# CHAPTER ONE

# INTRODUCTION TO CHILDREN AND CHILDHOOD AND SOCIAL WORK PRACTICE WITH CHILDREN

How we understand child and childhood affects our practice with children. Therefore, we need to have a clear understanding of who a child is and the childhood every child passes among different societies.

Social work practice with children is demanding that needs the use of multiple approaches to understand them and make the right intervention.

**Who is a child?**

**A child means every human being below the age of eighteen years (Article one of UNCRC, United Nations Convention on the rights of children).**

**1.1 Needs of children:** just like adults children also have their own needs starting from health to a self-care skill need. Specifically the needs of children are the following

A. **Health need**: Includes growth and development as well as physical and mental well-being. Genetic factors may also need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunizations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

B. **Education need**: Covers all areas of a child's cognitive development, which begins from birth. Includes opportunities to play and interact with other children, to access books, to acquire a range of skills and interests and to experience success and achievement.

C. **Emotional and behavioral development need**: Concerns the appropriateness of response demonstrated in feelings and actions by a child,

initially to parents and caregivers and then, as the child grows older, to others beyond the family. Includes the nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

D. **Identity need:** Concerns the child's growing sense of self as a separate and valued person. Includes how a child views him- or herself and his or her abilities, feelings of belonging and acceptance by the family and wider society, and the strength of his or her positive sense of individuality.
E. **Family and social relationship need**: Concerns the child's development of empathy and the capacity to place oneself in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and the response of family to these relationships.
F. **Self-care skill need:** Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches.

- Therefore it is really important to understand that children have multiple needs as they grow older that needs to be addressed appropriately.

**1.2 Right of children:** as children have needs they also have international and domestic instruments that discuss about the right of a child. Social work practice will be effective if we clearly understand the needs and right of children. Some of the instruments are UNCRC (UN convention on the rights of children), African charter on rights and welfare of the child, the constitution of Ethiopia and the revised family code of Ethiopia.

**Some of the rights that UN has developed were**

- *Inherent right to life (Article 6)*
- *The right to have name and be granted to a nationality. (Article 7)*
- *The right to freedom of expression (Article 13)*
- *The right to be protected from abuse and neglect (Article 19)*
- *The right to education (Article 28)*
- *The right to be protected from the exploitation of their labor (Article 32) and etc…..*

**Domestic/ national instruments on the rights of children**

Article 36 has devoted a full article on the rights of children. This are

1. Every child has the right:
    - *To life*
    - *To a name and nationality*
    - *To know and to be cared for by his/her parents or legal guardians*
    - *Not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to his or her education, health or well-being;*
    - *To be free of corporal punishment or cruel and inhumane treatment in schools and other institutions responsible for the care of children.*
2. In all actions concerning children undertaken by public and private welfare institutions, courts of law, administrative authorities or legislative bodies, the primary consideration shall be **the best interests of the child.**
3. Juvenile offenders admitted to corrective or rehabilitative institutions, and juveniles who become wards of the State or who are placed in public or private orphanages, shall be kept separately from adults.

4. Children born out of wedlock shall have the same rights as children born of wedlock.
5. The State shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare, and education

These are some of the domestically prepared documents that deal on the right of children. Always remember that Article 36 deals with the right of children.

**1.3 Problems of children**: Every child in the world faces different kinds of problems in their environment which is also true in our country Ethiopia. Understanding the problems helps social workers to think of the appropriate remedies that she/he has to take in the intervention. Some of the problems are

- Poverty
- Family disintegration
- Exposure to violence and abuse
- Exposure to substance abuse
- Delinquency and aggression
- Anxiety and depression
- Reduced time with parents
- Reduced parental monitoring of children

**Child abuse as a child problem**

The most commonly types of abuse are: emotional, physical, sexual and child neglect.

1. **Emotional abuse**: is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved.

2. **Physical abuse**: it involves hitting, shaking, throwing, poisoning or scalding and suffocating. But in any way it is causing physical harm to a child.
3. **Sexual abuse**: involves forcing or enticing a child or young person to take part in sexual activities, including prostitution. The activities may include penetrative (rape or oral sex) or non penetrative acts which may include non contact activities such as involving children in looking at or in the production of sexual images, watching sexual movies or encouraging children to behave in sexually inappropriate ways.
4. **Child Neglect**: is a persistent failure to meet child's basic, physical or psychological needs, likely to result in a serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or care giver failing to
    - ✓ Provide adequate food, clothing and shelter
    - ✓ Protect a child from physical and emotional harm or danger.
    - ✓ Ensure adequate supervision
    - ✓ Ensure access to appropriate medical care or treatment

This are some of the problems of the child but still some children not only survive in this problems but end up as a strong person which makes them resilient children.

**Resiliency: is a concept that describes children who not only survive hardship but also somehow become stronger in the face of it.**

### 1.4 Roles of social workers in working with children

1. Should not only focus on the problems of children but also the areas of strength and positive adaptation of children.
2. Be knowledgeable about the different types of problems seen in children.

3. Have basic knowledge about the child development in order to understand that the need of children changes as their age increases.
4. Should know about the international and national instruments that discusses about the rights of the child.
5. Be knowledgeable about the different cultures that deal with child rearing because different culture has its own unique way of raising children. So social workers before doing any intervention must know about the culture of the society that they are going to work with.

# Chapter two.

## 2.1 Attachment as a context of development (taken from child development A practitioner's guide by Douglas Davis)

This chapter describes how the early parent–child relationship mediates and influences the course of development. Although parenting is not the only influence on development, it is a critically important one. Attachment theory provides the most useful perspective on early parent–child interactions.

John Bowlby formulated attachment theory, and other researchers, particularly Mary Ainsworth, have validated and refined it.

Attachment theory has established that the infant or young child needs a consistent relationship with a particular person in order to thrive and develop (Kobak & Madsen, 2008).

Bowlby described attachment as a fundamental need that has a biological basis. The goal of the infant's attachment behavior is to keep close to a preferred person in order to maintain a sense of security. The motivation to stay close and to avoid separation can be seen in an infant who wakes up from a nap and begins to fuss and cry, which alerts the parent to come and pick her up.

Attachment serves as a protective device for the immature young of many species, including humans. Babies need the care of adults to survive, and they have many built-in behaviors, such as making strong eye contact, cooing and vocalizing, and smiling, that attract adults to them.

Every baby with a normal neurological system develops a focal attachment to the mother or other primary caregiver. The beginnings of the attachment process can be observed in the early weeks of life, but attachment is clearly evident between 4 and 6months of age.

## 2.2 How attachment develops

Infants make attachments with specific people. Although a newborn infant may be comforted by anyone who picks him up, he very quickly differentiates his primary attachment figure(s) from others. During the early weeks of life he learns the particular qualities of his mother (assuming the mother is the primary caregiver).

The baby, through repeated interactions, learns to recognize his mother—what her face looks like, what she smells like, what her touch feels like, and how her voice sounds. Through this process the infant's attachment becomes specific and preferential. In most cultures, infants' attachments have an order of preference, usually to mother, then father, and then siblings.

## 2.3 Functions of attachment

Attachment has four main functions: these are

- ✓ ***Providing a sense of security***
- ✓ ***Regulating affect and arousal***
- ✓ ***Promoting the expression of feelings and communication,***
- ✓ ***Serving as a base for exploration.***

### A. Providing a sense of security

The implicit goal of attachment is to maintain the infant's feeling of security. When an infant becomes upset, both parent and infant take actions to restore the sense of security (Bowlby, 1969).

**For example**: An infant becomes upset and communicates this by looking anxious, crying, or moving closer to her mother. The mother moves toward the baby, calm her with her voice, and picks her up. The baby continues to fuss briefly, then molds to the mother's body, stops crying, and soon begins to breathe more slowly and regularly, indicating a decrease in arousal; her sense of security has been restored. In Bowlby's terms, the infant's distress signal, which is functionally an

attachment- seeking behavior, activates the mother's side of the attachment system, and the mother takes steps to calm the baby's distress.

**B. <u>Regulation of affect and arousal</u>**

A second primary function of attachment, as this example suggests, is to regulate the infant's affective states. "Arousal" refers to the subjective feeling of being "on alert," with the accompanying physiological reactions of increased respiration and heartbeat and bodily tension. If arousal intensifies without relief, it begins to feel aversive and the infant becomes distressed.

The infant then sends out distress signals and moves toward the caregiver. In a secure attachment the infant is able to draw on the mother for help in regulating distress. The mother's capacity to read an infant's affects accurately and to provide soothing or stimulation help the infant adjust arousal (Stern, 1985). Over time, infants and parents develop transactional patterns of mutual regulation to relieve the infant's states of disequilibrium. Repeated successful mutual regulation of arousal helps the infant begin to develop the ability to regulate arousal through his own efforts. Through the experience of being soothed, the infant internalizes strategies for self-soothing.

Good self-regulation helps the child feel competent in controlling distress and negative emotions. In contrast, children who have not been helped to regulate arousal within the attachment relationship tend, as they get older, to feel at the mercy of strong impulses and emotions. They have more behavioral problems because they have not developed effective internal ways of controlling their reactions to stressful stimuli (Solomon, George, & de Jong, 1995). In another type of insecure attachment, parents respond negatively to the infant's expressions of distress. The child learns that in order to maintain the attachment, he must inhibit strong feelings, especially negative ones. Over

time he internalizes a style of over regulating, minimizing, and avoiding expression of strong emotions (Magai, 1999).

C. **Promoting the Expression of Feelings and Communication.**

As the attachment relationship develops during the first 6 months of life, it becomes the vehicle for sharing positive feelings and learning to communicate and play. For example, a 6-month-old infant initiates a game of peek-a-boo (previously taught to her by her father) by pulling a diaper over her face. Her father responds by saying, "Oh, you want to play, huh?" and pulls the diaper off, saying "Peek-a-boo!" and smiling and looking into the baby's eyes. The baby smiles and begins to wave her arms and kick her feet. The father says warmly, "Oh, you like to play peek-a-boo, don't you?" The baby vocalizes, and then begins to pull the diaper over her face again in order to continue the game.

Attachment develops out of transactions—the infant expresses a need to be fed, to be played with, and to be comforted—and the parent responds. These transactions, when they go well, reveal important qualities of the attachment relationship: mutually reinforcing, synchronous behaviors on the part of the parent and infant, a high degree of mutual involvement, attunement to each other's feelings, and attentiveness and empathy on the part of the parent (Stern, 1985).

D. **Serving as a Base for Exploration**

Later in development, especially from age 1 onward, the attachment relationship becomes *a base for exploration.* Attachment theorists consider the motivation to explore and learn about the world and to develop new skills to be as intrinsic in infants as attachment motivation. Bowlby (1988) pointed out that the attachment and exploratory behavioral systems operate in tandem. The confidence with which the child ventures out depends a great deal on her confidence in her attachments. If a toddler has a secure base in her attachment relationship, she will feel free to explore her environment, with the implicit awareness that the caregiver

is available if needed (Grossmann, Grossmann, Kindler, & Zimmerman, 2008). Since she is not concerned about attachment, exploratory behavior dominates (Bowlby, 1969). Her confidence allows her to interact with her environment in an open and curious way. The child who explores confidently has learned through experience that "my parent looks out for me." This sense of security allows her to focus on developmental tasks and to feel competent. On the other hand, a toddler who is anxious about whether her caregiver will be responsive and protective may be inhibited from exploring because emotionally she remains focused on assuring that her attachment figures are available (Lieberman,1993).

## 2.3 Types of attachment

Ainsworth's observational and experimental studies identified the characteristics of secure attachment and delineated two types of anxious or insecure attachment. A third type of insecure attachment has been described by MaryMain (Main & Solomon, 1990). The attachment classifications are:

- Group A : insecure-avoidant
- Group B: secure
- Group C: insecure-ambivalent/resistant
- Group D: insecure-disorganized/disoriented

### A. Secure attachment

The infants rated as secure (Group B) showed confidence in the attachment relationship, even though they varied in how distressed they became in response to separation. When the mother returned, they tended to greet her positively, to look relieved and happy, and to move close to her. If distressed, they wanted to be picked up, and they quickly calmed in response to the parent's attention and soothing. In these securely attached infants, there was an expected pattern of exploratory versus attachment-seeking behavior: "When they were alone with their mothers, they explored actively, showing very little attachment behavior. Most of

them were upset in the separation episodes and explored little. All of them responded strongly to the mother's return in the reunion episodes, the majority seeking close bodily contact with her" (Ainsworth, 1982, p. 16).

Ainsworth's prior in-home studies of these infants and mothers showed that **the mothers of the secure infants were responsive, emotionally available, and loving. These babies coped with the stress of a brief separation because they were confident of their parent's responsiveness. Secure infants were able to express their feelings openly, including positive and negative affects, without the necessity of defending against negative feelings. They showed confidence in their parent's ability to accept their full range of feelings and to help them regulate distressing feelings (Main & Hesse, 1990).**

Secure attachments have a positive impact on later development. Children with a history of secure attachment are more confident about exploring their environment and more open to learning. This is first evident in the toddler phase, when the child uses the mother as a base from which to explore, but it persists in later development.

Good attachment relationships tend to generalize to future relationships. Overall, ongoing secure attachment promotes and protects adaptive development throughout childhood.

**B. <u>Insecure-Avoidant Attachment</u>**

The infants classified as insecure-avoidant (Group A) **showed very little attachment behavior during the entire Strange Situation procedure. They played independently, did not appear distressed when the mother left, and—strikingly—when she returned they ignored her, showed blank or restricted affect, paid attention to the t**oys, and actively avoided contact, even when the parent tried to get their attention. They gave the impression of self-reliance, conveying that the attachment was not important. Given the normal importance of

attachment for an infant, attachment theorists have described the avoidant pattern as a defensive strategy.

The in-home study suggested why an avoidant defense might be needed: **The avoidant babies were frequently ignored and actively rejected by their mothers**. Parents spoke of their infants in negative terms, often with inaccurate characterizations of the baby's behavior, such as "He's just crying to spite me." The mothers were seen as angry, both in general and specifically, at the infant. They were intolerant of the infant's distress and tended to reject or punish the infant for being distressed.

Out of these interactions, avoidant babies develop precocious defenses against feelings of distress, which is split off from consciousness, and the defense mechanism of isolation of affect emerges. Avoidant infants tend not to show upset in situations that are distressing for most infants; rather, they appear somber, expressionless, or self-contained.

Avoidant infants have learned to expect rejection, and in response, in Bowlby's terms, their attachment behavior becomes "deactivated." They tend not to look to their mothers for help in regulating arousal and affects. Correspondingly, as toddlers, avoidant infants tend to focus their attention away from the parent (and from their own internal states) and toward the outside world. Instead of striking a flexible balance between exploration and attachment as the need arises, they pursue action and exploration in a rigid and self-reliant way.

**C. <u>Insecure-Ambivalent/Resistant Attachment</u>**

Infants classified as insecure-ambivalent/resistant (Group C) **showed behavior in the Strange Situation that conveyed a strong need for attachment but a lack of confidence in its availability.** Consequently, they reacted intensely to the separation. Ainsworth describes the heightened affect and ambivalence of these toddlers: "These children were anxious even in the

pre-separation episodes. All were very upset by separation. In the reunion episodes they wanted close bodily contact with their mothers, but they also resisted contact and interaction with her, whereas Group B babies had shown little or no resistance of this sort“(Ainsworth, 1982, p. 16).

The insecure-ambivalent/resistant babies were distressed and angry, and they could not be soothed by contact with their mothers.

The in-home study described the mothers as inconsistently responsive to their infants' attachment-seeking behavior: “The conflict of the C babies is a simple one—between wanting close bodily contact and being angry because their mothers do not consistently pick them up when they want to be held or hold them for as long as they want. Because their mothers are insensitive to their signals C babies lack confidence in their responsiveness” (Ainsworth, 1982, p. 18).

The infants' heightened affect and ambivalent behavior reflect their anxious uncertainty about how their parent will respond. The ambivalent/resistant pattern predicts later disturbances in the child's capacity for autonomous behavior. Because the child is uncertain of her parent's responsiveness, she tends to focus on the parent's behavior and moods, to the exclusion of other interests.

These toddlers remain preoccupied with attachment, at the expense of exploration. Their separation worries persist into the preschool and school-age years, long after children with secure attachment histories have mastered normative separation fears. Longitudinal studies have linked the Group C category with behavioral inhibition and lack of assertiveness in preschool children and with social withdrawal and poor peer interaction skills in early school-age children.

The development of social competence is a major task of middle childhood, and children with ambivalent/ resistant attachment history are less successful at mastering it.

## D. Insecure-Disorganized/Disoriented Attachment

Compared to the other insecure patterns, this pattern represents a much less organized and consistent approach to dealing with an attachment relationship that the infant experiences as insecure. These infants show contradictory behavior when reunited with the mother after a separation.

For example, the infant greets the mother happily and raises her arms to be picked up, then turns away, becomes motionless, and looks dazed. Or the infant shows simultaneous contradictory behavior—walking toward the parent with head averted, or smiling at the parent and looking fearful at the same time. In this pattern, the behavior of the infant appears confused and disorganized, and her attempts to reestablish attachment are interrupted by internal conflicts.

The infant may also appear afraid of the parent, and instead of approaching the parent may go to the stranger or engage in self-stimulating behavior. Disorganized infants appear to lack a trustworthy/reliable strategy for eliciting comfort when they feel stressed. They do not seem to clearly signal the need for help from the parent in regulating affect. Lacking internal or mutual strategies for regulating distressing feelings, they tend to remain aroused. This persistent distress, in turn, contributes to their internal sense of disorder and has an ongoing negative impact on their ability to self-regulate. The source of this dilemma for disorganized infants is parental behavior that frightens them.

The infant's attempt to use attachment behavior to reduce distress collapses because the parent who is supposed to be a source of security is also a source of fear: "The essence of disorganized attachment is fright without solution" Two factors contributing to the development of this attachment pattern have been identified: a history of unresolved trauma in the parent and direct maltreatment of the child by the parent. With the first factor, the contradictory behavior of disorganized infants is amirrored in the attachment behavior of their parents. A

high percentage of parents with disorganized/disoriented infants have histories of unresolved childhood trauma, such as the early loss of a parent, abuse, or witnessing of parental violence. They are anxious, fearful people who project trauma-based fears onto the present. Their infants are often alarmed and frightened by their intense expression of fearful emotions: “Frightening behavior on the part of the still traumatized parent should lead to a disorganized/disoriented infant.

Other parental factors associated with the disorganized/ disoriented classification are bipolar depressive illness and active alcoholism or drug addiction, conditions that tend to involve extreme and contradictory behavior.

There is also evidence that disorganized attachment is a symptom of the disintegrative effects of multiple interacting risk factors on families. Families characterized by poverty, parental psychiatric disturbance, parental substance abuse, and history of abuse of the parent in childhood have much higher rates of Group D attachment. When a family is overwhelmed by many risk factors, the likelihood of attachment disorganization and child maltreatment is greater.

Followup studies show that disorganized/disoriented attachment predicts high rates of controlling behavior toward parents and aggression toward peers in preschool and school-age children (Lyons-Ruth & Jacobvitz, 2008). In school-age children a history of this attachment pattern may predict poor self-confidence and lower academic ability (Moss & St. Laurent, 2001).

## 2.4 Multiple Attachments

Although the mother appears to be the primary attachment figure in all cultures, infants can and do establish attachments with multiple caregivers, including fathers, grandparents, older siblings, and other relatives. Day care providers also become attachment figures (Ahnert, Pinquart, & Lamb, 2006). In two-parent families, the infant’s second most important attachment is usually with the father. In Western

cultures, at least, father–infant attachment tends to be expressed in play interactions and therefore encourages the infant's exploration (Grossmann et al., 2008). Fathers' ability to play in sensitive and emotionally attuned ways promotes secure father–child attachment (Parke, 2004).

In cultures that organize caretaking collectively, infants develop multiple attachments, although preference for the mother tends to prevail (van IJzendoorn & Sagi-Schwartz, 2008). In the Efé culture of Zambia, for example, mothers care for infants collectively, nursing and comforting infants of other mothers (Morelli & Tronick, 1991). But even when multiple attachments are the norm, children tend to have a limited number of attachment figures, whom they view in a hierarchy, with the mother in first place (Cassidy, 2008).

The possibility of multiple attachments raises the question of whether an infant can have both secure and insecure attachments. Bowlby (1969) argued that the child would develop multiple patterns based on differences in the quality of his relationships with separate significant caregivers.

Infants and toddlers do form different types of attachment with different caregivers. In cases where a child has an insecure attachment with a mother, a secure attachment with another important caregiver—father, grandparent, or regular child care provider—may take on a compensatory protective function (Howes &Ritchie, 1998; Howes & Spieker, 2008).

## 2.5 The universality of attachment

Attachment behavior across mammalian species points to biological and evolutionary bases for attachment. In humans, the mother's and infant's initial orientation to each other is influenced by built-in complementary endocrine reactions. Hormones released at birth promote intense alertness in the infant, which allows her to respond to her mother's initial touches and emotional

overtures. Right after delivery a corresponding release of hormones in the mother creates feelings of well-being and openness to bonding with the infant.

The infant's first suckling at the breast stimulates the mother's secretion of oxytocin, a hormone associated with caring and social interaction (Eisler & Levine, 2002). Observational research documents the behavioral expressions of these biological processes.

In all cultures, mothers engage in face-to-face behavior with new babies, holding them at an optimal distance (about 28 inches) that allows the baby to focus on the mother's face and encourages eye contact. Mothers speak to babies slowly in higher-pitched tones and exaggerate their facial expressions, encouraging the infant to "take in" the mother. These early behaviors in mothers evoke synchronous responses in infants, creating the initial bonds on which attachment is built (Eibl-Eibesfeldt, 1989).

The evolutionary significance of attachment formation is that it promotes survival, keeping the infant safe by ensuring that she will remain close to a protective adult (Simpson & Belsky, 2008).

Although cross-cultural studies identify variations in attachment behavior and care giving practices, attachment is a *human* phenomenon across cultures (Posada et al., 2002).

### 2.5.1 What factors seem to be universal?

A baby needs to have an attachment to a primary caregiver (or, in many cultures, to a set of primary caregivers). Consistency, sensitivity, and contingent responsiveness on the part of the primary caregivers are essential to the baby's psychological development. Across cultures, secure-base behavior—the child's ability to use the caregiver for relief of distress and support for exploration—has been identified as a marker of secure attachment (Waters & Cummings, 2000).

## 2.6 Attachment and future development

Sroufe points out that “The dyadic infant–caregiver organization precedes and gives rise to the organization that is the self. The self-organization, in turn, has significance for ongoing adaptation and experience, including later social behavior.

Each personality, whether healthy or disordered, is the product of the history of vital relationships” (1989, p. 71). Many longitudinal studies have tested this idea. Overall, they have found impressive links between quality of attachment in infancy and later development.

Secure attachment in infancy and toddlerhood predicts social competence, good problem-solving abilities, and other personality qualities associated with successful adaptation in later childhood, adolescence, and early adulthood (Sroufe et al., 2005). Insecure attachment has been similarly linked to problematic behavior and social difficulties in later development. Although other factors such as infant temperament and environmental risk factors influence outcomes, the overwhelming evidence of empirical studies makes clear that quality of attachment is a fundamental mediator of development.

# CHAPTER THREE

## Necessary backgrounds for helping children

## Understanding the multidimensional roles of social workers in working with children

This chapter of your handout discusses about the various roles of social workers when working with children, it sees the codes of ethics when working with children, the setting where social workers involve while working with children, the competencies social workers must acquire and about the obstacles (pitfalls) social workers face and finally ends up by discussing about the use of evaluation and supervision in order to avoid the pitfalls.

### 3.1 Understanding the multidimensional roles of social workers

A social worker attempting to help a child does not work in a vacuum. Many different adults often participate in the helping effort, and frequently the social worker serves as self-appointed case coordinator to facilitate sharing of information and to promote collaboration in the child's best interests.Social workers have a broad view of problems and see them from different perspectives. Thus, they understood the importance of contacting or working with other professionals from different educational backgrounds. Team approach to helping often serves a child and family well, because each specialist's expertise can contribute to a fuller understanding of the child's situation. Therefore, in this case the role of the social worker is combining all the relevant information obtained from various sources and organizes it into a bio-psychosocial summary that will be later discussed with the parents and the child client.

### 3.2 The use of eco map in working with children

**Eco map**is a paper-and-pencil assessment tool used by practitioners to assess specific troubles and plan intervention for clients.

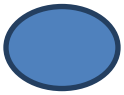
- It is all about drawing the child in their social environment.
- It represents the child's formal and informal connections including resources outside the family.

Examples of resources could be health centers, recreational centers, churches, mosques, schools.

- Eco map is prepared by both the client and the social worker.
- It helps to view relationship with resources, organizations or people in a holistic way.

**The commonly used symbols are**

**Female**



**Male**

- - - - - - - **stressful relationship**

Positive relationship

**Unknown age and sex**

**Open system (giving and receiving)**

### 3.3 Multidimensional roles of social workers in working with children

**A. Social workers as case managers**

- Identify the areas where clients need help and connecting them to the personal and community resources that will help them.
- Enables and facilitates individuals in their interaction with their environment.
- Will help them meet client's needs by coordinating and linking them to available and needed resources.

B**. Social workers as therapists**

- Prepares treatment plans such as basic coping skills.

- Social workers closely work with the parents and other professionals who are involved in the child's case.

**C. Social workers as consultants:** in this case the role of the social worker is serving as a source of information to those who are concerned about the child.

**D. Social workers as an advocate**

- Informing or insisting on issues that need attention at government, state or community level.
- Advocacy involves representing the interests of people who are unable to do for themselves.

**N.B.** social workers work with different professionals from different educational backgrounds to understand the problem in a holistic way. Different professionals have different views about child problem that can contribute to a better understanding of the child.

## 3.4 The different settings social workers involve while working with child clients

In the above part we have seen that social workers play multidimensional roles in order to help the child in a better way. This part discusses the settings or the places where social workers practice or involve themselves to help children. The tenet of **"meeting clients where they are"** usually refers to timing in to their psychological/emotional states. However, it can also refer to meeting the clients on their physical terrain. This means that social workers w h o deal with children's problems work in all locations where children live, learn, and play and where they receive care and counseling when they are injured, neglected, abandoned, or otherwise troubled.

Thus social workers help children in hospitals, schools, foster homes, residential treatment centers, family agencies, mental health clinics, and sheltersfor the homeless. Although each setting has its particular focus and specific procedures for helping, certain basic principles and a core of knowledge about child and family behavior and needs must guide the practice of all social workers who help children, regardless of the setting in which they provide services.

### 3.5 Codes of Ethics in working with children

Knowledge and skills, though necessary, are not sufficient for the task of helping. The situations in which social workers are engaged often require difficult decisions in which no single "right answer" applies. The workers must consider ethical principles and weigh the pros and cons of various possible outcomes in the effort to serve everyone concerned most effectively.

**Values:** serve as guides or criteria for selecting good and desirable behaviors. The values that are going to be discussed are client participation, self-determination and confidentiality.

#### A. Confidentiality

Neither society nor the helping professions have taken a stand regarding whether children have the same rights of privacy and confidentiality as do adults, especially with regard to parents' access to information about their children's counseling/therapy. But the Federal family educational rights and privacy Act which is a public law gives parents the right to review their children’s medical and school records.

**N.B. social workers cannot 100% promise confidentiality to children.**

**B. Client participation**

Clients participate in decisions affecting their own lives; however, when interests of family members conflict, and/or when abuse and neglect of a minor is a possibility, then the social worker may have to make a recommendation based on his or her judgment regarding the best interests of the child.

**C. Client self-determination**

Think it for yourself, can a child client refuse the treatment plans that you prepare?

### 3.6 Necessary competencies for helping children

**1. Accessing the network of children's services**

Practitioners who work with children must know how to make appropriate referrals to meet the special needs of the children in their care. All social workerswho have contact with children must be familiar with the laws in their states regarding their responsibility and the procedures flowing from a child's disclosure or suspicious evidence of physical or sexual abuse.Because of the unpredictable multiple needs of children,social workers must be familiar with referral policies of the relevant agencies in their locale, in order to make their clients' access to services as smooth as possible.

**2. Avoiding potential pitfalls in work with children**

Children's dependence, honesty, playfulness, and openness have a specialappeal for many social workers, who decide to work with childrenbecause they genuinely like young people and want to help them. Thisadmirable motivation for helping can sometimes obscure the snares implicitin this work, which must be recognized and avoided by all practitionerswhose work focuses primarily on children. The two major pitfalls are the **rescue fantasy** and **competing or triangulating with parents.**

### A. The rescue fantasy

Probably most social workers who are engaged in work with children have at one time or another experienced a strong desire to "rescue" a child from a situation that appears to be clearly harmful to the child's healthy development. Social workers with a rescue fantasy are manifested by

1. Move too fast to help the child
2. Take over responsibility without involving the child's parents in the planning process.

- ***Rescue fantasy: is a strong desire to save/rescue the child from the problem that he/she is facing.***

**N.B. Social workers must know that children are part of a family in which they carry out some roles in their families. Therefore the social worker must consider the impact of the helping process on the whole part of the family.**

### B. competing and triangulating with the parents

Consciously or unconsciously becoming the "good" parent in situations in which the child's own parent appears to be deficient or even "bad." This attitude is always doomed to failure, because the parent will soon begin to resent the worker and will find "reasons" to discontinue the child's

Counseling/ therapy. Palombo (1985) states that "children may arouse intense infantile longings in the therapist and the therapist comes to be considered by the child as a substitute parent and induce in the therapist a parenting response rather than a purely therapeutic response"

### 3. Supervision and self-monitoring of practice

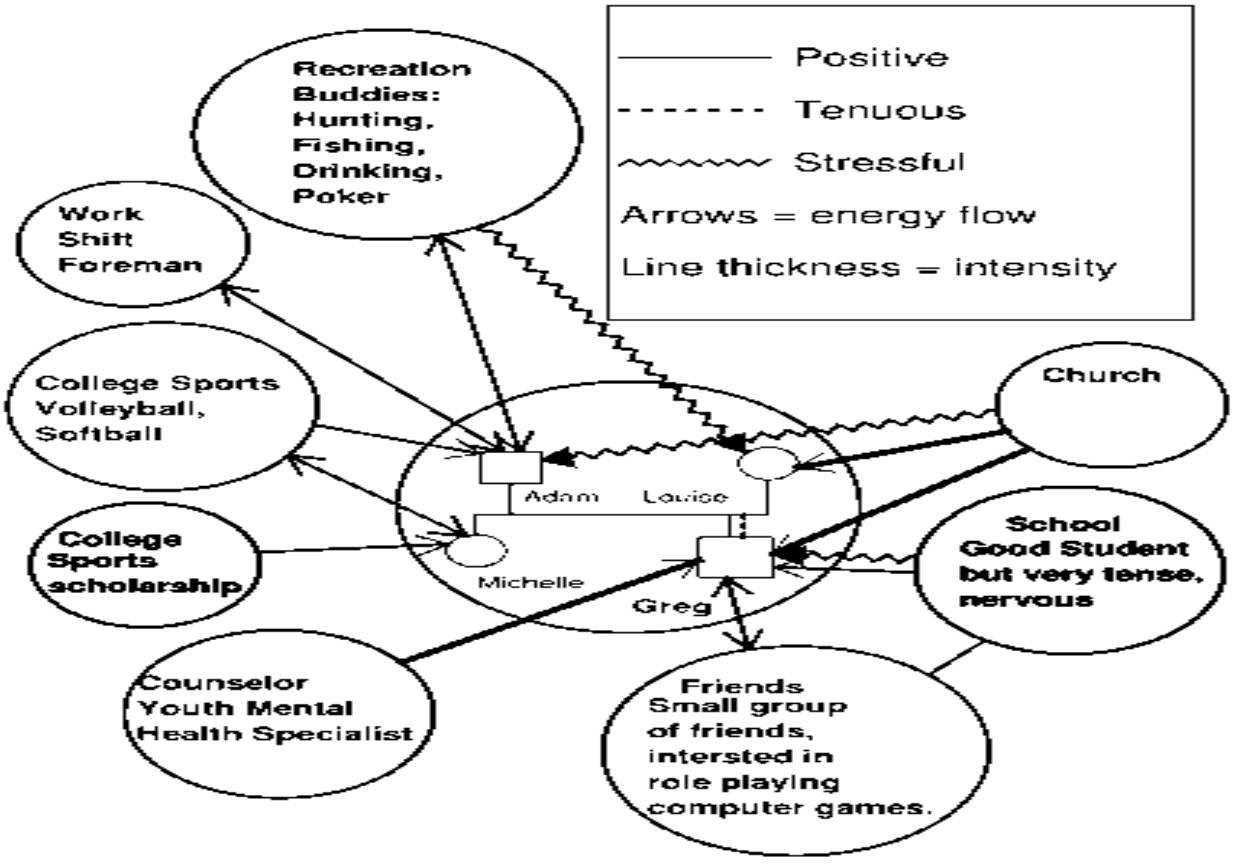
Because the process of helping is interactive and involves the use of self in the helping relationship, and, furthermore, because it is difficult to be objective about one's own actions, supervision provides an opportunity for social workers to

review their work and to learn about their own strengths and weaknesses in carrying out the helping process. In the supervision social workers will be able to understand which of their actions were good and which of them lack quality. Therefore it is very important to make supervision and self- monitoring.

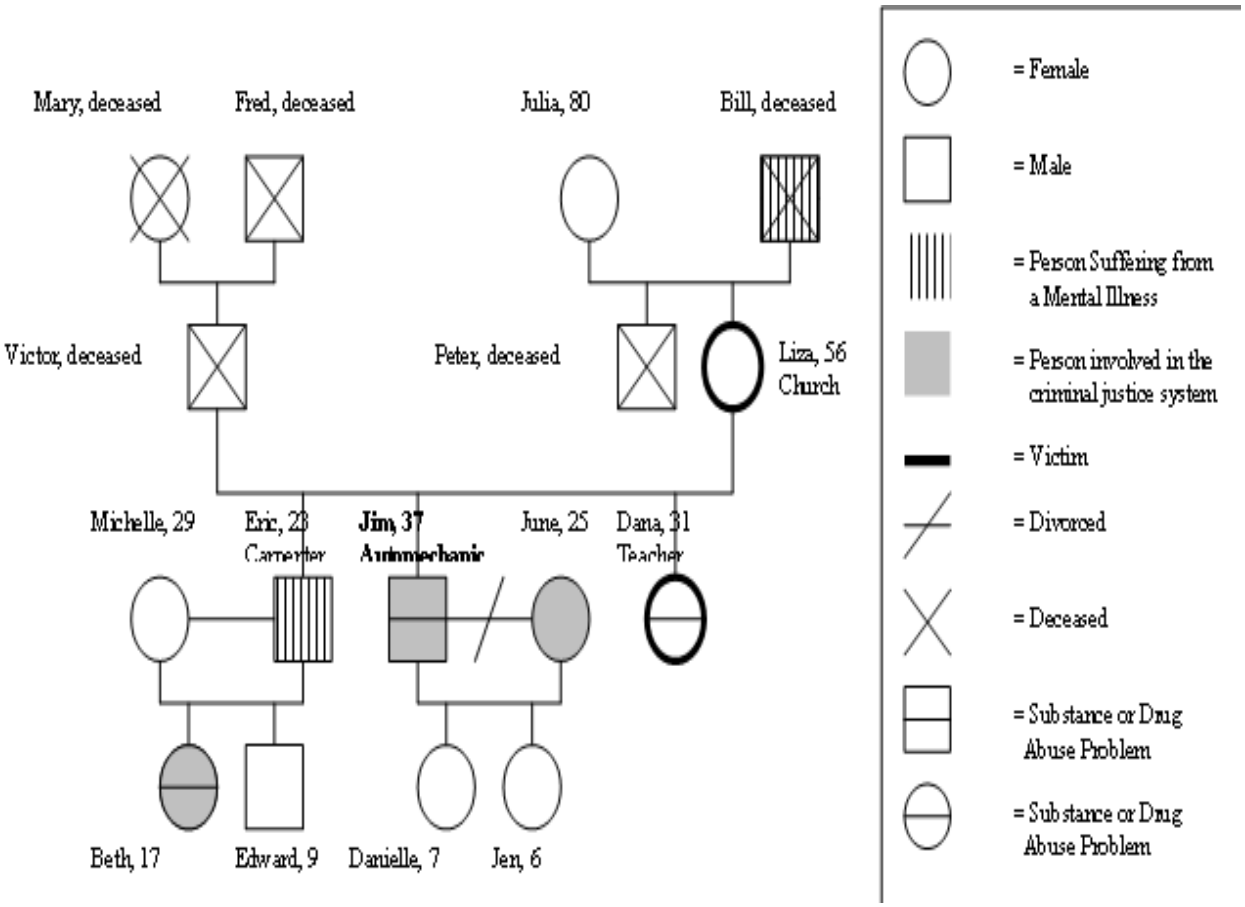
**Summary**

In addition to playing different roles social workers also work collaboratly with other professionals who have different educational backgrounds that will help the child to get a good service. Some of the professionals could be nurses, psychiatrists, medical doctors, psychologists, lawyers and etc… in such cases the child client can get a better service when social workers work in team with this professionals from different educational backgrounds.

**Sample eco map**



Sample genogram



# CHAPTER FOUR

# THE PROCESS OF HELPING CHILDREN

Social workers often must reach out to needy children and families even when their attempts to help are ignored or refused. Families that are overwhelmed and burdened with survival concerns may prioritize their needs differently than do professional "helpers," who want to jump in and "rescue" dependent young children whose lives appear to be at risk because of adverse familial and/or environmental influences.

The parents in such families may not agree with the professionals' views about their families' needs, thereby causing the helpers to struggle between a parent's right to self-determination and "the best interests of the child." Unfortunately, these are not always synonymous, and the practitioner may feel torn between conflicting responsibilities to two sets of clients— that is, the children, and the parents.

The process of helping children therefore begins with establishing initial relationships with resistant family members then assessment, planning in a way that respects the family members' right to make choices about the child.

## 4.1 Establishing relationship with clients

Perlman in 1979 had identified the main features of professional's relationship as

1. Professional relationship has purpose
2. Time limited
3. Client-centered nature
4. Implicit expectation that the professional will exercise responsibility and self –control in carrying out his/her role.

As we have discussed in the classroom professional relationship is different from social relationships that we have with our friends, dorm mates or other friends because of the above mentioned four reasons.

The quality of relationships between clients and a social worker among the various helpers in a specific case often determines the success or failure of the helping contact. Positive relationships can inspire motivation and hope for change, whereas negative relationships can reinforce feelings of ineffectiveness and even hostility.

## 4.2 Verbal and non-verbal communications

Face-to-face contact offers the best opportunity for two people to meet and begin the process of getting to k n o w one another, because people communicate nonverbally through body language such as eye contact, posture,gestures, and dress. In conversations on the phone, these visual cues are absent, and the speakers must rely primarily on words and tone of voice. The important point that you have to remember is remembering which mode of communication is important for that case because there are times when phone calls are important and in the other times face to face communication is a must.

## 4.3 Essential qualities of client social worker relationship

Carl Roger's in 1951 emphasizes the special qualities of relationships as

- ✓ Warmth
- ✓ Acceptance
- ✓ Empathy
- ✓ Genuineness
- ✓ Caring/concern

❖ **Relationship which relied on these special qualities is a key stone of the helping process.**

## 4.4 Initiating relationships with a child client

### A. Engagement

In beginning work with a child client, the practitioner needs to set the tone for a type of adult-child relationship that is different from others the child has experienced. The child usually expects the worker to relate to him or her as a teacher or parent usually does, with corresponding expectations about how the child should "behave." Because the nature of the helping relationship is so very different and unfamiliar to most children, it is the worker's responsibility to say something to the child, in language that the child can understand, about the nature of the helping process.

A relationship between a client and a social worker makes special demand on the worker who should communicate with the child developmental stage/level.

Children should know and understand that the relationship that they will have with the social worker is a helping relationship. They also deserve to be treated with honesty and respect just like adults as a basis for an effective helping relationship.

As an introduction to your child clients you could say “I am Mr. X who works with children on their troubles or worries…..

To explain that the relationship is a helping one you could say “sometimes we play, draw pictures, and go to some places and other times we will talk about your troubles.

This doesn’t mean the child can understand fully what we meant so social workers should do all the possible things to tell the child that the relationship is a helping one in a way that the child can understand.

## 4.5 The use of toys to engage and work with clients

The preferred method in working with children is involves the use of toys as children have a limited ability in verbal communications. Therefore it is very essential for social workers to have familiarity with and a degree of comfort in using toys with children for an effective interaction.

We have discussed in class that social workers work in different settings to engage with clients. Some of them where in their families, schools, hospitals and etc….in any of the places social workers should be prepared to use both verbal and non-verbal communications in their interaction with children.

***Start where the client is*-a concept that tells us to communicate with children in a way that they can understand.**

***Adult-centrism*-** is an expectation that children will respond as adults. This thing has to be avoided because children cannot respond as an adult.

## B. Bio-Psychosocial and spiritual assessment of the child

Most social workers rely on assessments to guide their work. The process of helping a child depends on understanding as fully as possible all the factors that have contributed to and that maintain a problematic situation, so that a practitioner can formulate, propose, and implement an appropriate remedy. Therefore the social worker must look up, down, and all around while trying to analyze the totality of the problem situation.

Before recommending a course of action for a child and family, a social worker must have a clear sense of the strengths and weaknesses of the child as well as all the possible problems and obstacles that may be taken in trying to reach to an appropriate intervention that best fits with the problem the child is facing. The bio-psychosocial assessment functions like a compass that assists the worker in helping the child navigate towards the goal.

**What is an assessment?**

- ✓ According to Meyer (1993) *assessment is the thinking process that seeks out the meaning of the case situations, puts the particulars of the cases in some order, and leads to appropriate interventions.*
- ✓ *It is the worker's professional opinion (*Northen,1987)
- ✓ *Is a time-consuming process that might lead to new discoveries*
- ✓ *Helps the workers to determine the history, magnitude, and consequences of the situations.*
- ✓ *Requires the worker to analyze the interrelationship among biological, psychological, and socio-cultural factors as they are affecting the child's life situation.*
- ✓ *Is an integral part in social work practice*
- ✓ *It investigates why a certain problem occurs in that child and look for a number of solutions that could be recommended.*
- ✓ *It is an ongoing process which is subjected to elaboration and revision throughout the contact with the client*
- ✓ *In the case of children assessment is tentative because children's problem is subjected to change.*

**4.6 The process of assessment in working with children**

The purpose of conducting an assessment is to understand the multiplicity of factors that are contributing to the presenting problem, so that an agreement can be made about how to alleviate it. The following basic questions must be considered in planning the steps of the assessment:

1. Who/what is to be assessed? (Parent, child, both, neighbors, community.…)
2. In what order should the assessment be conducted? (Who should be contacted first and what guidelines should be followed in contact with each party)

3. What collateral information should be obtained/ (School, medical, legal, home visits to understand the interaction of the child).
4. What assessment tool should be employed? (Developmental history and family background, tripartite assessment forms, genograms, Eco map, …)
5. How should the relevant data be summarized?
6. How should the assessment be reviewed with parents and others?

**N.B.**The decision about what information to obtain depends on the circumstances in each case and the worker's judgment about what information will lead to improved understanding.

**4.7 Guidelines of assessment in assessment**

1. The worker should include parents as essential partners in the assessment and helping process of the child.
2. Social workers must make good impressions on first sessions with children in which the child feels understood, listened to and respected as a person.
3. Preparing the office for child evaluation session

First sessions from the other sessions are very important as they involve the establishment of relationship with the child. Therefore it is important to prepare the place for child evaluation session.

The importance of preparing the office for the child has benefit to both the worker and the child. The child will feel comfortable because he will be provided with age appropriate materials. To the worker the place will provide him/her with information that will be helpful in understanding the nature and scope of the child’s problem.

In the assessment phase the worker gives focuses on the child’s developmental factors, mood/quality of their play, separation anxiety or ability to

relate to the worker, ability to concentrate in the session…….will later be discussed with parents and work on the planning intervention.

**Assessment tools**

After deciding the process understand the guidelines of assessing a child the next task of the social worker is deciding which assessment tool to use. Some of the tools are

- ✓ Eco map
- ✓ Genograms (are family tree model that it mostly used to show the repetition of problems across generation).
- ✓ Developmental history form (a form that describes the life of the client from birth to present)
- ✓ Assessment of risk and protective factors
- ✓ Specific drawing exercise (asking children to ask their father, mother, guardian)
- ✓ Using projective questions

  E.g. if there are three boats and you can only take three people on the boat whom would you take with you?
- ❖ The point is not about knowing the number of different assessment tools that exist rather it is about understanding which tool leads the social worker to a better understanding.

**Assessing risk and protective factors**

As our country in its development and many children are living in poverty assessing the risk and protective factors is very important. As discussed in chapter one resilient children are those who had not only survived in a problematic

situation but also end up as an outstanding person in the society. Then what are risk and protective factors in children

A. **Risk factors:**refers to influences in the individual and the surrounding environment that increase the probability of negative future outcomes forchildren.

E.g.

- mental retardation or chronic illness
- impaired parenting
- poverty, conflict
- Socioeconomic and institutional factors such as lack of access to medical care or other social disadvantages and etc…

B. **Protective factors**: are factors that are opposite to risk factors that increase the probability of positive future outcomes of children

E.g.

- Good parenting
- Secure attachment with care givers
- Social support
- Positive relationships with other adults
- Opportunities to participate in recreational places and activities and etc….

### 4.8 Summarizing the relevant data which is found from assessment

During the process of gathering information about a child and family, worker continually weighs the significance of his or her findings and immediately starts to generate hypotheses about what is wrong and how to help and go the intervention process. The categories of assessment could be put as follows

- The nature of the client's problems

- The coping capacities of the child, significant others, assessing strength and obstacles, risks and protective factors
- The other persons or systems involved in the clients problems
- The availability of needed resources
- The client's motivation to work on the problems

**N.B** still it is the decision of the social worker to decide on how to put the category of the assessment based on the case situation of the child.

### C. Contracting, planning and intervention on children

**Contracting:** assumes that a client has the motivation and ability to follow-through with an agreed-upon plan. Contracting usually begins with an oral agreement which then becomes operationalized through putting specific goals in writing.

**Planning:** in planning establishing a time frame for completion of certain goals or tasks increases motivation. Better if classified as short and long term plan.

- ❖ **Keep goals/plans manageable**- it is essential to begin with a limited number of manageable goals, with the understanding that once success has been achieved with the initial list, others may be added .

**Intervention options:** we could think of intervention that could take place in the school setting, support groups. Some of the options could be

- ✓ Individual counseling
- ✓ Case management for families
- ✓ Networking or referral
- ✓ Mentoring
- ✓ Follow up

### D. Termination

Termination assumes that the difficulties presented at intake (engagement) have been resolved and that there will be no further contacts.

# Chapter FIVE

## Different Methods of Helping Children

Social workers help children in different ways. Some of them are the following which are later discussed in the handout in detail. These are

1. Working with the family
2. One-to one work with the child
3. Group work with children
4. School-based intervention

### A. Working with the family

Children and their families are interdependent. Therefore, when one member of a family system experiences difficulties, the stress reverberates to all members of the family. Although a child may be singled out as having a "problem," the practitioner must look beyond the individual and think about the meaning and significance of that problem to all the family members, in order to understand the problem's source and to determine how best to focus helping efforts.

**Two Distinct Helping Approaches: Child-Centered and Family Therapy**

Practitioners with different theoretical orientations define problems differently. If the child's problem is viewed as inherent in the child, individual play therapy is usually recommended as the treatment of choice, with adjunctive counseling for the parents or family. Alternatively, if the

Child’s problem is considered as reactive to dysfunctional family interactions, then the assumption follows that the child's difficulty will resolve itself when the family's communication improves.

When this is the case there will be times when the social workers has either should include or exclude the involvement of the child and the parents.

**Inclusion of parents:** if the problem of the child is the result of the marriage or other problem related to the child the social worker strongly works with the parents by excluding the child client.

**Exclusion of parents**: on the other hand exclude parents from the playroom and do not believe that work with parents is essential for successful child therapy.

N.B There are two approaches that social workers use when working with the family. These are the **child-centered** and the **family therapy**. The first one directly works with the child and the second one works with the families of the child client.

## An integrated child and family model

It's difficult to select one approach and work with the child or with the family. Not all practitioners who work with children subscribe exclusively to either a child-centered or a family-centered approach. As far back as the 1960s, Guerney (1964) developed a form of parent-child therapy called "filial therapy," which has since been renamed "child relationship enhancement therapy." It is based on teaching parents to become empathic and accepting of their child in a manner similar to the role of a play therapist. During the 1990s, other practitioners began to blend individual and family approaches. For example, Wachtel (1994) employed an integrated "child-in-family approach," and O'Connor (1991) proposed an ecosystemic model.

**Different levels of family involvement**

Workwith children always includes some sort of work with their parents whenthey are living and available.

1. **Parent counseling/guidance**

The main purpose of parent meetings is to give and receive feedback about the child's progress. The meetings also offer the worker the opportunity to ask

questions about matters the child may have raised, to reinforce a parent's positive efforts with the child, and to support the parent in his or her continuing frustrations.

2. **Parent-child sessions**

It is appropriate to see a child together with a parent under certain circumstances. First, there m a y be no choice if the child has separation problems of such severity that he or she cannot tolerate being separated from the parent (usually the mother). Second, it is essential to have the parent present during at least part of the session w h e n a behavior modification program has been set up; the therapist will need to encourage the parent to praise the child for gains or to discuss with both the child and parent certain alterations in the program if the child is not achieving success with it.

3. **Session with the siblings**

Sessions with siblings may be appropriate in cases in which the nature of the presenting problem constitutes a shared family experience. For example, the death of a relative or an upcoming parental divorce. When siblings are seen together, it is important to model this respect for individual difference as a principle of interaction. Certain guidelines and rules need to be made clear, just as in group or family sessions.

**Guidelines during sibling sessions**

- One person talks at a time.
- No insults, cursing, or putdowns.
- Disagreements and arguments are not to be continued outside the office.
- Children deserve the same respect as do adults.
- Everyone has the right to "pass" (i.e., not to answer or speak).
- Parents are in charge of setting limits for children

4. **Sessions with the entire family**

The purpose of seeing the entire family together has two purposes

1. To see how family members interact
2. To help the family find and use more positive ways of relating.

**Seeing the parents first**

Whole-family sessions provide wonderful opportunities to observe family members' interactions. Seeing the parents first permits the practitioner to become familiar with the overall problem situation and to begin establishing an alliance with the parents prior to introducing the children info sessions at a later date.

**The jointing process**

Joining refers to efforts on the practitioner's part to become accepted and "to establish an alliance with the family as a whole, with the key subsystems, and with each individual“ .It is the process through which the practitioner moves from being an outsider to being an insider.

This process relies on the practitioner's individual personality and style, as well as on his or her ability to establish enough of a feeling of comfort and connection with various family members that they will be able to tolerate having a stranger know about aspects

**Guidelines for family sessions**

It is the role of the social worker to set ground rules early in the first session because every family in every society has it is own ways of communication.

Therefore, it is the responsibility of the social worker to get the ground rules because therapeutic/ helping relationship with the family is different from the other relationships families make in their daily lives. Some of the common ground rules are:

- One person talks at a time.
- No insults, cursing, or putdowns.

- Disagreements and arguments are not to be continued outside the office.
- Children deserve the same respect as do adults.
- Everyone has the right to "pass" (i.e., not to answer or speak).
- Parents are in charge of setting limits for children

**Cultural considerations when working with the family**

In some cultures, children are expected to be "seen but not heard." This view may present a strain between the practitioner's desire to permit the children to "have a voice" and the more traditional belief that "adults know best." We have discussed in class on some Ethiopian proverbs (idiomatic expressions) that discourages the involvement of children in matters that affect the life of that family. To remind you some of them “lejbirotabatunaykedmem”, “lejyabokaw le erataybekam” and etc…. therefore it is important to explore parents’ view about child involvement before including children in an entire family session.

**What do social workers look for in family sessions?**

1. Who seems to be the dominant parent? Do the children seem to accept parental rules, or do they try to split the parents by encouraging them to disagree?
2. Do parents share in the discipline, or is one or the other targeted for this role?
3. Which parent appears to set the limits for the children? Do the parents seem to agree, or is one more permissive and one more strict?
4. To whom do the children turn for affection and comfort?
5. Are any alliances between the children apparent? How is the symptomatic child treated by the other family members?

6. How does the symptomatic child relate to each parent? Does each of them respond differently to him or her?
7. How would the situation have to change in order for the family to feel better?

**B. One to one work with the child**

Working" with a child usually means that a social worker engages the child in play activities for the purpose of helping the child recognize and overcome his or her anxieties. Because children have limited verbal abilities, we cannot expect them to adapt to our adult style of communication. The social worker must "meet the (child) client where he or she is"—namely, on the level of nonverbal communication. It has been said that play is the child's work, so the therapist's work is the child's play.

The preferred method of working with children under 12 years old is play therapy. In this approach, the social worker uses the child's language of play as the primary helping method, with the degree of verbal communication dependent on the child's age and ability to use words. When the child can talk, the worker or therapist talks with him or her, but usually in play therapy the child is more comfortable and fluent in the language of play, so the social worker must accept the challenge of "speaking" and responding to the child through the child's symbolic language .

Therefore the social worker must assume that children will translate their imagination in to symbolic play action rather than words.

In the following part of the hand out the basic techniques and approaches that are used in play therapy will be discussed.

**What are the reasons to use one to one work with the child?**

- Usually used when the problem of the child is abuse, neglected and abandoned by the parents. In such cases it is better for the child to express his/her feelings, anxieties, and confusions with the social worker who does make them feel that it is not the fault of the child.
- It is also used for children who were witnesses or victims of violence because they want to feel listened and understood.

**To make it very specific, social workers use one to one work with children in areas when**

1. Children whose anxiety has escalated to the point at which they are nonfunctioning appropriately at home or at school. They m a y have developed symptoms, the course of their normal development m a y have been arrested, and/or they may appear to be stuck.
2. Children who have been abused, neglected, and/or abandoned. As noted, children need to express their confusion, rage, and other feelings about why this happened to them; they also need to understand that it was not their fault. Because their ability to trust adults may be impaired, work with these children m a y require more time than work with children whose development has not been so seriously compromised
3. Children with disabilities that engender feelings of low self-esteem. Often these children are painfully aware that they are "different" from their peers, and this difference m a y cause them pain and anger. Work with these children proceeds well when the social worker or counselor can identify some genuinely likable qualities and/or talents in which the youngsters can begin to take some pride. These children's ability to accept themselves as persons with disabilities frequently follows the

experience of mourning (through play therapy) for the qualities or abilities they never had.

4. Children who have been traumatized. Depending on the circumstances, individual play therapy may be a valuable option, in addition to group and/or family approaches. The more violent the trauma, the more likely it is that victims will require individual intervention.

## The use of play therapy

The term "play therapy" refers to caring and helping interventions with children that employ play techniques. Social workers at all levels can learn to utilize selected play therapy techniques in their work with child clients. The choice of particular activities will vary according to the child's age and responsiveness to different options; therefore, each social worker's office should contain a range of play materials from which the worker and the child can make selections.

Some of the play therapy materials could be

- Drawing/art
- Dolls/puppets, cards and other available materials in our context.

### Steps in the Therapeutic Work with the Child

Work with a child can be divided into the following phases:

1. Establishing the relationship with the child
2. Observing and listening to the child
3. Identifying themes in the child's play
4. Formulating a dynamic understanding about the child
5. Responding to the child according to this understanding

- ❖ A therapeutic response within a child's play language requires that theworker understand first what the child is communicating and then how this communication reflects interactions and/or feelings from the child's life.

Sometimes the connection between the symbolic play and the child's life is obvious, but just as often it is not.

**Summery for one to one work with children**

One-to-one work with the child gives the social worker an opportunity to know the child in a different manner than is possible when the child is seen together with the parents. When the worker encourages the child to play and conveys to the child that he or she will help through both playing and talking, the worker relieves the child of the obligation to communicate in the adult's verbal mode.

Meeting the child on his or her level respects the child's individuality in a way that is unusual in child adult relationships. In one-to-one work, the therapist/worker uses play to interact with the child for the purpose of understanding and helping. This conforms to the commitment of the social work profession to meet clients at the level at which the clients are comfortable. Therefore, all social workers must be prepared to use play in their interactions with children.

**C. Group work with children**

The group work with children, in comparison with one-to-one counseling, gives a child greater freedom to speak and participate when he or she feels inclined to do so, as other members share the spotlight and can fill an uncomfortable silence.

Children who feel distressed and worried about some aspects of their lives usually have no idea about either who can help or what means are available for doing so.

When such children find themselves in a group with peers who have similar worries, they feel a sense of relief that they are not "the only ones" and hopeful about the prospect of peer understanding and support.

**Rationales for using group work when working with children**

1. Children live and must be able to function as social being.
2. School-age children define themselves in terms of their group membership, not just as individuals.
3. Children's intrinsic need for belonging and acceptance and their developing sense of personal identity.

Therefore, a helping/counseling/therapy group provides children with a social experience in a safe, nurturing environment that encourages emotional expression and problem solving in the process of demonstrating different individual styles of interacting and coping with common problems. Depending on the type of group and its composition, each member will unavoidably be exposed to a variety of responses beyond his or her individual repertoire. Therefore, a counseling group constitutes a learning experience, in addition to providing support and acceptance.

Groups

1. Provide socialization experience
2. The child is exposed to a wider range of relationships.
3. Group treatment is more interesting to the child because there are more varied activities and experiences.

The power of a group to promote behavior change can be far greater than in individual treatment because of the member's strong motivation for peer acceptance.

**Determining factors of membership in group work.**

1. Purpose of the group
2. The degree of homogeneity and heterogeneity among members
3. Ages and gender of members.
4. Level of maturity and attention span
5. Type of problem situation

**Ground rules in group work with children**

1. Listening (i.e., only one person talks at a time)
2. Right to pass (i.e., members have no obligation to speak or respond)
3. No putdowns (i.e., there is to be no teasing or name-calling)
4. Confidentiality (i.e., members can report outside the group only what they and the leaders have said in the group, not what other group members have said)

**D. School based intervention**

Next to the family, the school is probably the biggest influence on a child's life. In fact, because the school assumes responsibility for students during the time the children are on the school.

School-based interventions necessarily include work with the community and with parents, in addition to individual and group work with children. Helping children through school-based interventions includes work "from the outside in" (collaboration initiated by professionals outside the school system), as well as work "from the inside out" (efforts initiated in the school and reaching out into the family and community).

**A. From the outside in: essential communication with the school**

Any effort to help a child must always consider the nature of the child's functioning in school. Because learning requires psychic energy, a kindergarten child's preoccupation with her mother's impending surgery, for example, may cause the child to have trouble concentrating and to appear confused to the teacher.

Ideally, the medical social worker, knowing that the mother has a young child, would obtain the mother's permission to contact the school in order to inform appropriate personnel about the impending surgery and hospitalization. This information would permit the school to connect changes in the child's behavior to her worries about her mother. Referral to the school social worker would insure

that the child would receive support during this difficult period. Professionals in the community should point out to the parents the relationship between a child's emotional state and his or her ability to concentrate and learn.

In addition, parents need to understand that when they are worried, the child usually intuits the parents' concerns, even in the absence of direct information. When social workers in family and child welfare agencies, hospitals, and emergency crisis clinics inform the school about a child's exposure to an upsetting event, this not only sensitizes the school regarding the child's needs but also helps build relationships with relevant school staff members that may pay future dividends by expediting referrals and facilitating future collaboration about the case.

**B. From the inside out: working within the school**

It refers to efforts initiated in the school and reaching out into the family and community. The parameters of the school social worker's role are specified by Costin (1987), who identifies the following roles and tasks:

• Identification of children in need.
• Extending services to pupils.
• Work with school personnel.
• Educational planning for disabled children.
• Work with parents.
• Community services.

The main purpose of the schools is education; social workers in school settings must help fulfill this educational purpose. According to Hepworth and Larsen (1982, p. 283), the goals of the school social worker center upon helping pupils attain a sense of competence, and a readiness for continued learning. Increasingly, the focus of school social work is on cognitive areas learning, thinking, and problem-solving as well as the traditional areas of concern, i.e.

relationships, emotions, motivation, and personality. In order to facilitate the child's learning, the school social worker serves as a liaison within the school system between the children and the school staff and outside the school system with the parents and community personnel.

This role may include, but is not limited to, the following tasks: These are

- ✓ Collecting information about a child for a social history.
- ✓ Discussing with teachers, school nurses, and other staff members about methods for helping a child.
- ✓ Planning meetings for parents, with speakers and discussions focusing on topics of child behavior, parenting techniques, and relevant community concerns.
- ✓ Working with community agencies to establish connections for children in need.
- ✓ Collaborating with foster care, family, welfare, probation, and other social service agencies that are involved with the child and family.
- ❖ In general the role of the social worker in school setting could be consultation, facilitation, collaboration, education, mediation, advocacy, and intervention.

**The necessary knowledge and skills expected from school social workers**

The multidimensional role of school social workers requires both **generic** and **specialized** knowledge and skills. The generic base of knowledge and skills includes the ability to do the following:

• Think systemically.

• Formulate a comprehensive bio psychosocial assessment.

• Appreciate ethnic diversity and its effects on children's socialization.

• Establish and maintain relationships with parents and with personnel relevant to the work with a child.

• Help all parties formulate specific goals related to the child's needs.

• Link the family system to community resources.

• Monitor the progress and involvement of the child and others with respect to the goals .

The core of **specialized knowledge** required for competent practice as a school social worker includes the following:

- Understanding of special education and of the related laws.
- Knowledge about children's rights and parents' rights.
- The ability to work on a team and to communicate effectively with professionals who are not social workers.
- The ability to work within the bureaucratic structure of the school system.
- The ability to implement cognitive-behavioral treatment with children, families, and teachers.
- An understanding of the impact of physical, sexual, and emotional abuse and neglect on a child and knowledge of how to respond appropriately when children are affected by these and other traumatic situations.
- The ability to provide therapeutic intervention with children and families in both one-to-one and group formats.
- The ability to apply crisis intervention theory appropriately, including an understanding of when to utilize appropriate community agencies in a crisis situation.

# CHAPTER SIX

## Helping children in different circumstances 1

There are different conditions where children need special assistance from social workers and other professionals. This handout will discuss about children who live in different circumstances such as

- ***Children in foster care and kinship***
- ***Children in divorcing and reconstituted families***
- ***Children in drug abusing families.***

### A. Children in foster care and kinship

This part presents ways to help children and their families when the children are in either foster or kinship care. Whenever family members are available, they must be included as partners in the helping process; when they cannot be located or when they are unable or unwilling, children should be helped to identify and resolve their feelings about their lost or absent "home" and relatives.

A child's sense of identity is connected to his or her family, and the process of helping the child requires that the family be included in work with the child, either in reality or symbolically.

As been discussed in class placement in foster care or kinship has a negative impact on the child.

***Evaluating placement as a crisis: The use of tripartite assessment***

**Tripartite assessment**" as a method of evaluating the impact of a particular crisis or bereavement experience on a child. Tripartite assessment looks at the interaction of three groups of factors: those related to

(1) The individual,

(2) The situation,

(3) The support system of family and community.

- ❖ Tripartite assessment will assist in evaluating the need for the placement and in assessing the prospects for returning the child to his or her family.

Before understanding placement as a crisis it is first very important to understand what crisis is. According to Gilland and James (2001), crisis is "a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person.

Shortly placement has a negative impact on both the child and the parents.

***To parents***

- Exposed as unfit to care for their own child
- Loss of self-respect
- Feeling unsuccessful about their parenting.
- Feeling of shame, anger and guilt.

***To children***

- Poor ego development and reduced ability to deal with everyday difficulties of life.
- Feeling of guilty in causing the placement.

**What is foster care and what is kinship?**

**Who takes the first step to take care of the child when the parents of the child are not available?**

In our case it is most of the time grandparents and specifically grandmothers who takes the first step to raise the child. This kind of care is called “skipped generation kinship care”. Next to grandparents uncles, aunts and other close relatives of children takes the second step to take care of the child. This is what we call kinship care.

**How about when grandparents and relatives are not available?**

In such cases children are placed in institutions known as foster care institutions. Most known placements in our country are “AbebechGobena, Marry Joy and etc.. this are institutions that give services to children whose grandparents and relatives are not available or unwilling to take care of the child.

**What are the factors that determine placement of a child?**

This is the role of social workers to determine the factors by using the tripartite assessment. There are three factors under tripartite assessment. Therefore factors that determine placement can be seen in a tripartite assessment. This are

**A. Individual and family factors**

There are parental and child factors that determine placement under this category.

**Parental factors** are when parents:

- Neglect their children
- Abuse their children
- Abandoned their children
- Are in prison
- Are addicted
- Have mental and physical illness that interferes with taking care of their children.
- Are dead.

**Child factors** are when children

- Have academic difficulties
- Interpersonal problems
- Antisocial act
- Physical/sexual abuse
- Exposure to trauma

- Experiences of loss
- Medical problems.

**B. Social and environmental factors**

These are conditions related to neighborhood environment, home environment, and social factors. In the neighborhood there might be criminal activities, availability of drugs and lack of safety in that environment. In the home environment there might be problems of lack of supervision and privacy.

In addition to these social factors also have impacts. Social factors can be unemployment in that environment, poverty, and discrimination. These factors together determine the need for the placement of a child.

**C. Mediating factors in the support system**

We have seen that there are parental, child, social and environmental factors that determine placement. Having this factors we have to remember that there are still some mediating factors that determine placement.

Determining placement means weighting the pros and cons of the factors and deciding on placement or letting the child to leave in that environment if mediating factors wrights the other factors.

***So what could be mediating factors that determine placement?***

Some of the factors could be

- Availability of extended family: ability to provide support
- Schools: availability of  special after school programs
- Religious/cultural associations: participation of the child and the parents.
- Presence of positive role models/mentors at home and community.

**Different levels of care**

Refers to different places where social workers can involve in assisting children who are in foster care and in kinship. These levels of care can be

1. Foster care
2. Residential treatment centers
3. Group homes
4. Day treatment programs
5. Shelters
6. Family and psychiatry clinics.

The focus of the discussion will be on **foster care**, **kinship** placements and **group and institutional care.**

**A. Foster care:** Foster care consists of a temporary arrangement for child care in a substitute home when the parents cannot take care of their own child because of some serious situation. The expectation is that the child will return to the parents' home when the conditions precipitating the foster placement have been corrected. Children have difficulty adjusting in the new home, where they m a y not be able to trust the foster parent or conform to a new routine and expectations. Unable to adapt, many children act out; then they are moved from one foster placement to another, with increasingly negative effects on their sense of security and self-esteem. The longer a child stays in foster care, the smaller the child's chances of obtaining a permanent home.

**B. Kinship care:** Is a form of placement when a child lives with grandparents, aunts, siblings or other relatives because of their own parents were unable or unavailable to take care of their children.

## Negative impacts of foster care

Although foster care is supposed to be temporary (limited to 18 months), it is often long-term. Frequently, children have difficulty adjusting in the new home, where they may not be able to trust the foster parent or conform to a n e w routine and expectations. Unable to adapt, many children act out; then they are moved from one foster placement to another, with increasingly negative effects on their sense of security and self-esteem.

- ❖ The longer a child stays in foster care, the smaller the child's chances of obtaining a permanent home, according to Brieland et al. (1985).

## Negative impact of kinship care

Negative impact of kinship in the families could include ongoing family conflicts regarding the custody of the child, especially when the child's mother has a substance abuse problem and the grandmother doubts that her rehabilitation will last.

Other difficulties can occur when the child still longs for the mother and wants to return to her despite the grandmother's love and good care. This situation creates a loyalty conflict for the child similar to that felt by many children in divorcing families who feel torn between their parents.

### C. Group and institutional care

Some children are too conflicted to function well in a foster home, either with grandparents or with nonrelated foster parents. Their complex behavioral/ psychological problems require specialized services that aremore likely to be available in residential treatment settings with intensive programs and a multidisciplinary staff. This type of placement should be considered when children demonstrate the following:

- ✓ Poorly developed impulse control
- ✓ Low self-image

- ✓ Poorly developed modulation of emotion
- ✓ Deficiencies in forming relationships
- ✓ Special learning disabilities
- ✓ Limited play skills
- ✓ Mental health problems for instance autism.

**Typical issues for children in placement**

The families of children who require placement have histories of substance abuse, homelessness, domestic violence, AIDS, emotional disturbance, poverty, and imprisonment. (Children's Defense Fund2000). Children born and growing up in families struggling with these problems suffer consequences in the form of attachment, trust, identity, and loss difficulties.

Often their development has been compromised because of environmental factors that have left their parent(s) overwhelmed, helpless, and hopeless. Growing awareness of the importance of helping the family has resulted in programs that are family-centered and focused on family preservation.

Many practitioners now believe that it is artificial and faulty to separate children's issues from family issues (Walton, Sandau-Beckler, & Mannes, 2001). But focus only on the family may not be sufficient to help a child whose development has been seriously compromised. Many of these children need individual professional help to overcome their histories of neglect and abuse. Social workers and other practitioners must be sensitive to the impact of a child's history on his or her development and be knowledgeable about some specific child-focused methods for helping.

Therefore, working only with the family without devoting additional special attention to the child's individual needs cannot repair the damage caused by years of neglect and/or abuse. In turn, foster parents who assume the care of children with multiple losses need assistance in understanding the children's extensive

needs in order to respond to them sympathetically and realistically. The range of intervention methods to meet these diverse needs includes family, group, and individual helping approaches.

## Interventions with the children

Most (if not all) children in foster care and in residential treatment experienced losses, ranging from multiple moves to parental separation, death, or abandonment. Therefore there should be ways in assisting these children. Some of the intervention methods could be:

1. **Family centered approach**: this is a way of helping the family to help the child. But still this will not be enough as there are different kinds of children who need professional assistance.

- Foster care providers: they need to be assisted in understanding the children's extensive needs, in order to respond to them sympathetically and realistically.
- They should also be assisted to realize that it will take some time for the child to develop sense of trust.

2. **Child focused approach**: there are specific ways of helping children in which social workers are expected to know and apply them when working with children in foster care and in kinship. Children in foster of kinship have either lost their parents (death of parents) or the parents are alive but cannot take care of their children because of different factors (unavailability of parents). Therefore children need to be supported either in reality (if parents are alive) or symbolically (if parents are not alive).

## Specific methods to help children

A. **Life books**: A "lifebook" is a document in which an individual records his or her unique life story (Aust, 1981; Backhaus, 1984). When created for the benefit of children in placement, it contains stories and/or factual accounts dictated or written by the child about his or her memories; it also contains the child's own drawings and may include photographs, if available.The use of a "time line" in the life book helps the child depict the significant events of each year of his or her life, clarifying various moves and the significant people at each location (Doyle & Stoop, 1991). The purpose of making the life book is to help the child understand his or her own history and simultaneously to provide the opportunity for validation and release of feelings connected to the powerful memories.

B. **Letters to absent or deceased family members and others:** An essential part of grief work involves the expression of feelings related to the unexpected death or departure of a family member. Often when a death or other loss, such as abandonment, occurs, the family members are left wanting to see the person again so that they can ask or tell them something important. This "unfinished business" sometimes consists of expressing anger or sadness at being left. Writing letters to the missing or dead person and reading these aloud in an appropriate setting can relieve the person of some of the burden of sadness, guilt, or anger. This may be relevant for foster children who feel unfairly treated or who have been abused, as well as for children (and adults) who have suffered a loss through death

C. **Helping them to know about their identity**

Children have an identity need. So help them to know about that by showing them where they were born, the places they grew up and etc…. to make them feel that they have identity just like other kids they know.

## Roles of social workers when working with children in placement

Social workers in child welfare settings have a multifaceted role—

- one that includes direct work with culturally diverse children and families,
- work with the family court and the department of social services,
- Necessity of functioning on an interdisciplinary team.
- A social worker often serves as a case manager, coordinating the progress reports of a child's residential staff, educational and psychological reports, and all matters related to setting goals and evaluating the child's progress.

## Special challenges

Some of the special challenges to the social worker in child welfare settings relate to the need to work with very resistant and overwhelmed families in a political climate in which funding is decreasing. Sometimes the worker's own feelings of discouragement can be an obstacle, especially when the worker assumes too much responsibility for a child or family and in the process fails to respect appropriate professional boundaries. The worker who shares all the pain with his or her clients will soon suffer burnout and become ineffective.

## Special rewards

- ❖ Seeing the child go from depression or mistrust and hopelessness to trust and belief in the possibility of happy future.
- ❖ Personal satisfaction

## Summary

Children in foster care, through no fault of their own, grow up without the security of a stable family. When extended family members are not available to assume their care, they are thrust into the child welfare system. Unresolved mourning is a vital issue for these children. Children who are moved from one family to another, and who may lose contact with their biological parents through either death or

abandonment, need assistance to put their experience into perspective and to realize that they were not to blame.

**Helping children under special circumstances 2**

**Children in divorced and reconstituted families**

**A. Children living in divorced families**

Different researchers conducted in our country Ethiopia and in other parts of the world, causes of divorce are many in number. Researcher in our country (the findings) shows that, verbal and physical abuse, trust issue but based on evidence, sexual incompatibility, hiding true income (common on husbands), hiding the true history and when knowing the true story, it becomes major cause for divorce. In addition to that findings also show that communication difficulty, when love no longer exists between the spouses, interferences from previous relationships, relatives, and children have been major causes of divorce.

All the mentioned causes of divorce have negative impact on both the divorces and children or anyone who lives in that household.

**Impact of divorce on parents**

- Higher level of depression
- Lowe level of life satisfaction.
- Sense of failure (feeling unsuccessful about marriage)
- Loneliness (not having someone around to talk with and do things).

Divorce has also a **negative impact on children**. Some of them could be

- Upset
- New rules and regulations because of single parenthood or reconstituted family
- Lower economic status
- Changes in the school and home environment
- Reduced or absent communication with the non-custodial parent
- Adjustment to stepparents and step siblings
- Confused feelings about where they belong.

**B. Children living in reconstituted families**

The term **"reconstituted family**," also sometimes called a "**blended family**," refers to a family in which one or both partners have been married before and are combining two families into one. The world of these children therefore consisted not only of their mother, father, and brothers and sisters but also of a stepmother and her children and a stepfather and his children. Sometimes this meant that the child changed residences on weekends and vacations and might have to share a previously private sleeping space with the "new" stepsiblings. Other times he or she would be the one to "move in" on the stepsibling, who might or might not welcome him or her.

Every family is unique but children in divorcing and reconstituted families have some important issues in common that social workers need to consider in the helping process.

This part of your handout focuses on helping children in divorcing and reconstituted families.

## Issues of loss and multiple stressors because of living in divorced and reconstituted families

### A. Issue of loss

It is related to a condition when one parent is not available. In such cases the child will ask different questions about the missing parent. Depending on the answers she/he will accept the condition or continue to think about it over and over again. For instance if a mother told her daughter that the father of the daughter has left her in her time of pregnancy, the child will soon think that her father is a bad person.

- It has a psychological effect that the girl will trust men in her future relationship.
- Will also develop a bad image about their identity.

✓ Other losses experienced by many children in divorcing and reconstituted families relate to the reduced economic status and possible changes in schools and living arrangements that often accompany divorce, remarriage, and/or a period of single parenthood.

✓ Furthermore, when a parent's marital status changes, relationships with the kinship network also usually change; in fact, a child may lose contact with a group of grandparents, uncles, and aunts, because the custodial parent no longer feels comfortable in their presence.

✓ In the single-parent home following a divorce, a parent may work long hours and want to devote some time to adult relationships without the child(or children). This can cause a child to feel resentful, rejected, and lonely.

✓ A child in a single-parent household may also be expected to share in performing tasks and/or to accompany the parent on some responsibilities. Sometimes the single parent unwisely begins to confide in the child, almost

as if the child were an adult. This blurring of parent-child boundaries causes the child to worry about adult concerns prematurely. When this happens, the child is losing his or her very childhood.

- ❖ In most cases when parents divorce elder children take the first step in taking care of the younger. This is a big responsibility for the child and it also interferes with the early childhood of the child.

## B. Issues of multiple stressors

### 1. Parents reduced time and income

Income might reduce as a result of divorce. In this case there will be financial problem. In this case parents may not be able to provide the child with everything that the child needs. Parents need to work hard to overcome the financial need which in the long run causes reduced time with children because of workload.

- ❖ In this case children feel that they are different from the other kids in their surrounding feeling that parents do not provide them with the things they need and do not spent time with them.
- ❖ They feel different from those children whose parents provide them with things and give them full attention and time.

### 2. Put in the middle

Another source of stress for children m divorced families occurs when they are "put in the middle and asked by one parent to convey messages or to keep secrets from the other. This behavior creates disturbing feelings of divided loyalties in the children. Some parents keep on asking questions about the other parents or not to tell certain things to the other parent. This situation puts children in the middle.

### 3. Worries about their parents' happiness and their own uncertain future

Rather than assuming that their lives will continue on a certain course, children in these families know that conflict can lead to broken relationships and major life changes. Custodial parents may be angry or depressed and thus may lack

energy to focus on the children. The children may worry about both the parent with w h o m they live and the absent parent, in addition to their own futures. These children have personally experienced the fragility and the complexity of life; this experience, although strengthening the coping capacities of some, may also lead to premature suffering and strong feelings of personal vulnerability.

4. **They feel stigmatized when their families from the societies' norm.**

They feel like their parents are different from their friends' parents.

5. **Educational difficulties**

Researchers indicated that Children in single-parent families are at greater risk of educational difficulties than children living with two parents. "They score lower on standardized tests, get lower grades in school, and are twice as likely to drop out before graduation.

**Goals in helping children in divorcing and reconstituted families**

Depending on the circumstances of each case, individual, family, or group methods can help children in divorcing or reconstituted families express and resolve some of their feelings of loss and stress. Regardless of the particular method, the work must emphasize that the adults are responsible for creating and resolving the family difficulties. Children must be reminded repeatedly that they did not cause the situation and that, because they are children, they cannot remedy it. The adults involved have to free the children to proceed with their lives and to leave adult concerns to adults. Wallerstein (1983) and Wallerstein and Blakeslee (1989) describe six "psychological tasks" that children of divorce must successfully resolve. The tasks are as follows.

1. **Acknowledging the reality** (of the marital rupture, of a parent's remarriage, or of a parent's single status). Children may deny the reality or fantasize about a status or outcome they would prefer. The adults can help the children by providing them with information in terms that the children can

comprehend, including the reason for the current living situation. This should be done with consideration for the children's feelings and for their limited ability to understand complex adult motivations.

2. **Disengaging from parental conflicts and distress** and resuming their own customary, age-appropriate pursuits. It is contradicted for children to spend their time worrying about their parents. This worry takes energy and consumes time and effort that the children otherwise would be able to put into schoolwork or social activities. Parents who may

(Knowingly or unknowingly) use their children as friends need to be counseled to find peers with whom to share their concerns.

3. **Resolving the loss**. This refers to a child's feedings of confusion and rejection about an absent parent. Children should be encouraged to talk about their feelings, in group or individual counseling, as well as with their parents in parent-child sessions. In situations in which a child has grown up in a single-parent family and has never known his or her father, the child needs to acknowledge that he or she has a father but that for many complicated reasons his or her parents decided not to live together. The emphasis should be on the fact that this was an adult decision.
4. **Resolving anger and self-blame**. It is very common in situations of divorce for children to feel great anger toward one or both parents. Even when they have witnessed years of painful conflict between their parents, many children still cling to the belief that the divorce was preventable. Some children also blame themselves for causing or contributing to the divorce because their parents argued about them or because they did something that upset the parents. Sometimes a child in a single-parent family feels that he or she is a burden to their parent and possibly the reason for the parent's not remarrying. In a reconstituted family, the child’s anger

may be projected onto the stepparent, who is viewed as the cause of the divorce and of all subsequent difficulties.

5. **Accepting the relative permanence of the parental status** (divorce, remarriage, or single life). This goal encourages children to give up their hope of magically remaking their families according to their o w n preferences. Although as adults we know that nothing in life is truly permanent, children who hang onto a fantasy that their parents will reunite or that their father or mother will leave a new relationship are depriving themselves of the opportunity to invest emotionally in the family in which they presently live. If we are always hoping for something different, we lose what we have.
6. **Achieving realistic hope regarding future relationships**. Some of the longitudinal research on children in divorced families (Wallerstein&Blakeslee, 1989; Guidubaldi, 1989; Wallerstem, Lewis, & Blakeslee, 2000)reports that children of divorce struggle with feelings of anxiety about love and commitment in their o w n intimate relationships. Hetherington(2002), hi a study of 1,400 families, found that about 20-25% of children of divorced parents had later difficulties in adjusting socially and in establishing trusting relationships themselves. Because they had witnessed unsuccessful marriages, they feared that they would have similar marriages themselves, and, as a result, they had problems with intimacy.

**The process in the court**

In our context final decision of divorce is made in the court after many attempts by relatives and close friends of the spouses. This  days in our country divorces cases are seen by social workers who works in the court. If there are children in the family who are below the age of 18, the cases is seen by social workers. In this case social workers play the role of a mediator and helps spouses to resolve their

conflict and leave their idea of divorce. If mediation did not work out, social workers asses about where the child client/s should grow up. In general social workers in the court setting are working to promote the best interest of the child who comes to the court because of the problem of their parents.

In determining where the child should grow up (either with the mother of father) social workers assess different aspects in the family.

**Factors determining the custody of the child**

These are some of the things that social workers should consider when assessing about the residence of the child. According to Koocher and Keith-Spiegel (1990), most states subscribe to the concept of "the best interests of the child" in making legal decisions in court custody cases. The following factors are considered in making such a determination:

- ✓ The nature of the child's relationship with each parent.
- ✓ The capacity and willingness of each parent to care for the child.
- ✓ The presence of a stable environment and the length of time the child has spent in that environment.
- ✓ The likelihood that the h o m e will serve as a family unit.
- ✓ The nature of the child's adjustment at school and in the community.
- ✓ The moral fitness of each parent.
- ✓ The physical and mental fitness of each parent.
- ✓ The child's own preference.
    - ❖ After considering these factors the social worker will report this condition to the court and will help the non-custodial parent remain as responsible parent even after divorce.

**Practical finding of roles of social workers in the court**

As been mentioned social workers in the court are working to promote the best interest of the child. Because of complicated civil cases, spouses reach to a divorce.

The decision of divorce affects both the divorcees and their children. as a matter of fact courts are now including professional mediators (mainly social workers and psychologists) to reduce the negative impact of divorce on children. Mediators:

1. Try to resolve the conflict- helps them to forget their idea of divorce and live peacefully or
2. Helps them to reach to a peaceful divorce where the non-custodial parent will be assisted on how to remain as a responsible parent even after divorce or separation.
    - ❖ In this case mediators help spouses (disputing parties) to agree on the child custody (where the child should live, where the best place is for the child), maintenance of the child (expenses the child needs based on the age of the child), and visitation (the non- custodial parent is responsible in visiting his/her child on weekends or…. Based on their agreement on mediation sessions.

**Role of mediators in the court**

- ✓ **Facilitating** the conversation that takes place between the conflicting spouses
- ✓ **Giving them assignments** to be done at home. For example: write about your family, what does it mean to you, how do you imagine your life without your wife/husband?
- ✓ **Preparing private and common sessions**

  Social workers talk to the spouses in both private and common sessions
- ✓ **Educating** them about the effect of divorce on children psychology, education and future education
- ✓ **Giving directions**

  If social workers believe that the actions of the client are wrong they tell them that they are doing a wrong thing.

- ✓ **Bringing scenarios**: in this case mediators bring the case of others to teach the spouses about different issues.
- ✓ **Referrals**: in this case social workers/mediators refer women/children to NGO or GO so that they could get shelter

**Summary on helping children in divorcing and reconstituted families**

Children who live in divorcing and reconstituted families must cope with numerous stressors and losses. All children are responsive to the conflicts within their families and to the attitudes of others toward their families. When parents divorce, remarry, or decide to remain single, their children must cope not only with their own anxieties about their own lives but also with the responses of people in their network of school and peers about the changes and lack of stability in their families.

Individual, family, and group helping methods can assist children with their confused feelings. However, in situations involving divorce and custody disputes, the children have often experienced years of conflict between their parents before they are referred for counseling. Although the marriage may be beyond repair, the parents should nonetheless be enjoined to act in the best interests of their child or children, in order to prevent further pain to them. The court could play an important preventive role in this regard by insisting on a minimum of three sessions of counseling for divorcing parents, to attempt to orient them to and educate them about their children's needs.

**Helping children in different circumstances 3**

# Children in substance abusing parents

## Clarification of terminologies

1. **Substance abuse:** refers to a maladaptive pattern of substance use in its early phases, with danger signs such as not fulfilling major role obligations at work or home and continuing to use a substance despite frequent interpersonal or social problems caused by the substance's effects.
2. **Substance dependence**: refers to a dysfunctional pattern of substance use leading to clinically important distress or impairment over a 1-year period, during which tolerance and withdrawal increase use of and desire to obtain the substance also increase, and other activities are given up because of substance use.

When working with children who have substance abusing parents, their parents needs treatment on its early stage because it will be a problem for the children and the entire family.

## Substances and their impact

There are various substances that are consumed in our society. The impact of substances can be seen from their impact on

1. The central nervous system (CNS)
2. The person’s thinking and behavior .

Some of the substances can be

1. **Depressants:**

   **Effect on the brain and person's thinking and behavior**: Slow down, sedate brain tissues; alter judgment and behavior; cause agitation (hangover) in coming off.

**E.g**. Alcoholic beverages; barbiturates and sedatives/hypnotics; minor tranquilizers (Librium, Valium); low doses of cannabinoids (marijuana and hashish）**.**

2. **Stimulants**

**Effect on the brain and person's thinking and behavior:** Increase or speed up function of brain; can produce acute delirium and psychosis (symptoms may include hallucinations, paranoia, and hyper sexuality); violent behavior may occur with use of potent forms of cocaine.

**E.g**. Chat, Amphetamines; cocaine; caffeine; nicotine **.**

3**. Narcotics or opiates**:

**Effects on the brain and person's thinking and behavior:** Decrease pain; create a sedative and tranquilizing effect; may cause stupors inactivity (daydreaming/fantasies); may cause physical agitation upon withdrawal (panic and violent behavior may occur at this time).

**E.g.** Opium, morphine, heroin, codeine, paregoric, methadone; Demerol, Darvon, Prinadol

The focus of this part of your handout is helping children who grow up in families were drug abuse and drug dependence are common. Growing up in such families has a negative impact on children, even if some children remain resilient and grow up as the best people.

## IMPACT OF GROWING UPIN A SUBSTANCE-ABUSING FAMILY/ENVIRONMENT

When parents are abusing or dependent on depressants, stimulants, narcotics/ opiates, or psychedelics/hallucinogens, their ability to focus on and respond to their children is significantly impaired. When children grow up in such families they will face issues of **multiple stressors** and **multiple losses**.

### A. Multiple stressors

- ✓ Starting from utero infants of cocaine-abusing mother suffer from decreased growth rate, and when they become toddlers they become impulsive (excess fast).
- ✓ When parents are dependent or abuse drugs their ability to focus on and respond to the needs of their children will be reduced.
- ✓ Parents disorder because of drug will take priority over the basic needs of the child
- ✓ Will lead children to poverty and homelessness or unstable housing.
- ✓ When they grow up in such family they are at great risk of abusing/being dependent on drugs. (the likelihood increases)
- ✓ If they start using these drugs as a child they will have conduct problems, become delinquents, involve in crimes and will be arrested.
- ✓ If parents are substance abusing children will be neglected and abused (physically and sexually). This activity will lead the child to maltreatment.

### Child maltreatment

Child maltreatment refers to all physical abuse and marked neglect on the child.

What are the manifestations of a neglected child?

A neglected child means a child whose parents

- Fail to supply basic needs (food, care, clothing and etc…

- Lack supervision or follow up by parents
- Abandoned the child because of different reasons.

❖ Therefore drug abuse disorder and child maltreatment is correlational (strong association).

## B. Multiple losses

✓ Loss of sense, safety and security

✓ On the most basic level, these children are deprived of a structured, predictable routine, because of their parents' inconsistent moods and behavior. The children never know when they may have to take complete care of themselves, in addition to their parents. This uncertainty seriously interferes with the children's ability to become involved with peer activities, as the parents' need may take precedence over the children's wishes for more age-appropriate involvement.

✓ They feel different or ashamed of his/her family circumstances and this feelings leads to social isolation, loneliness and depression. In the long term the child will not have a chance to test early childhood.

✓ Separation from parents if the case is very serious. The separation could cause more harm to the child if placed in foster care or kinship.

## Challenges of social workers

✓ When working in the placement of the child he/she will not be recognized as someone who wants to help the child, rather punishment for the parents for not taking care of the child.

✓ Many people do not think that drug abuse is not a problem rather a weakness that doesn’t need treatment so they deny that they have problems. If they don’t believe that they have a problem it is a challenge for the social worker to intervene on that.

- ✓ Deciding on separation and keeping the child at risk at home. The social worker has to decide either on the placement of the child in a foster care or in kinship. And as been discussed being raised in a foster has its own negative impact on the children. Therefore it is a challenge for the social worker to decide on the placement on the child or to leave the child at home with his/her substance abusing parent/s.

**Intervention when helping children in substance abusing families**

1. **Combining individual and family helping methods**

Because substance use disorders affect individuals, families, and communities, a broad approach to helping is necessary, using a combination of psychological, educational, behavioral, and environmental interventions . The primary focus in such a case must be on the substance use problem itself, because, as Copans (1989) has stated, "treating a family with a substance disordered] member without acknowledging, confronting, focusing on, and dealing with the [substance use] is generally doomed to failure".

Furthermore, after treatment, the best chances for lifetime recovery are afforded by ongoing participation in one of the Twelve- Step self-help groups, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA). Whereas the use of alcohol or drugs previously dominated the substance-disordered person's life, the focus after detoxification (if needed) and treatment must change to a commitment to remain drug- and alcohol-free. The disorder is not "cured," but, like diabetes, it can be controlled if the individual initiates and sustains a certain lifestyle.

This usually entails finding new friends who share the recovering individual's goal of maintaining sobriety. Contacts with the previous network of substance-using peers must cease. Moving to a new neighborhood, when this is possible, symbolizes leaving the past behind and represents a new beginning.

## 2. Helping Substance-Abusing Parents

Is a less costly treatment approaches to helping substance-disordered parents on an outpatient basis following detoxification include day treatment, intensive patient rehabilitation programs, ego-supportive individual treatment, various self-help groups, and intervention with family members.

Other ways where we could help parents could be through

- Educating them about effect of drug abuse and dependence on their children
- Giving them counseling services
- Giving them parenting education
- Encourage open discussion of the problem among family members and other families with similar problems

# CHAPTER SEVEN.

## Social work practice with families

Family is the building block of society and continues to remain the foundation of most people's lives. Social workers often encounter individual clients who initially appear to have individual problems. However another way of looking at the problem is from a family perspective. That is you might view a problem not as belonging to the individual but rather to the individual's entire family. That is why social workers work with individuals, groups and families in order to help their clients.

**Definition of the family**

There are various ways to define families. For instance, the family' denotes a unit consisting of a husband and wife, and their children (Elliot, 1986), Family is a group of two or more persons related by blood, marriage, or adoption. (U. S. Census Bureau, 1990), two or more people who are committed to each other and who share intimacy, resources, decision-making responsibilities, and values. (Olson and DeFrain, 2000, p.10). The constitution of EPRDF has also defined the family and denotes that as it is the basic unit of the society, it has to get protection by the state.

So:

- Should we limit the definition of family to the definition formalized by government bodies?
- Should the definition be extended to include informal unions?
- Should a family be defined to include groups such as adoptive families, foster families, cohabiting units and so on? Or
- Should it be left to the people to define family based on their own lived experiences?

- We have discussed a lot on this question so you can have your own stand for the definition of the family.

For the process of learning there are definition of families that we can consider.

1. Family is a primary group whose members assume certain obligations for each other and generally share common residence.
2. Family is a grouping that consists two or more individuals who define themselves as a family and who over time assumes those obligations to one another that are generally considered as an essential component of family systems.

**Functions of the family**

The functions of the family vary according to the background of the family and the community. The social, economical, cultural, religious and ethnic heritage of the family as well as the new environment, new attitude, pressure, values and behaviors to which the family currently is exposed influences the functions of the family.

**Functions of the family.**

The family is the basic unit of the society and serves the following purposes or functions.

- ✓ Procreation and upbringing of children
- ✓ Socialization of members (teaching children or new members to the society about the culture, values and norms of the society to the next generation).
- ✓ Center for economic activity involving both production and consumption.
- ✓ Center of security providing protection for members
- ✓ Provision of mutual support involving emotional, social, spiritual, cultural and economic support.

- ✓ Provision of care and support for persons unable to take of themselves. Eg. Aged, disabled
- ✓ Sexual gratification/ function for the spouses
  - ❖ There are various functions families contribute to the members in that family and to the society at large.

**Diversity of families**

Diversity between families refers to diversity between structures. For instance one family may consists of a single mother who is living with her parents, some may consists parents with their children and some can be a reconstituted families.

In general family diversity means that **there are different types of families in the society.** Because of the cultural, ethnic and religious factors there are a wide variety of families in the society. The most common ones are discussed below.

**A. The nuclear family**

It is made up of parents and their children. It functions and resides independent of other family units which may be related to it. The parents are usually but not always bond to each other by marital contract or arrangement.

**B. The extended family**

It usually includes two or more nuclear families and various independent relatives residing together in the same house, on the same place of land, or in very close proximity to each other. It includes parents, children, grandparents, aunts, uncles and cousins in the same household.

**C. The single parent families**

It consists of one adult and one or more children. It is prevalent in developed countries and in urban centers of developing countries. It is mostly the result of divorce or widowhood. It also occurs when an unmarried/single women bearing

children. Most single parent led families are the product of divorce, although in recent years their number is increasing due to the shape rise in a number of single women having children out of a wedlock (out of marriage). These include

- ✓ Teenage mothers
- ✓ Older women who were successful in their professional and had end their child bearing stage but wish to experience motherhood.

**D. The polygamous family**

It occurs when one man supports more than one wife and the children

- ✓ We have discussed in the class about such form of family by mentioning the practiced culture in gurage region (southern part of Ethiopia). Previously a Gurage husband is allowed to support more than one wife and their children.

**E. The blended or remarried family**

It is formed when one single parent (divorced or widowed) marries another single parent. We have discussed while learning on working with children in different circumstances (the reconstituted families). Structurally, remarriage and consequent step family life is complex since it consists variety of parental figures, siblings and extended family members from current and previous marriage and are apt to be involved.

**F. Child-headed family**

It is formed when children lost their parents for a variety of reasons and start to live by themselves. Not only death but when parents live far away from their children it is the responsibility of children to lead the family mostly theresponsibility of elder children. This types of families are common in sub Saharan countries because of HIV/AIDS.

**Situations that influence family functioning**

In the beginning of the chapter it has been mentioned that families have different functions for members and the society. Still there are factors that negatively affects the family from providing this functions. Some of them could be

- ✓ Poverty
- ✓ Workload of members
- ✓ Conflicts
- ✓ Stresses
- ✓ Domestic abuse
- ✓ Drug abuse
- ✓ Diseases (physical and mental)

**Family conflict** can happen between parents and child and among spouses themselves. Don't always see conflict as a problem. Because family conflict represent the open sharing of these individual ideas and can serve as a mechanism for improving communication, enhancing the closeness of relationships and working with out dissatisfaction. Although each family is unique, conflicts and problems can occur in a number of categories. First there are relationship problems between primary partners (spouses or significant others). Second, there are difficulties existing between parents and children. Third there are the personal problems of individual family members. Finally there are stresses families face because of the external environment.

N.B. family problems do not necessarily fall into these categories or another.

**Families and the generalist intervention model**

Working with families follows the generalist intervention model just like any other type of social work intervention. Generalist intervention model expects the social worker to

1. Engage with the family
2. Conduct an assessment
3. Develop a plan
4. Implement the plan
5. Evaluate
6. Terminate the family and provide a follow up regarding the status of the family.

1. **Family engagement**

Social workers must be skilled in engaging members of the family and in focusing on the family as a whole.

- ❖ While saying working with families, the family system as whole is the client system.

It is important to manage initial contacts in a way that encourage work with relevant members of the family as a whole rather than settle on an individual who request for the service. Handling initial contacts wisely is important since it is the base for the next stages. Good engagement determines the success of the next stages. In the engagement the social worker should

- ➢ **Alleviate or at Least Minimize Early Apprehension** (minimize their worries in the participation).

- **Ask family members what is wrong**.Every member perceive the problem differently. A chance for the social worker to observe each members reaction to the problem.
- **Establish an agreement on what is wrong**. Having an agreement we will work on those that needs solution. But first families must agree upon their problems.
- **Concentrate on how family members relate to each other.**
- **Establish commitment to a plan of action**. (What things will be done and who will do that?

2. **Family assessment**

Assessment is an integral to the entire helping process. Assessment enables the social worker to avoid the mistake of assuming that you (the social worker) is in charge of the change effort. Both the family and the social worker work hard and do independent thinking.

Assessment is an ongoing process. It requires time taken together with clients that allows both the social worker and the client to pause, reflect and reevaluate the assessment.

Assessment involves getting information about the client system's problems in order to decide how best to intervene.

What are the things that are assessed in the family system?

This include

- Assessment of communication
- Assessment of family structure
- Assessment of life cycle adjustment
- Assessment of life event information.

## A. Assessing family communication

Assessing how family members communicate with each other relates directly to how effectively the family flourishes as a system. Therefore, assessment of communication is essential in preparation for intervention. Communication patterns may vary across different cultural groups. Some cultures promotes the value of openness while others prohibit openness. Whether or not family communication patterns are culturally influenced or otherwise determined, they may be faulty, causing significant problems and pains for the family members. Social workers thus must be prepared to assess the impact of family's communication styles upon the problem of members. To do so, social workers must be aware of the complexities of communication and prepared to assess the function of members' communication styles

## B. Assessing family structure

Family structure refers to the organization of relationships and patterns of interaction occurring within the family. Under the family structure there are five dimensions that must be considered. This are

- ❖ The family as a system
- ❖ Family norms
- ❖ Family role
- ❖ Family power structure
- ❖ Family intergenerational aspects

### i. The family as a system

Families are systems. The concept involved in system theory, also apply to family systems. Family structure, then can be assessed by thinking of the family in system theory terms. In general system terms, the family can be perceived as a dynamic system, consisting of a complex of elements or components (family members) directly or indirectly related to the network in such a way that each component is

related to some other in a more or less stable way within any particular period of time. The family systems theory suggests that individuals and their families. The theory suggests that individuals cannot be understood in isolation from one another—families are systems of interconnected and interdependent individuals, none of whom can be understood in isolations from the system. Family systems theory allows one to understand the organizational complexity of families, as well as the interactive pattern that guide family interactions.

The following terms are important to understand family systems theory

- ✓ Boundaries and subsystems
- ✓ Family roles
- ✓ Family rules
- ✓ Homeostasis/ equilibrium

**A. Boundaries and subsystems**

Boundaries: are invisible lines of demarcation that separate the family from outside non-family environment, they demarcate and protect the integrity of the system and thus determine who is regarded as inside and who remains outside. In a family system boundaries determine who members of that particular family are and who are not. Parents and children are within the boundaries of the family system and close friends of the family are not.

- ✓ Inside the family, boundaries are invisible lines of demarcation that differentiate subsystems; they help achieve and define the separate subunits of the total system.
- ✓ A subsystem is a secondary or subordinate system- or a system with in a system.

    e.g. Parental subsystems

    siblings subsystem

To make it more clear:

- For example a mother might form a subsystem with a daughter to whom she feels exceptionally close.
- Two siblings among the four might form another subsystem because of their exceptionally close and unique relationship

**B. Family roles**

Answers the question of "**what is expected from each family member?**

- The most basic types of roles are 'father', 'mother', 'son', 'daughter'. Then what is expected from each of these role?
- A father play the role that a society expects from the father. Mostly fathers are expected to be the bread winner of the house. A mother is expected to take care of the whole family members.
- But there are also roles beyond this most basic levels. For instance one person may be the clown (joker) of the family. Another person may be the responsible one. One may be the emotional one.
- Think of your own family what is the role of each member?

**C. Family rules**

Rules refers to formulas for relationships or guides of conduct and action in the family. Unwritten and convert, rules represent a set of prescriptions for behavior that define relationship and organize the ways in which family members interact. Since rules are implicit (unwritten laws governing the behavior that are often beyond the participants' level of awareness), they must inferred from observing family interaction and communication. For example

- How do decisions get made in the family? How is the final decisions made?

- Families tend to develop patterns about these sorts of things and other similar types of things. These patterns become unbroken rules. Family members may see these things as just the way it is, but different families do these things differently from one another

**D. Homeostasis/ equilibrium**

Systems develop typical ways of being which are reliable and predictable. Family roles and family rules are instruments that pull the system to not to change but to continue functioning as things have always been. Family homeostasis are is maintained to the extent that all members of adhere to a limited number of rules or implicit agreement that prescribe the rights, duties and a range of appropriate behavior within the family.

- ✓ Homeostasis is a system function that attempt to maintain or preserve balance. When faced with a disruption, it is the tendency of the system to regulate and maintain the cohesion in response to.

**ii. Family norms**

Family norms are the rules that specify what is considered proper behavior within the family group. Family rules are relationship agreements which influence family behavior. Many times, the most powerful rules are those that are not clearly and verbally stated. Rather, these are implicit rules or repeated family transactions that all family members understand but never discuss. Establishing norms that allow both the entire and each individual member to function effectively and productively is important for families.

In families with problems, however, the family norms usually do not allow the family or the individual member to function effectively and productively. Ineffective norms needed to be identified and changed. Positive, beneficial norms on the other hand need to be developed and adopted.

### iii. Family roles

Family roles are individual prescribed patterns of behavior reinforced by the expectation and norms of the family. In families, these roles usually involve behaviors that work for the benefit of the family. For instance, the parental role prescribe behaviors helpful in supporting, directing and raising children.

- ✓ Parents may assume the role of worker to earn financial sustenance for the family by being employed outside the home.
- ✓ They play the role of parent by taking care of the child inside the home
- ✓ On the other hand children might assume the role of student at school
- ✓ Children may play the role of helping their parents at the house or inside the house.

- There is a brand range of roles that can be assumed in families. It is important for the social worker to examine how roles are performed and whether or not they meet the needs of the family.
- There are a serious of questions which help to explore family roles. This include
  - ➢ What specific roles does each family member occupy?
  - ➢ Do the various roles played work well together for the family's benefit?
  - ➢ Are any of the roles unclear and left empty?
  - ➢ Is there flexibility among family roles so that the family is better able to adjust to crises situation?
  - ➢ Do the family's roles conform to basic social norms?
  - ➢ Do the family's roles function to enhance the family's feeling of self-worth and well-being?

### iv. Family power structure

All families develop a power structure. It is through this structure that the family system is able to maintain the behavior of individuals with acceptable limits and to provide leadership to assure that maintenance function of the family are carried out. Parental subsystems, for example use the power vested in their role to socialize, establish rules and shape the behaviors of their children.

Assessment questions that address the functionality of power structure include

- Is the family's powers structure stable, allowing the system to carry out its maintenance functions in an orderly manner, or does the power base shifts as members compete for power?
- Does the power base reside within the executive subsystems or within covert coalitions in the family?
- Are members of the family satisfied with the relative distribution of power?

❖ In general family power structure deals on ***who makes the final decision in the family?***

### v. Assessing the intergenerational aspects of family systems

Another important aspect of family structure is historical.

- What is the family's history?
- Under what condition were the parents or single parents in a family brought up?
- How did the parents' and grandparents' early environment affect each generation's behavior and the way of life?
- Has there been a history of alcoholism in the family?

- Or has corporal punishment to the point of child abuse been considered in a family norm and the like will help the social worker to understand the history of the family.

**C. Assessment of family life cycle adjustment**

Families, like members within them experience evolution and change throughout their life. Like the movement, change and transitions are essential to the development of children and adults, it is also important for family life.

- ✓ Family life cycle is the emotional and intellectual stages of individuals pass through from child hood to old age/ retirement years as members of a family.
- ✓ In each stage individuals face challenges in their family life that cause them to develop or gain new skills.
- ✓ Developing these skills helps individuals work through the changes that nearly every family goes through.

Most families regardless of structure or composition or cultural heritage, progress through certain predictable marker events or phases (such as marriage, birth, children leaving home, death of parents and grandparents).

- ✓ Each stage demands change and a new adaptation. These passage may occur because of sudden major changes in family composition (birth) or due to a major shift in autonomy (a family member starting school, entering adolescence, moving away from home).
- ✓ In other cases external factors may be stressing the family demanding a new adaptations- a move to a new community, a change in a career and etc….
- ❖ Not everyone makes transition from one stage to another seamlessly. Situations such as severe illness, financial problems or death of a loved one can have an effect on how well individual pass through the stages.

- It is always important to know that there is a pattern of life that flows through all families. Of course, the age at which individual leaves home and he time when he or she enters to a relationship and has children will vary considerably from one person to another and from one culture to another. Nevertheless, the stages of family cycle remain the same.

The stages of the family life cycle are:

- Independence
- Coupling or marriage
- Parenting: babies through adolescents
- Launching adult children
- Retirement or senior years

Table 3.1 stages of family life cycle

| **Family life cycle stages** | **Emotional process of transition: key principles** | **Second-ordered changes in family status required to proceed developmentally** |
|---|---|---|
| Leaving home: single young adults | Accepting emotional and financial responsibilities for self | a. Differentiation of self in relation to family of origin<br>b. Development of intimate peer relationship<br>c. Establishment of self-respect to work and financial independence |
| The joining of families through marriage: the new couple | Commitment to new system | a. Formation of marital system<br>b. Realignment of relationships with extended families and friends to include spouse |
| Families with young children | Accepting new members to the system | a. Adjusting marital system to make space for children<br>b. Joining in child rearing, financial and household tasks |

| | | |
|---|---|---|
| | | c. Realignment of relationships with extended families to include parenting and grand parenting roles |
| Families with adolescents | Increasing flexibility of family boundaries to permit children's independence and grandparent's frailties | a. Shifting parent/child relationships to permit adolescents to move in to and out of system<br>b. Refocus on midlife marital and career issues<br>c. Beginning of shift toward caring for older generation |
| Launching children and moving on | Accepting a multitude of exists from and entire into the family system | a. Recognition of marital system as a dyad<br>b. Development of adult-to-adult relationships between grown children and their parents<br>c. Realignment of relationships to include in-laws and grand children<br>d. Dealing with disabilities |

| | | |
|---|---|---|
| | | and death of parents |
| Families in later life | Accepting the shifting generational roles | a. Maintaining own and/ or couples functioning and interests in face of psychological decline: exploration of new familial and social role option<br>b. Support for more central role of middle generation<br>c. Making room in the system for the wisdom and experience of the elderly, supporting the older generation without over functioning for them<br>d. Dealing with loss of spouse, siblings and other peers and preparation for death |

Source: Carter& McGoldric, 1999, p. 2

**D. Assessing life event information**

Common and often overwhelming life events confronting families call for careful assessment and information gathering. These events are potentially disruptive and

stress producing and can have long-term impact on the family's approach to problem solving, coping and communication. It is important to identify major life events that impose at present or that had a potentially disruptive influence in the past on the lives of your client family and its members. The following list identifies some of the major and common events that occur in families

- ✓ Death of spouses
- ✓ Divorce
- ✓ Detention in jail
- ✓ Major family injury
- ✓ Retirement from work
- ✓ Pregnancy
- ✓ Sexual difficulties
- ✓ Gaining a new family member ( birth or adoption)
- ✓ Major changes in responsibilities at work (promotion, demotion and transfer to another place)
- ✓ Son or daughter leaving home ( marriage or entering collage)

All or parts of these events may or may not be present for some or all members of your client family members. One of the strength of good assessment is that not only the presence or absence of these life events determined for your client family members but to understand the degree to which these events were and or continue to be source of stress and worry, is identified.

### 3. Planning

We have seen the need for assessment and what to be assessed for a best intervention. Depending on the case of the family there are different things that we can plan to address the issue of a particular family. Planning with families involves

**Working with the family:** Clients are usually the best source of information in the assessment phase and must be fully involved in setting goals in the planning process. While it sometimes is a temptation to think that you know what is best for the client, planning *with* the client is critical to the success of your efforts. Talking with clients and clarifying their needs and wishes takes time. Be courteous to your clients and demonstrate your interest in what they have to say. If clients do not feel included and, indeed, own the plan themselves, they will probably not be motivated to cooperate. Remember, empowering clients means enhancing their right to self-determination

- ✓ **Prioritizing the problems and deciding on what issues to work first:** Many clients will have multiple problems on multiple levels such as interpersonal conflict, dissatisfaction in social relations, problems with formal organizations, difficulties in role performance, problems in social transition, psychological and behavioral problems and etc. The first thing to do is to focus on only those problems that fulfill three criteria (Northen, 1987).

  **First:** the client must recognize that the problem exists. You may or may not agree with your client about where the problem stands in a prioritized list of all the problems involved. However, the client should at least agree that the problem is significant enough to merit both of your attention.

  **Second:** the problem should be clearly defined in understandable terms. You and your client both need to know exactly what you are talking about in order to find a satisfactory solution.

  **Third:** be realistically possible that you and your client will be able to do somethingabout the problem.
- ✓ **Translate problems to needs** (for example changing the problem of unemployment to employment need, problem of homelessness to place to

live need, problems of Alzheimer's disease and loss of control to placement in to supportive setting need.

- ✓ **Evaluate Levels of Intervention**—Selecting a Strategy: Together with the client, you need to identify and assess various strategies with which to achieve the major goals related to the specified problems. In other words, your strategy is the route you and your clients will take to meet your client's needs. Too do this activity

    1. Focus on the first need you and the client have selected to work on.
    2. Review the need and consider identifying micro, mezzo, and macro alternative strategies to arrive at a solution.
    3. Emphasize your client's strengths when establishing strategies.
    4. Evaluate the pros and cons of each strategy you have considered with your client.
    5. Select and pursue the strategy that appears to be most efficient and effective.

- ✓ **Establish Goals:** we establish goals to clarify the purpose of an intervention. A clearly stated goal allows you to determine whether or not your intervention has been successful. Goals are necessary whether your intervention strategy involves micro, mezzo, or macro practice. In micro practice, goals guide your work with individual clients. Mezzo practice intervention may require goals involving each individual member and the entire group as a whole. Finally, in macro practice, a generalist practitioner might use goal setting to help a community or organization target what it wants to accomplish and how it will go about doing this
- ✓ **Specify Objectives**: Objectives are behaviorally specific regarding what is to be achieved and how success will be measured**.** Objectives can be further

broken down as needed. The purpose of goals and objectives is to keep you and your client on track.

- ✓ **Specify Action Steps:** To achieve them, involved individuals will need to get things done. The basic formula for delegating responsibility is to specify who will do what by when. "Who" is the individual specified for accomplishing a task. "What" involves the tasks the individual has to complete in order to achieve the goal. Finally, "when" sets a time limit so that the task is not lost in some endless eternity.
- ✓ **Formalize a Contract:** A contract is an agreement between a client and worker about what will occur in the intervention process. It can include goals, objectives, action steps, time frames, and responsibilities of people involved. This definition can be broken down into four major components:

1. A contract specifies what will occur during the intervention process;
2. A contract is established by a worker and client making an agreement together;
3. A contract generally contains four types of information including goals, methods, timetables, and mutual obligations;
4. A contract's format can be written, oral, or implied

**4. Intervention**

There are different ways of intervention. The most common one is the strength based approach. Strength based approach believes that families have resources, abilities and strengths to solve their own problems. There are six practice strategies under the SBA. This include

1. Build on family strengths and inherent desire to meet needs and reach goals.

Eg of strength could be: strong hope for the future, the ability to understand another's need and experience

2. Work collaboratively with families who are experts on their lives, their strength, resources and capacities. The workers should focus on what family members are already doing for themselves and encourage them to work on that harder.
3. Help the family formulate a vision of how life will be when they no longer 'have' the problem will be when they no longer 'have' the problem. It asks questions of what kind of life does my client wants to live and will focus on the client's capabilities and aspirations in the area of change.
4. Increase family participation and involvement in the process of helping.
5. Utilize environmental modification that may take the form of educating other people in the family's environment.
6. Model high expectations for family participation, change and achievement. In this case the social worker should think optimistically and believe in the ability of the family for a positive change.

Other intervention options to help families in different kinds of problems could be

- Reframing,
- teaching families problem-solving techniques,
- training parents in, child management methods,
- Offering support.

The final task while working with families is evaluation, termination and follow up with families.

5. **Evaluation:** Evaluating progress and goal achievement is as important with families as with any other client system. One facet of evaluation is determining when longer-term goals have been met in preparation for termination. Goals should be as clear as possible so that a worker can easily

measure their accomplishment. Another facet of evaluation is the ongoing measurement of progress (Street, 1994). For instance, a worker might ask at the beginning of a family session how things went since the last meeting.

- ✓ Were family members able to follow through on recommendations and plans?
- ✓ Did any events occur to interfere with progress?
- ✓ Did family members accomplish homework assignments?
- ✓ What were the results?

**6. Termination and follow up:** As in termination with any client system, preparing the family for the end of contact with the worker and the agency is important for the worker. Street suggests asking family members to address a number of questions:

- ✓ What is the current status of the problem?
- ✓ How can the family explain the current status? What has happened since the beginning of intervention?
- ✓ What roles have various family members played in the intervention process?
- ✓ If a comparable problem arose again, how would the family handle it?
- ✓ What issues and events brought the problem to ahead in the first place? How have family members 'thinking about the problem changed?
- ✓ How do family members feel about ending the intervention process?
- ✓ What factors would indicate the need for counseling again in the future? (1994, pp. 148–150)

**Follow-up:** Helton and Jackson (1997) emphasize the relationship between follow-up and other aspects of the intervention process. They suggest that "one cannot evaluate a family adequately without referencing the future, that is, what is to follow" (p. 59).

- ✓ One aspect of follow-up is the identification of resources to continue maintenance of the family's homeostasis. Such resources include both what the family has learned throughout the intervention process and external supports they enjoy as a result of the process (such as support from schools, public agencies, or health care organizations).
- ✓ Another aspect of follow-up concerns contacting the family to review its status and maintenance of achieved goals. If old problems have reemerged or new ones have developed, making a new referral may be necessary.

(For a further reading you can refer Karen K,. Grafton H. (2006, 2009) .*Understanding generalist practice.* 5th ed. Brooks/Cole Cengage Learning.