



Social Work's Core Therapeutic Skills SWAMH Conference 13 April 2018

Dr Fiachra Ó Súilleabháin
Lecturer in Social Work

**A TRADITION OF
INDEPENDENT
THINKING**



Vocation and Care in Mental Health Services:



*'No worst, there is none. Pitched past
pitch of grief'*

***"I wake and feel the fell of dark, not
day. ...***

I am gall. I am heartburn. ...

Selfyeast of spirit a dull dough sours..."

"Thou art indeed just, Lord...

*Why do sinners' way prosper? And why
must disappointment all I endeavour end?*

*Wert thou my enemy, O thou my friend,
How wouldst thou worse, I wonder, than
thou dost*

Defeat, thwart me?

*'And how you stand like a secret angel
between the bleak despair of illness
and the unquenchable light of spirit
that can turn the darkest destiny
towards dawn'*

- *Quote from a blessing in O'Donohue, 2007, Beannacht*

- Quotes from Gerard Manley Hopkins Sonnets of Desolation

Social Work: Great Expectations!

"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.

Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.

Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing" (IFSW, 2018).




CORU Code of Professional Conduct and Ethics for Social Workers



1. Uphold human rights in your practice
2. Respect the rights and dignity of people
3. Respect service users' relationships
4. Promote social justice
5. Comply with the laws and regulations governing your practice
6. Carry out your duties professionally and ethically
7. Demonstrate ethical awareness
8. Demonstrate professional accountability
9. Act in the best interest of service users
10. Communicate with service users, carers and professionals
11. Seek informed consent
12. Keep accurate records
13. Deal appropriately with health and safety risks
14. Delegate and manage appropriately
15. Teach and assess students fairly
16. Undertake research ethically
17. Make sure your advertising is truthful and accurate, does not mislead and complies with legislation
18. Maintain high standards of personal conduct
19. Address health issues in regard to fitness to practise
20. Provide information about your conduct and competence
21. Treat information about service users as confidential
22. Act within the limits of professional knowledge, skills and experience
23. Keep professional knowledge and skills up to date.

Quality of Care In Social Services

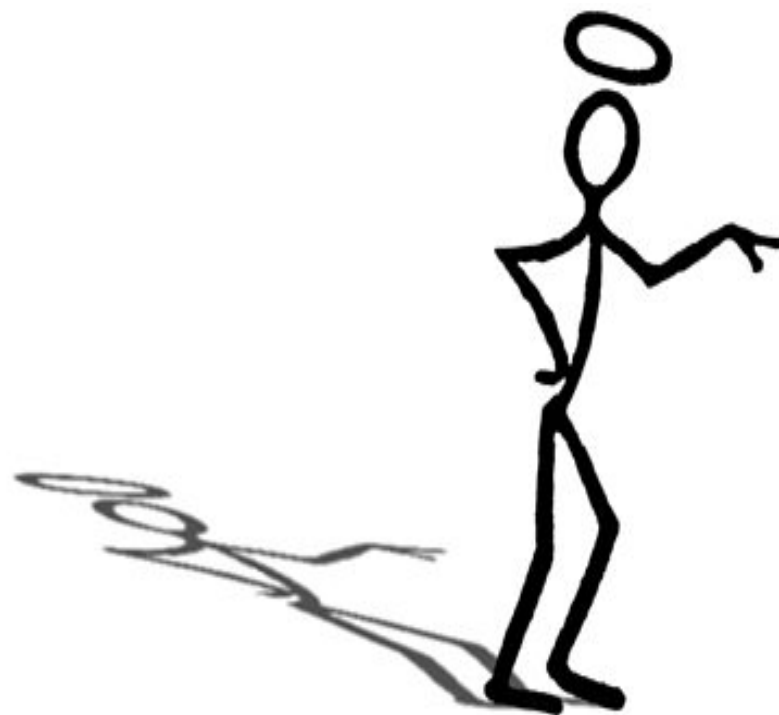
- Service accessibility,
- Privacy and dignity,
- Flexibility of the service to meet changing needs
- Accountability,
- Attitudes and behaviour of staff,
- Continuity of staff,
- Fluid communication of changes in care,
- Reliability and responsiveness of staff and,
- Skills, knowledge and trustworthiness of staff.



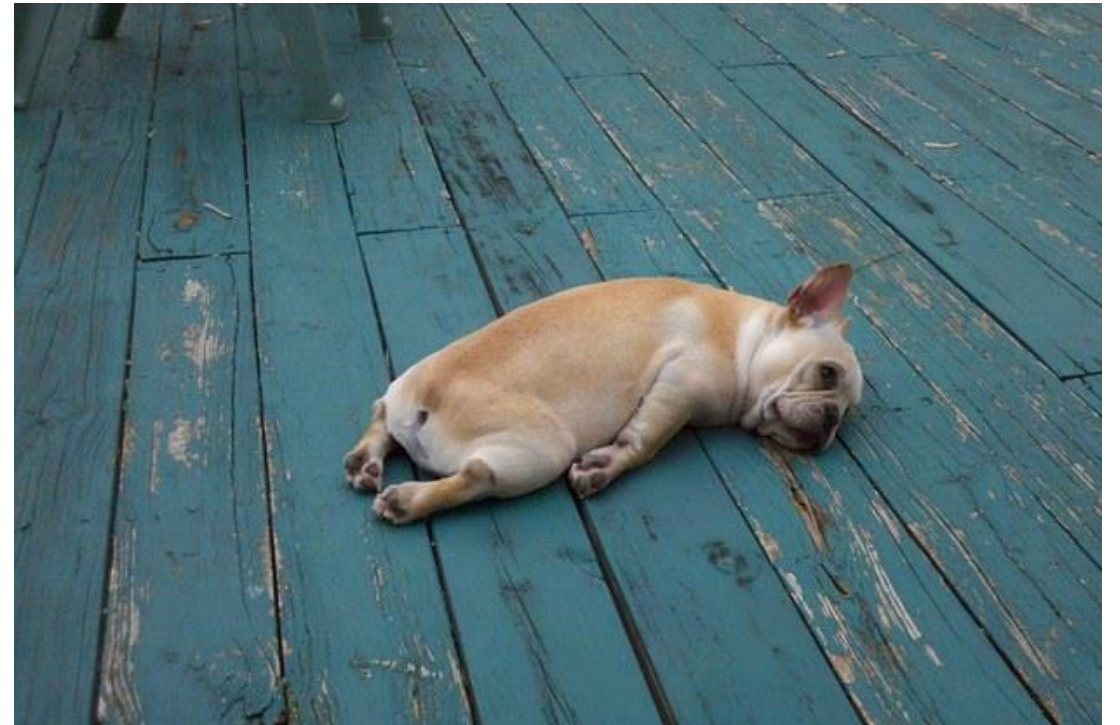
Staff traits/skills
repeatedly
mentioned

(Edebalk et al., 1995, Harding and Beresford, 1996, Henwood et al., 1998, Qureshi et al., 1998, Qureshi and Henwood, 2000, Sinclair et al., 2000, Raynes et al., 2001, Francis and Netten, 2004, Malley et al., 2006).

Superheroes and Saints!?!



Such heroics can be exhausting!



Mental Health Social Work

Multidisciplinary
work



Key Issues in Mental Health Social Work (Browne & Shera, 2010)

- The lack of understanding by the multi-disciplinary team of the social work role and disagreement among social workers regarding the role.
- The lack of resources such as full multidisciplinary teams, community options like housing and assertive outreach teams.
- The lack of funding for continuous professional development.
- The leadership of the multidisciplinary team and challenge the dominance of the medical model.
- The need to promote service-user involvement in service developments.

High, hard ground vs. Swampy, lowlands (Schön, 2000)



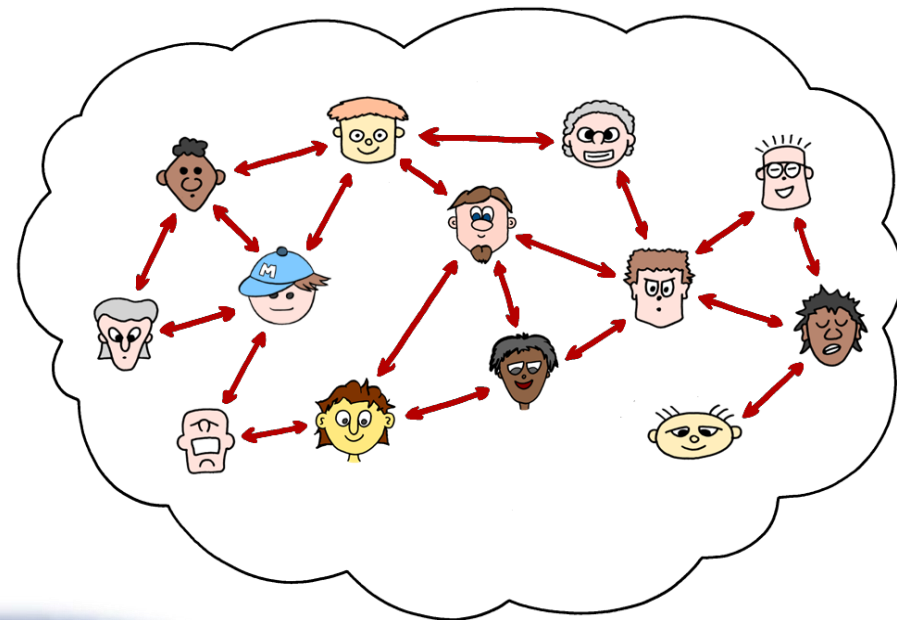
Commitment to
joint working



Role Clarity and Expectations
within MDT



Networking Skills



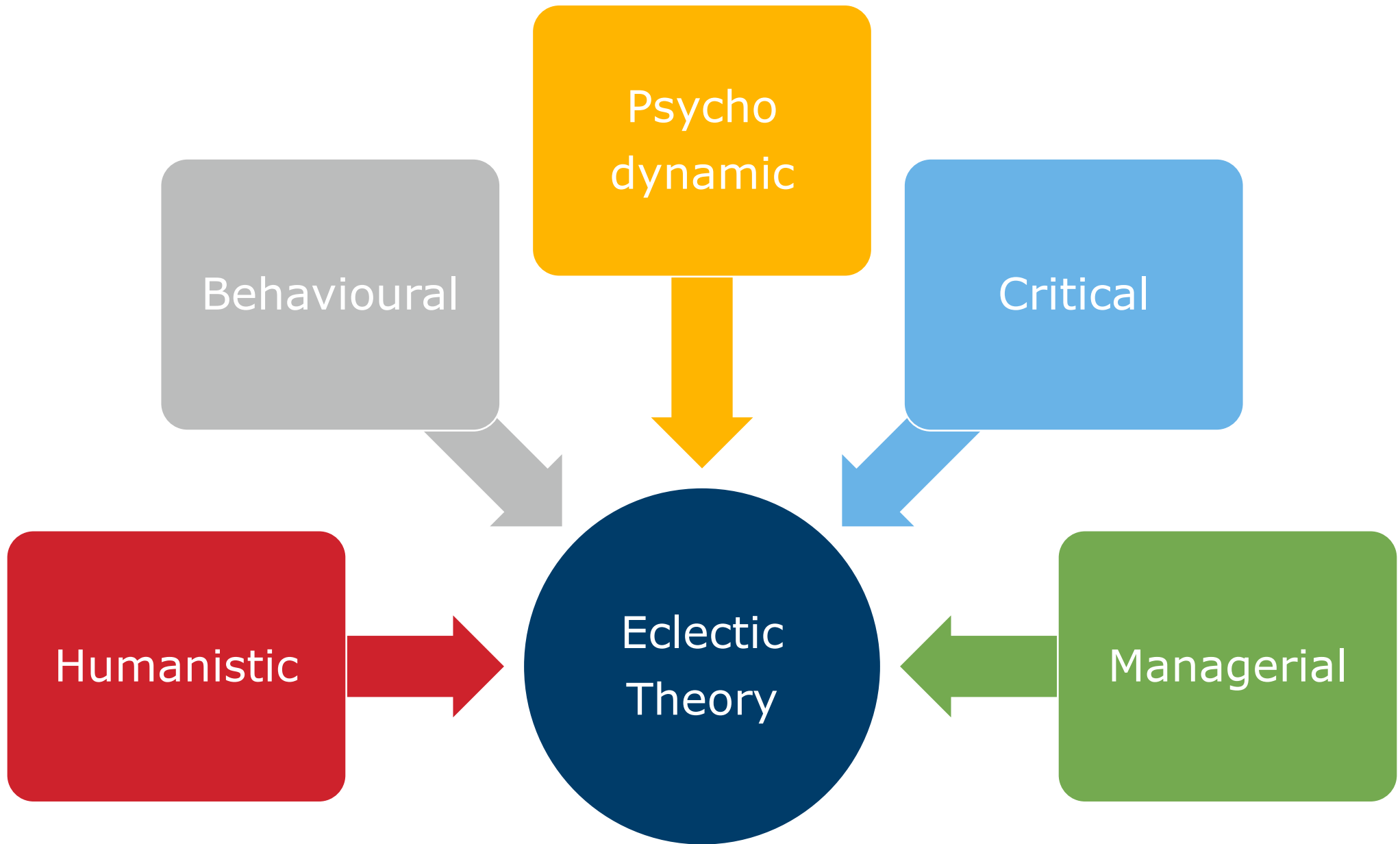
Negotiation Skills



Mediation Skills

A top-down view of a wooden workbench covered with an assortment of metal tools and hardware. The tools include several open-end wrenches, combination wrenches, pliers, and a pair of needle-nose pliers. Scattered around are numerous screws of different sizes and types, as well as several hex nuts. A small metal rod or pin is also visible. The wooden surface has a natural grain and some minor wear. The text "Social Work Toolkit" is centered in the middle of the image in a white, bold, sans-serif font.

Social Work Toolkit



Social Work Skills – is there theory behind the practice?

Humanistic	Behavioural	Psychodynamic	Critical	Managerial	Eclectic
Rogarian Strengths-based Reflexivity	Thoughts cause emotions	Emphasis on formative early years	Structural Analysis	Procedural Manuals	Combination of all the other approaches
Therapeutic Relationship	Behaviour Modification	Client-practitioner relationship = Medium of change	Power	Cognition and Rationality – one size fits all	Can create practice confusion because of the differences in styles and methods
Empathy Congruence	Motivational Interviewing	Attachment Mirroring Attunement	Empowerment	Technical Bureaucracy	
Sincerity Genuineness	Goal setting	Systematic Observation	Social Models	Emphasis on sameness of practice (homogeneity)	
Transparency	Rehearsal of social skills		Self-disclosure to minimize power imbalance		
Honesty Openness	Mindfulness/ Relaxation				

Karpeti, G. (2017) Social work skills: A narrative review of the literature, British Journal of Social Work (available online, forthcoming issue)

Knowledge



Theories of Social Work, Psychology, Social Policy, Law, Medicine (psychiatry), Nursing Human Rights and Anti-Oppressive Practice.

Attitude



Motivation by clients' needs and wellbeing, Open-minded, Reflective and Self-aware, Determination, Interest, Resilient, Respectful, Anti-oppressive

Skills



Counselling skills, Active Listening skills, Focus, Rapport-building skills, Cultural humility, Report-writing skills, autonomy, Judging and Evaluating skills, Planning and Organising skills, Teamwork and networking skills

Social Workers as client-centred practitioners

“Social forces are at the root of people’s difficulties and it is through the empowerment of people as self-determining actors in their own lives that social and personal change can be brought about”

(Murphy et al, 2013: 706)

Theoretical Underpinnings of Rogerian Person-Centred Theory

1. People are intrinsically motivated towards growth, development, autonomy and socially-integrated functioning.
2. External social-environmental factors influence this intrinsic motivation.
3. People have a tendency to proactively grow and develop towards being autonomous and socially integrated in optimal social-environmental conditions. This is known as *Actualising Tendency*'.
4. When the social-environmental conditions are less than optimal, people's growth and development can be negatively impacted.
5. It is **unusual** for people to experience optimal social environments! ***Most people experience to a greater or lesser extent some degree of psychological dysfunction*** (Murphy et al, 2013; Joseph and Worsley, 2005).

Social-Environmental Conditions: Rogers' 6 Relational Conditions

Unconditional
Positive
Regard

Empathy

Congruence

Psychological
Contact
between the
therapist and
client

Client must
be in a state
of
incongruence

Client must
have an
awareness of
the
therapist's
empathy and
positive
regard

Person-Centred Theory and Social Work

A person-centred approach in social work refers to the social worker's empathy, unconditional regard and genuineness towards the service-user (Wilson et al, 2009) – *the first three components of Rogers' 6 conditions.*

Murphy et al. (2013) argues that social workers use the relationship instrumentally:

- Using the relationship to facilitate engagement;
- To develop rapport;
- To gain compliance with practitioner's suggestions.

In other words: as 'a means to an end' instead of 'an end in itself'.

So what?

We draw on **principles of person-centred theory** to inform our engagement with service-users:

- Rapport-building
- Active-listening
- Reflecting back
- Enquiring about the service-user's wishes, ideas and thoughts
- Conveying interest and regard

Social Workers as Strengths-Oriented

Strengths Perspective

Strengths-based Social Work Practice



Pathology	Strengths
• Person is 'a case'; Symptoms = Diagnosis	• Person is seen as unique; traits, talents and resources = strengths
• Therapy is problem-focused	• Therapy is possibility focused
• Personal accounts are reinterpreted by 'expert' or aid the 'expert' in the diagnosis	• Personal accounts are essential to knowing and appreciating the person
• Childhood trauma = precursor or predictor of adult pathology	• Childhood trauma is not predictive – it may weaken or strengthen the individual
• Centrepiece of therapeutic work is the treatment plan devised by practitioner	• Centrepiece of work is the aspirations of individual, family and community
• Practitioner is the expert	• Individual, family and community are the experts
• Professional's skills and knowledge are the resources for work	• Strengths, capacities and adaptive skills of the individual, family and community are the resources for work
• Help is centred on reducing the effects of symptoms	• Help is centred on getting on with life, developing and affirming one's values and commitments and making and maintaining community membership.

(adapted from Saleebey, 1996)

*“So let us be clear: The strengths perspective is a dramatic departure from conventional social work practice. Practicing from a strengths orientation means this - **everything** you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit clients’ strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings, and society’s domination”*

(Saleebey, 2006: 1)

Language as a Therapeutic Skill: 'Our dictionary of helping'

Resources
Possibility
Capacities
Strengths-Perspective
Empowerment
Talents
Aspirations
Values
Resilience
Commitments
Narratives
Membership

Social Workers as Systemic Practitioners

Systems Theory

Systems Theory / Ecological Model



Problems occur not only because of an issue internal to the person but a breakdown in the interactions between that person and these systems. The role of the Social Worker is to assess where the cause of conflict arises and to mediate between the client and the resource system in question.

(McCormack, 2009; Browne, 2012)

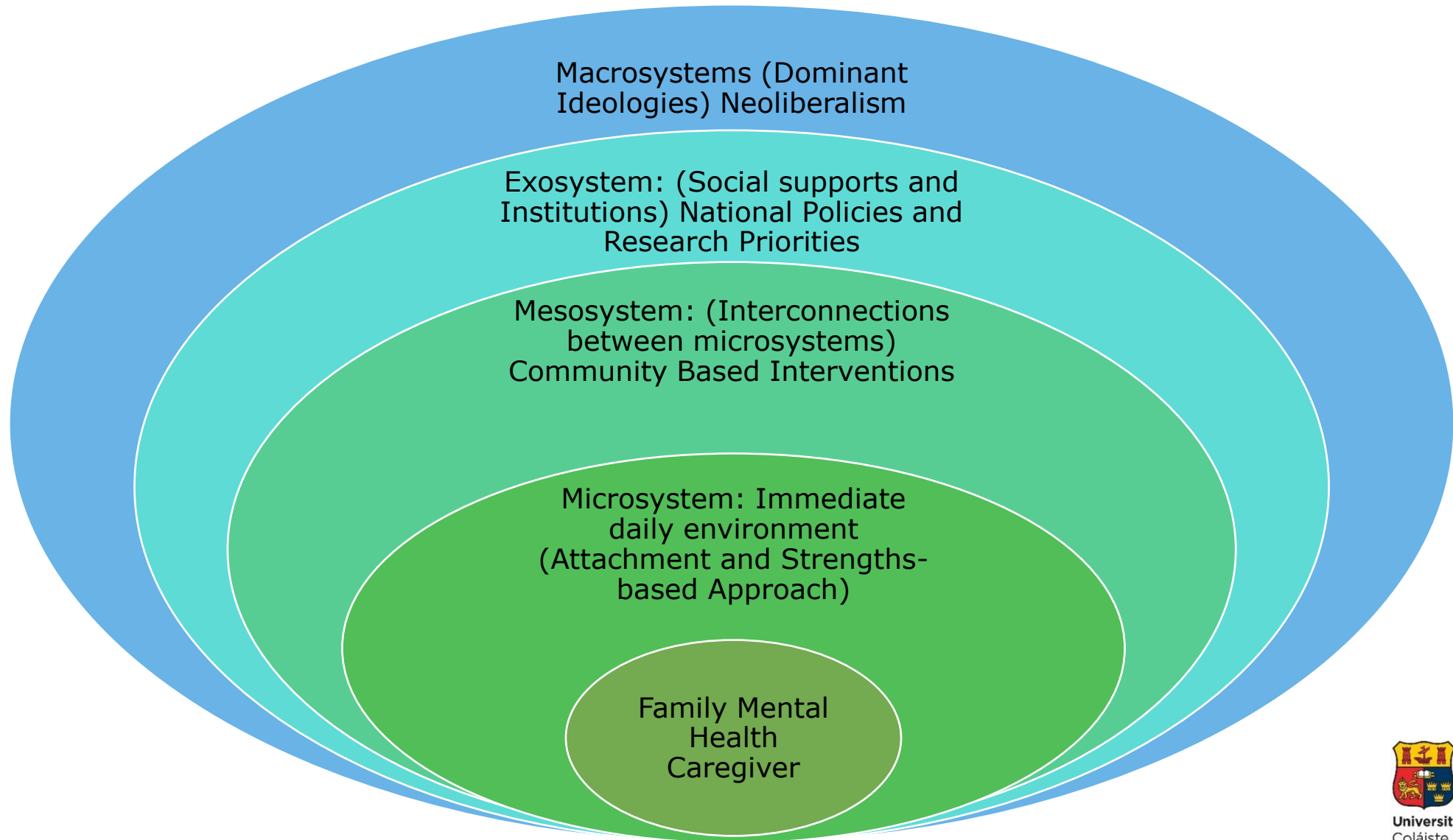
Systemic working = Psycho-Social Model of Care

Research has shown very clear links between social factors, such as housing, employment, education, social networks, debt, and stigma, not just in exacerbating pre-existing conditions, but in causing mental illness (Tew, 2011; Reininghaus et al., 2008).

“The main danger of the biomedical model is that while we pretend that madness can be cured with pills, we can conveniently ignore all the massive social problems within our communities which directly impact upon mental wellbeing” (Goemans, 2012: 92-93).

Ahmed et al (2018)

A socioecological framework to support mental health caregivers



Social Workers as Solution-focused Practitioners

Solution-Focused Brief Therapy

SFBT explained ... (better than I could)

"Life is a journey to be
experienced,
not a problem to be
solved."



-Winnie the Pooh

Solution-Focused Brief Therapy

Emphasis on
Brevity

Less
Emphasis on
Client History

Clear
Behavioural
Goals

Use of
Reframing

Shifting
Interpersonal
Interactions

The Miracle Question



Concrete Goals and Criteria for Success

1

How will you know the problem has been solved?
How will you know that the goal has been achieved?

2

What will be different when the problem is solved?
What will be different when the goal is achieved?

3

How will others know the problem has been solved?
How will others know the goal has been achieved?

Using SFBT in practice

Strengths

- Views clients as really wanting to change rather than resistant.
- Therapy is seen as a collaborative endeavor.
- Clients find their own solutions.
- Easily understood and translatable by rejecting the 'intellectual intimidation and pomposity' (Liddle and Saba, 1981: 38) of other therapies.

Limitations

- Some clients may be able to 'move on' without an explanation of the past, others may not.
- Neglect of client history – not allowing the client to tell their painful stories.
- 'One size fits all' approach.
- Focus on theory and technique as opposed to the therapeutic relationship itself.



A final reflection ...

"Too often nowadays, expectations of perfection are foisted upon us all. To always get things right, to achieve the best, to never make a mistake, to mask vulnerabilities, to hide our anxieties.

But, we are not perfect and that is perfectly alright.

It is in our vulnerabilities and anxieties that we ... learn that to be truly authentic in our lives, we need to embrace all aspects of our 'selves', even those parts that make us vulnerable and frightened. And so, I give thanks for our humanity (O Súilleabháin, F. 2014 – from the eulogy I gave at my mother's funeral)

(And that is a lesson in Use of Self!)



Thank You and Best Wishes

Fiachra Ó Súilleabháin

Fiachra.OSuilleabhain@ucc.ie
+353 (0)21 490 3072

