Problems:** are intra-psychic, interpersonal or environmental. They relate to meeting basic needs, for example love, trust, dependence, separateness and autonomy. Problems can be unconscious in origin: the ‘cause’ of a problem, the ‘why?’ is seen as important.

- **Goals:** are to understand and change the person, the situation or both; that is, direct and indirect intervention. Specific, proximate goals help people with focused aspects of their lives, while ultimate goals might be more vague and relate to self-understanding.

The **client’s role** is somewhat passive, a patient role almost. Where indicated, the person talks about thoughts and feelings. By bringing these into the open or into conscious awareness, the client begins to understand him/herself better.

The **worker’s role** is to study, diagnose and treat the ‘person-in-situation’ whole. The worker may or may not share the assessment with the client, dependent on the client’s ego capacity for self-understanding. (This can be viewed as professional omnipotence, since we can never know all there is to know about someone’s history or the workings of his/her mind.) Treatment processes include establishing a relationship, building ego support via the client’s identification with the worker’s strengths, helping the client to grow in terms of identity and self-awareness, and working through previously unsettled inner conflicts. A major contribution is obtaining needed practical resources and advocating with others to reduce pressure such that personality change may occur.
Techniques: two main procedures are used, sustaining and modifying (Hollis, 1964). These need a little more explanation.

Sustaining procedures: are those techniques familiar to practitioners who talk about ‘offering support’ or ‘building a relationship’. They sustain the ego and include:

- **Ventilation**: this unburdening of feelings and thoughts allows the overwhelmed ego to concentrate on problem-solving.
- **Realistic reassurance**: by keeping the person in touch with actuality, not promising what cannot be done, keeping an appraisal of external facts to the forefront, and in other ways, the ego’s capacity for reality testing is strengthened.
- **Acceptance** in the relationship allows the superego to ‘soften’; ‘bad’ feelings need not be defended against; the person lessens self-criticism, overwork, rigidity, shame at having a problem, and so on.
- **Logical discussion** gives the worker scope to assess someone’s ability to reason and confront reality without needing to retreat into fantasy, symptoms of physical illness, pessimism and so on.
- **Demonstrating behaviour** whereby the worker models coping. He/she can be trusted and depended upon to be able to tolerate frustration, set limits, keep perspective and to reason – ego strengths a client may need to ‘borrow’, that is, copy or internalise, for a time.
- **Giving information** increases the motivation of the ego to handle problem-solving, for instance because it sustains hope, separates the facts of what is ‘inside’ the person and ‘outside’ in relation to facts and resources, and prevents magical expectations.
- **Offering advice and guidance**: in psychosocial terms this enlarges understanding, sustaining the client’s own efforts to keep control; reducing doubt and fear of the unknown introduces hope and assists ego capacity for reflection, adaptation and readiness to cope.
- **Environmental manipulation**: helping with rehousing, money, advocacy. Obtaining needed resources; the worker shares the burden of handling practical problems. Reducing anxiety increases self-confidence. (Deprivation produces irrational feelings of shame and guilt; or anger becomes explosive, using up needed, productive mental energy.)
Modifying procedures: these also aim to reduce outer pressures while increasing ego awareness of previously unrecognised aspects of personality dynamics. In social work terms this involves the client gaining insight. Provided that the diagnosis of ego strengths has confirmed that self-scrutiny can be tolerated, techniques include:

- **Reflective communications** to enlarge clients' self-understanding: within this is a set of methods which involve sustaining clients while they consider in a new light their opinions, attitudes, behaviour, present feelings, past traumas, early life experiences, using the relationship with the worker as a corrective emotional experience.

- **Confrontation techniques** include pointing out patterns of thinking, feeling and doing. Confrontation may show clients how they respond in stereotyped ways in their relationships, using an example of the client–worker relationship itself. For example, a person who has had bad experience of dependency could find difficulty accepting anything that the worker says.

- **Clarification techniques** similarly include the use of interpretations to point out, for example, when a person's use of defence mechanisms is getting in the way of change, making him/her resistant. (For example, 'Whenever we get around to talking about your father you change the topic.') Or the past may inappropriately be influencing the present; for instance, a successful doctor felt very guilty because his father, a car worker, had always been ambitious for another son who became a manual worker. The doctor felt he had betrayed his father who had always said, 'You'll go nowhere, like me.'

**Interpretation**, as implied, is a major procedure. Usually it comprises an observation that helps clients to link their present circumstances in their lives 'out there' to the feelings that they have 'in here', that is, the relationship with the helper to what went on 'back there', the past (Jacobs, 1986). This forms a 'triangle of conflict'. An example is a person who is unable to stay in any job without becoming resentful and challenging towards female managers. The worker might interpret it like this. 'You say you get anxious with women in authority. I remember you saying your mother was the boss at home. I wonder if you feel worried now because I am a woman who seems to be telling you what to do?'
Interpretations might be necessary when symptoms are used as a diversion away from painful conflicts in life and in an individual’s inner world.

While there is some doubt about the effectiveness of this kind of interpretation (insight does not necessarily lead to change), these methods are often no more than a reflective discussion of making sense with and for the individual – helping to answer, ‘Why am I like this?’ This does not involve elucidating unconscious motives or what has been called ‘archaeological digging’ using dreams or free association. The aim is that the person might see things a little differently and feel that he/she has more control over his/her problems in the present.

**Criticisms of the psychosocial approach**

In the UK the psychosocial approach has been a controversial aspect of social work practice. Wootton (1959) attacked social caseworkers for posing as miniature psychoanalysts, declaring that, rather than search for underlying reasons for behaviour, the social worker would do better to ‘look superficially on top’, especially if practical help was sought. Consequently, a great deal of ‘looking superficially on top’ took place, workers were content to provide services and respond to problems as presented. Interestingly in the discussion of the application of theory in Chapter 1 it was suggested that social workers need to do more than just ‘look on top’. The psychosocial approach provides one theoretical approach that could be part of reflexive considerations.

However there are other criticisms of the psychosocial approach. One is that clinical and obscure jargon may be off-putting. Also it can be dismissed as being too time-consuming for both worker and service user. More significant are the criticisms that highlight the potential for the method to be oppressive. As Kenny and Kenny (2000) point out, there is an element of psychic determinism inherent in the tendency to construe cause and effect, often simplistically blaming the past for the present. This aspect led to growing tension between critical sociologists and social work theorists, because the latter ostensibly favoured the status quo rather than struggle, through collective action, to change society. The aim of the psychosocial school was said to be to make people fit into a given environment (Jordan, 1987).
Oppressive potential

Furthermore, notions of a therapeutic relationship, self-disclosure, individualisation and self-awareness, plus the power of the worker to make the diagnosis, were antipathetic to the needs of black clients. Dominelli (1988) has suggested that casework ‘pathologised’ blackness and diverted workers’ attention away from racist organisational policies. Middle-class social workers were criticised by radical sociologists and social policy analysts for concentrating on intra-psychic forces and ‘insight giving’ while ignoring the effects of harsh, competitive, capitalist systems (Bailey and Brake, 1975). Freud’s theories were said to lack a materialist understanding of the individual (Corrigan and Leonard, 1978). Feminist critics (Brook and Davis, 1985) suggested psychosocial approaches pathologised women in the same way as they oppressed black people, often perceiving the cause of women’s experiences and behaviour as being in themselves rather than in their economic and social circumstances. More recently, in discussing her work with women, Milner (2001) has pointed out the negative impact of psychosocial work was that it is obsessed with asking the question ‘Why?’

Others point out that the models of human development on which the theories are based can be oppressive to gay, lesbian and bisexual people. The heterosexist bias in theories of development reinforces homophobia (Milner and O’Byrne, 2002).

Behind the censure of the psychosocial approach and its base in psychoanalytic ideas may lie a presumption that the method is practised by authoritarian caseworkers, who are unable to reflect upon and question what they do. Also the therapeutic techniques of ventilation and reflexive discussion rest on white, middle-class norms regarding the desirability of self-growth and self-awareness (Milner and O’Byrne, 2002, p. 97). It is possible that there are rigid believers who do not tolerate ambiguity, diversity and uncertainty about human behaviour, and who fail to locate their practice in a socio-economic or linguistic context. It is for this reason that moves to monitor, register and regulate social work and the growth of ‘independent’ counsellors are so important. In professional social work there is recognition that all forms of helping are really forms of power. However, Payne also sees one criterion of professionalism as acknowledging the influence of past experiences (of both clients and workers) to account for irrational aspects to the progress of the
relationship (Payne, 1997, p. 89). The tension seems to be between ‘good’ collective struggles and ‘bad’ individual work.

False divisions between private and public worlds ignore the interaction between them. Many attempts have been made to integrate psychoanalysis with various sociological and political theories (see the valuable overview by Pearson et al., 1988). Feminism has responded in a variety of ways. Some recognise only the potential for oppression. Others (Yelloly, 1980; Eichenbaum and Orbach, 1983; Mitchell, 1984; Chaplin, 1988) see the value and the drawbacks of theory which, at one and the same time, implies the inferiority of women and provides a key to understanding women’s psychology, and their oppression under patriarchy. Featherstone has written extensively on the use of psychoanalytic theories in working with women and men who have abused children (see Featherstone, 1997, for a discussion of the implications of this for women social workers).

Some benefits and some techniques of the psychosocial approach

Kenny and Kenny (2000), while recognising the patriarchal and oppressive potential of psychosocial approaches, also highlight that there is one true constant among all diversity and that is the social worker–client relationship. Echoing constructivist approaches to assessment, they suggest that when clients and workers make sense together, this leads to a shared or empathic understanding (Kenny and Kenny, 2000, p. 33). This sense-making acknowledges that in many social work interactions, no matter what the reason for being involved, workers need to contemplate ideas such as loss, attachment, individual development, anxiety, transference and so on. We find it easy to accept as normal regressed behaviour, for instance of those recently bereaved, who are afraid to be alone or who are convinced they have seen or heard their lost loved one. Knowledge of child personality development is a cornerstone for those involved in childcare and child guidance work. It is commonplace to meet clients who transfer feelings and attitudes on to us that derive from someone else, just as, in counter-transference, we unconsciously respond to the client ‘as if’ we were that person. For example, clients may relate to us as if we are the all-giving, all-powerful parent they need; if we live up to this fantasy we become unable to say ‘no’ and to be honest about our limitations. A more subtle illustration of
transference happened to a residential social worker who winked at one of the young boys in his unit when they were having a meal. The child became hysterical. It transpired that this had reminded the boy of earlier sexual abuse from a swimming instructor.

Just when social workers think they are getting somewhere, they too might need assistance in supervision to ‘stay with’ someone who seems to be rejecting their help. Maximé (1986) talks about the confused self-concept and identity of black children brought up in care (who have internalised images and feedback that ‘black is bad’). These children express rage to others in their environment, especially black social workers, whom they view negatively. Self-rejection through self-destructiveness is another symptom of introjecting (taking in) negative external images of ‘black is bad’.

Having said that, Milner and O’Byrne urge caution when translating psychosocial concepts into situations of racial oppression:

Tinkering with the theory to incorporate ethnic sensibilities is never enough to surmount the hurdle posed by attempting to translate the effects of racism into an individual psychological problem requiring psychotherapy.

(Milner and O’Byrne, 2002, p. 97)

The strengths of the psychosocial approach are in the emphasis on listening, accepting and avoiding giving direction. The understandings provide a map for directing conversations. For Payne (1997), psychodynamic social work fulfils one of the purposes of social work; it is a method for improving relationships among people within their life situations. While it is important to understandings in social work, ‘classic’ psychosocial work is practised less in the UK but has been developed into a number of approaches that draw on the theory and skills.

Counselling

The British Association for Counselling defines counselling as:

when a person, occupying regularly or temporarily the role of counsellor, offers and agrees explicitly to give time, attention and respect to another person, or persons, who will temporarily be in the role of client.

(Membership Notes, 1990)
The task is to give the client an opportunity to explore, discover and clarify ways of living more resourcefully and with a greater sense of well-being. This is a very broad description that allows for the fact that counselling has many schools – behavioural, psychodynamic and humanistic, as well as feminist and transcultural versions.

The focus of this section will be on counselling that draws on some of the principles of psychodynamic work. Specifically two models of counselling that have had prominence in social work will be discussed, those of Carl Rogers and Gerard Egan. Both of these reflect the social work values of accepting the individual, use skills in listening and attending to the information that is given, and work towards joint understanding and decision-making about ways forward.

Whatever the school of thought or model of counselling followed, generically workers need to be able to listen, observe and respond. As was outlined in the previous chapter, the communication skills needed are attending, specifying, confronting, questioning, reflecting feelings and content, personalising, problem-solving and action planning. Nelson-Jones (1983) recommends that it requires more than being caring and understanding to become a skilled counsellor. Technical expertise is needed as well. Once acquired constant use of the skills is necessary to prevent them becoming ‘rusty’. In order to be effective in active listening and appropriate responses, counsellors must own the following seven qualities:

1. **Empathy or understanding** – the effort to see the world through the other person’s eyes.
2. **Respect** – responding in a way that conveys a belief in the other’s ability to tackle the problem.
3. **Concreteness or being specific** – so that the counselee can be enabled to reduce confusion about what he/she means.
4. **Self-knowledge and self-acceptance** – ready to help others with this.
5. **Genuineness** – being real in a relationship.
6. **Congruence** – so that the words we use match our body language.
7. **Immediacy** – dealing with what is going on in the present moment of the counselling session, as a sample of what is going on in someone’s everyday life.
Counselling and diversity

These qualities enable counsellors to instil confidence in others that they are being accepted and listened to, but also allow other people to be different from ourselves. Counselling relies on empathic understanding of others’ experience and frame of reference. When the counsellor comes from a different background it might therefore be assumed that empathic understanding is not possible. There are problems with this assumption. Differences and diversity might include age, class, disability, gender, race and sexual orientation, but there are many other aspects of people’s experience that might separate them. Indeed it is probably more problematic to assume that just because both counsellor and client are female, or black, they will necessarily understand each other. White social workers might be influenced by their own cultural assumptions and fail to recognise diverse black and ethnic minority cultures. As Stuart (1996) acknowledges, the heterogenous nature of black and other ethnic minority users of community care services suggests that no one can ‘know’ everything about them and it would be foolish to assume they did. The skills of counselling, the careful listening to the views of users and carers, are fundamental to avoiding stereotyping and false assumptions about how people understand their experiences in the world.

Bandana Ahmad (1990) asks how relevant is the aspect of the client’s culture to recognising his or her needs and the nature of the counselling interaction. Do we check the cultural realities of all our clients? How do we guard against over-simplistic explanations which ignore underlying emotional (and, indeed, structural) factors that, for example, contribute to someone’s depression? In interpersonal contacts where the worker is white and the client black, while both are aware of this significant factor, both participants possibly agree to a conspiracy of silence, the worker feeling guilty about being the ‘oppressor’. Alternatively, assuming that being black is a disadvantage could result in ignoring clients’ strengths.

The major element in counselling, particularly Rogers’ ‘client-centred’ approach, which aims to facilitate the self-actualising potential of people, is about equalising the distribution of power. This requires white workers to accept clients, correct their own preconceptions and be open to confrontation: for example that they could never know what it is like to live continually with rejection,
humiliation and discrimination, which can so undermine self-respect.

Black workers similarly may feel uncomfortable with white clients, concerned that they will never be able to understand the other's realities. If both worker and client are black this could create barriers to openness and self-disclosure, especially if the client believes that the worker has 'sold out' to the establishment, or if the worker over-identifies because of the common bond of racial experience. On the other hand, beneficial counselling opportunities exist when white clients welcome the chance to share feelings of exploitation with black helpers, or when a black counsellor's positive self-concept offers a sense of hope to the black client (Maximé, 1986).

This said, the very notion of counselling as a model of helping, developed according to Western values, beliefs and perspectives, could be inappropriate to different cultures. For instance, the concepts of self-determination, individualisation, independence and self-disclosure may conflict with values such as interdependence, acceptance and self-control. Because of this some writers (Hirayama and Cetingok, 1988) favour empowerment of the family or whole community rather than focus on an individual: goals would then reflect loyalty, solidarity and cooperation, the worker taking a more active role as teacher, resource consultant and mediator.

Gender differences

When considering gender differences, some feminist literature has stressed that female therapists should see women clients, as only women can understand women. However sometimes gender is not the significant factor, and classic counselling even when provided by women does not necessarily espouse feminism. Also some feminist counselling has not incorporated black perspectives (Dominelli and McLeod, 1989). Early feminist social work literature provided some guidelines for working with women. Hanmer and Statham (1988) for example suggest an exercise that helps the female worker identify commonalities and diversities with the woman she is working with. This can be effective in facilitating an empathic and genuine response and can draw attention to the power balances within counselling relationships. In doing so it helps to avoid stereotypical assumptions about, for example, sexual orientation.
However developments in feminist approaches to social work recognise that assuming that there is an ‘essential’ femaleness can restrict women’s opportunities (Orme, 1998). Also failing to recognise the complexities of women’s behaviour might put them, and others, at risk. For example if it is assumed that women are non-violent, children and older people for whom they care are put at risk (Wise, 1990).

Other blanket assumptions about working with women relate to the gender of the worker. There is vital evidence that in the initial stages of counselling women who have been beaten, raped or subject to incest, there is a preference for women counsellors. However in later stages the female client may gain more from a male counsellor who provides a different role model. Such decisions should not be forced on women, but should be arrived at as part of the counselling relationship. Recently developments in feminism have explored the work that has to be done in challenging aspects of masculinity, especially violent behaviour (see Orme, 1995; Cavanagh and Cree, 1996). While it is recognised that having a woman counsellor allows men to develop skills in making positive relationships with women, this has at times been oppressive for women workers. The need for male workers to offer more positive models of masculinity to male clients has been recognised (Thompson, 1995; Christie, 2001). This brief discussion illustrates that research into gender matching, and matching client and worker more generally, is complex, but it should not be ignored. The literature quoted here is an introduction to looking at this phenomenon in more depth.

Older people

Another group for whom counselling is important, but whose needs are sometimes ignored, is older people. Too frequently we assume that problems occur merely because of old age rather than the unique conflicts that face each of us at any age. Ageism makes us fail to see when older people are depressed, abusing alcohol and drugs, having sexual problems, wanting to develop self-awareness or trying to modify behaviour and attitudes (see Hughes, 1995, for discussions of discrimination experienced by older people).

This discussion of diversity is core to all counselling approaches, and should be seen as a backdrop to the following discussions.
about specific counselling methods. Attention to difference and diversity should be part of any approach to counselling, and it is a yardstick against which counselling methods can be evaluated. It should be kept in mind when reading the following accounts of specific methods.

Client-centred counselling

Client-centred (also called person-centred) counselling (Rogers, 1980) is based on the premise that those who seek help are responsible people with power to direct their own lives, and is grounded in the belief that the client is the only natural authority about her or himself. The goal of this approach is the greater integration and independence of the individual: the focus is on the person rather than on solving the presenting problem. Through the counsellor’s attitudes of genuine caring, respect and understanding and by demonstrating empathy, congruence and positive regard, people are able to loosen their defences and open themselves to new experiences and revised perceptions. As the helping relationship progresses, clients are able to express deeper feelings such as shame, anger and guilt, previously deemed too frightening to incorporate into their sense of self.

The goal of client-centred work is to help the individual move away from ‘oughts’ and ‘shoulds’, that is, living up to the expectations of others. People decide their own standards and independently validate the choices and decisions made. In a climate of acceptance clients have the opportunity to experience the whole range of their feelings, thereby becoming less defensive about their hidden, negative aspects. They develop ‘a way of being’.

This is achieved by a therapeutic relationship that communicates acceptance, respect, understanding and sharing. The counsellor does not use techniques in the creation of an accepting climate, as this would depersonalise the encounter and the counsellor would not be genuine. In some ways this approach has built-in safety features for novices who do not have to offer interpretations: staying within the other’s frame of reference offers some assurance that clients will not be harmed by this caring approach, which thereby encourages clients to care for themselves.
Egan’s systematic helping

Egan’s (1981) work has been found helpful by social work students, not only because of his framework but also because he has provided material to help students develop the methods.

![Four stages of Egan's model](image)

Figure 5.1 Four stages of Egan’s model

Each of the stages exploration, understanding, action and evaluation is represented diagrammatically by four adjacent diamond shapes; these signify the widening and narrowing of focus within each interview and along the total helping process.

*Stage 1: Exploration skills.* The worker aims to establish rapport, assisting in the exploration of thoughts, feelings and behaviour relevant to the problem in hand. Asking ‘What is the difficulty?’ the counsellor tries to build trust and a working alliance, using active listening, reflecting, paraphrasing and summarising skills. Open questions are used before the client is asked to say which concrete problem he/she and the helper need to understand.

*Stage 2: Understanding skills.* The counsellor continues to be facilitative, using Stage I skills, and in addition helps the person to piece together the picture that has emerged. Themes and patterns may be pointed out to assist in gaining new perspectives: this alternative point of view aids clearer understanding of what the person’s goals are and identifies strengths and resources. The skills lie in offering an alternative frame of reference, using disclosure appropriately, staying in touch with what is happening here-and-now and using confrontation. This latter skill is not to be misunderstood as
an attack. It is an act of caring, of encouraging clients to consider what they are doing or not doing, challenging inconsistencies and conflicting ideas in order to tap people’s unused resources. Egan would view confrontation without support as disastrous, and support without confrontation as anaemic. The timing of confrontation is vital when the relationship can endure such a challenge.

Stage 3: Action skills. The worker and the counselee begin to identify and develop resources for resolving or coping with the causes of concern, based on a thorough understanding of self and situation. The skills lie in setting goals, providing support and resources, teaching problem-solving if necessary, agreeing purposes and using decision-making abilities.

Stage 4: Evaluation. An action plan having been chosen and tried, all ideas are reviewed and measured for effectiveness. The counsellor’s skills rely again on active listening plus all those of the previous stages.

If necessary in a circular fashion, the first stage of wide exploration is resumed as part of the helping process.

In Egan’s approach the worker’s use of influence and expert authority is acknowledged. This contrasts with what was said about the Rogerian school of thought. Not all clients are willing ones; in social service and criminal justice social work departments, despite critical argument (see Rojek et al., 1988), whether we admit it or not, we act as agents of control. Even when help is sought, there is natural resistance to dependency and the power of professionals. Social workers use authority that stems from their statutory powers, their position in an organisation, as well as the authority that derives from their knowledge and skill. Apart from abuse of power, supposedly anathema in our profession but not unheard of, authority can be used in counselling for setting limits, just as staff in Young Offender projects do to help teenage offenders to gain control over themselves. Equally, we gain authority on occasion from the strength of our relationships and skills in persuading and negotiating. Yet it needs to be remembered that in using all kinds of authority, we are only as powerful as others allow us to be: influence has to be validated by others. There are ways, furthermore, of sharing power with users by explaining the skills and techniques that are used, for instance in counselling, networking and other interventions.
Transactional analysis

Frequent comparisons have been made in this chapter of the worker/client relationship with that of parent/child. This has been systematically explored in the techniques of Transactional Analysis (usually referred to as TA). While there are significant differences in approach between TA and other psychosocial approaches, the common ground is the recognition of ego states. Developed out of the work of Eric Berne (1961), TA accepts a Freudian notion of ego states, where the ego is the conscious part of the personality, and the id and the superego are largely unconscious. However, Berne related these ego states to consistent patterns of behaviour that are labelled Parent, Adult and Child. These descriptions bear no relation to age or role, but are, according to Berne, structures of the human personality. The Child state carries thoughts, feelings and behaviours of childhood; the Parent holds all the messages, positive and negative, that are given by parents or other authority figures, and behaviours that provide models, while the Adult assesses situations and decides how to respond information received. This initial description is further subdivided by Berne into more descriptive subcategories, for example, Critical Parent and Nurturing Parent, Adapted Child and Free Child.

What is significant is that these ego states have observable behaviours attached to them, and recognisable inner feelings. In working with a TA model, workers will recognise behaviour and ‘scripts’ when clients are responding using a particular ego state. These responses lead to certain kinds of communication or transactions (a transaction being defined as a unit of social action). Berne argues that all transactions are designed to achieve ‘strokes’ or responses, and that primary need is for positive strokes (for being and doing), but if positive strokes are not forthcoming, then negative strokes are better than no strokes at all. The two main types of transaction in ordinary conversations are:

- **Complementary**: this is where the transactional stimulus and the transactional response involve the same two ego states. This can be Adult to Adult, Parent to Child; the critical aspect is that the stimulus and the response are complementary.
- **Crossed**: is where the stimulus and response may involve three or four ego states and one person is responding in one ego state (Child) to the other’s Adult communication.
Much more significant for Berne are those transactions that reflect what is going on under the surface, which are revealed by incongruities of speech and behaviour. These are Ulterior transactions and are also described by Berne as ‘games people play’. Games are ulterior transactions used repeatedly to achieve certain outcomes. Often the outcomes that are achieved are negative because the ‘games’ are not being played with the person, but with the parents or parental figures of childhood. Attempts to resolve past conflicts or misunderstandings are fruitless because the person in the current relationship does not comprehend, and may well respond in a way that is part of his/her own earlier transactions. The only way to resolve leftover transactions is to deal with them oneself, or with help from someone who does not engage with them.

An example of an ulterior transaction is where a client will constantly present problems, however minor, for the worker to resolve. This might be construed as attention-seeking behaviour, but often can lead to frustration that the client is always complaining. Such a reaction could well replicate past parental responses; but what the client (or the Child part of the client) is seeking is a demonstration that the parental figure (the worker) cares enough to ‘put things right’; this would constitute positive strokes. The frustration could be construed as negative strokes, but even that is better than being ignored. It is important to emphasise that the client is not being childish, but the Child part of his or her personality is operating in the transaction.

TA differs from other psychosocial techniques in that it is an educational therapy where the desired outcome is behavioural change: the focus is on behaviour and not feelings or therapeutic insights. In this way TA has some things in common with behaviour modification, which we discuss in the next chapter. The difference is that TA requires an understanding of ego states and defence mechanisms in order to bring about changes in behaviour. These can be utilised in exercises, games, structured fantasies, as well as straightforward interviews to bring about understandings of the way that past transactions influence behaviour in the ‘here and now’. The way that people use different scripts in their daily lives is written up in an amusing way by Berne in his *Games People Play* (1968). However, at times this might seem to trivialise some very significant transactions. For example, some of the marital ‘games’
described are often ways of avoiding, or may even contribute to, situations of domestic violence. However, an important outcome of Berne’s work is acknowledging the way that all of us in day-to-day transactions can have crossed communications.

**Narrative approaches**

Those who have been the exponents of narrative approaches (Parton, 2000; Payne, 2000; Milner, 2001; Milner and O’Byrne, 2002; Fook, 2002) might be surprised to find their ideas discussed in a chapter on counselling. However there is a clear rationale for dealing with them here. Although focusing more on service users’ futures rather than their past, narrative approaches are, it is suggested, another form of counselling. Indeed in some instances the term used is narrative *therapy* (White and Epston, 1990; Payne, 2000). Although Milner and O’Byrne argue that externalising the internalised story differs from the insight-giving of psychodynamic approaches (Milner and O’Byrne, 2002, p. 161), there are many points of congruence. For example, while the significant difference is said to be that the focus is not on the person as the problem, but how people become ensnared by problems (Milner and O’Byrne, 2002), to do this requires looking at the past before going on to the future. Also concepts are reconstructed: *interpretation* is how service users can make meaning of their lives; *resistance* is the way in which service users can resist the influence of problems on their lives (Milner and O’Byrne, 2002, p. 53).

That said, it is important to note that putting narrative approaches with counselling risks recognising only the things that are similar, rather than emphasising differences (Milner, 2001). Milner is clear that narrative approaches, in that they are based on the solution-focused therapy of de Shazer (1988), are future-oriented. It is not necessary to understand the causes of a problem to arrive at its solution. Moreover narrative therapy challenges the belief that a problem speaks the identity of people who need help. Hence people should not be thought of as problems because they *have* problems.

Narrative approaches are seen to be a necessary and important outcome of the response of social work to postmodernism (Parton and O’Byrne, 2000). This response recognises the oppressive effects of dominant narratives and the ambiguities, contradictions and
contingencies of any account of events, and therefore emphasises the need to deconstruct and reconstruct stories with service users. All accounts are perceived to be versions of reality (Fook, 2002), and analysing the narrative is a key factor in how people construct their lives. Importantly, as was said in the discussion of constructivist approaches to assessment, the purpose is not to get at a single truth, but to get meanings from different perspectives. Equally, ways of interacting with people described in the narratives are not revealed as, for example, maladaptive attachment patterns (Milner, 2001). In deconstructing and reconstructing narratives there are positive ways forward for service users: ‘new narratives yield a new vocabulary and construct new meaning, new possibilities and new self agency’ (Milner and O’Byrne, 2002, p. 159).

As with all counselling approaches the role of the worker is vital. The way that he/she asks questions can influence the way narratives are presented. Significantly, in the light of discussions in the previous chapter, for Fook (2002) the emphasis is on ‘Tell me about your experiences’ rather than on the ‘Why?’ and the ‘What?’ questions. She also outlines techniques to aid the reconstruction of the narrative. These include:

- uncovering narratives
- challenging assumptions that are unhelpful
- externalising the problem narrative
- shifting the story to narratives that are enabling and empowering
- creating an audience.

(Fook, 2002, pp. 139–41)

Presenting such a stark outline suggests a rather programmatic approach, but this is not how narrative approaches operate. The significance of the method is not just in the role of the worker but also in the processes of the method. These include:

- externalising the internalised narrative
- naming the problem
- discussing the relationship with the problem
- thickening the plot
- giving narrative feedback.

(Milner and O’Byrne, 2002)

Hence while the emphasis is very different – concentrating on the discourse rather than the person – narrative approaches offer
opportunities to understand people's interpretation of both the internal and external world. Also, in that they offer a relationship over time and are based on respect for the person, they do incorporate some aspects of counselling. As Parton and O'Byrne comment in their introduction to what they see as a new social work practice:

It may be that the psycho-dynamic approach's greatest contribution had little to do with providing an understanding of the functioning of the ego, the super ego and the id but the importance of the validation that a person receives simply in telling their story to an attentive listener.

(Parton and O'Byrne, 2000, p. 12)

Conclusion

As was said at the outset, this chapter leads the section on interventions because both chronologically and in terms of the importance of the theories outlined it is fundamental to all social work interventions. It is suggested that psychosocial approaches based on psychodynamic theory have provided more than a point of reference. In focusing on the need to find explanations for the way people feel, the way they behave and indeed the way they feel about the way they behave, psychosocial approaches enable social workers to begin to explore the interrelationship between the individual and the environment. Admittedly this was initially a very narrow view, and the focus on the individual meant that service users, or clients, tended to be pathologised: the problem was seen to rest in them. However in moving away from the pathologising tendencies it is vital that social work does not abandon the individual totally. As the rest of the book will illustrate, whether social workers are working with individuals, groups, families or communities it is important to try to discern how the individual makes sense of his/her experiences. This is not to deny that political and socio-economic forces, together with the organisation of social work agencies, are powerful influences in the way that social problems, and those who experience them, are constructed. However to ensure that we work in a non-oppressive way we need to ensure that we do not make assumptions about how people experience this. As we will see in the following chapters theories of
interventions can help us try to understand people’s reactions without stereotyping or constraining individuals.

**putting it into practice**

Practising counselling is difficult. As has been said, putting counselling theory into practice usually involves feedback through supervision, often using video links or special interviewing rooms. However there are things that we can do to help make us more aware of some of the processes that take place in the helping relationship. The practice of writing a process recording is very useful.

1. In this the worker/student writes a very detailed account of what happens in an interview interaction. It is important to choose an interview that for whatever reason was significant for you. It might have been difficult because it was demanding or you might feel that you did not handle it as well as you might have. Also when choosing an interview, focus on only a part of it, otherwise the account will be too long and/or too superficial. Again, choose the part that was significant to you, whatever the reason. Write down everything that happens in the part of the interview that you are focusing on: who said what, the words that are used, the silences, the non-verbal signals – everything you can remember about your own interventions and those of the service user (and anyone else who might have been involved).

2. Now re-read the account and write down what you think was going on for the service user, bearing in mind some of the ideas and theories that have been discussed in this chapter. What do the words used mean? What story is the person telling? How is the person reacting to you? Is he or she relating to you in ways that are unexpected? Why might this be so?

3. Now read the account again and write down what was happening for you in the interview/interaction. Why have you chosen this section of this interview? How did you react to the situation? How did you react to the things that were said? Why do you think you reacted in that way? What made you decide to do the things that you did/said?

4. Now read all three accounts see if you can relate what is recorded (and what happened) to the theories that have been discussed in this chapter.
Further reading


Introduction

In this chapter we explore ways of intervening that draw on the theories and skills of counselling in specific situations. Individuals who come to social work agencies have experienced or are experiencing trauma and loss. This loss may be actual, for example as a result of bereavement, divorce or illness. Others may seem to be experiencing crises because of homelessness, debt, difficulties with looking after children, the onset of dementia or other aspects of living. In these circumstances it is necessary to understand what is meant by the word ‘crisis’ as it relates to social work intervention. Such circumstances could be, for some people, a permanent way of living, and they develop mechanisms for coping. For others, one seemingly small event might precipitate feelings of helplessness and render the person incapable of acting.

This chapter will explore how theory has helped to explain different reactions to crises. It will highlight the necessity of focusing on how the individual is experiencing the world, or his/her part of it. The stages of crisis resolution, the signs and symptoms to look for and the difference between stress and crisis are noted. A framework that summarises the main ideas of crisis intervention is followed by a detailed description of the techniques that may be used in the initial, continuing and closing phases of intervention. In that crises usually involve loss and change, literature associated with bereavement is introduced. Increasingly agencies have to prepare co-ordinated aftercare systems and preventive intervention services in the event of disasters, so this is also addressed.

What do we mean by ‘crisis’?

Social work interventions repeatedly occur with clients in crisis, and yet the word is generally misunderstood and used in something