

Human problem and appropriate framework social work essay



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of the most vulnerable and excluded groups in society. The adequate assessment of human problem and appropriate framework are significantly important in terms of guiding individuals and families towards solutions, also act as guidelines for practitioners in real practice. Hypothetically, individuals and families bring personality, beliefs and expectations with them into the session; indicate that everyone in society is different and unique. In this essay, Solution Focused Therapy will be explored and discussed regarding the core concepts and interventions, using case scenario one to effectively illustrate the framework. Also, reflecting on advantages and limitations of the approach, and integrate other relevant frameworks to enhance practice in relation to the client in case scenario one.!

Solution Focused Therapy or SFT is a 'solution-oriented' approach developed by de Shazer, Insoo Kim Berg and associates during their work at Brief Family Therapy Centre in Milwaukee, Wisconsin (Hepworth, D., Rooney, R., Rooney, G., & Strom-Gottfried, K., 2013). It is a form of brief therapy with a unique focus on solutions and the strengths a client possesses, rather than the presenting problems (Hepworth, D., Rooney, R. et al. 2013 ; Coady, N & Lehmann, P. 2001). SFT believes that there are exceptions in every problems as positive influence (strength) will assist in promote change within individuals and lead them to solutions (Corey, G. 2005 cited in Australian Institute of Professional Counsellors, 2007). On principle, SFT assumes that people are resilient with both personality strengths and behavioural abilities. With these character traits, one can master their own problems as suggested by Corcoran (2001) that 'clients are having the necessary strengths and capacities to solve their own problems' (Corcoran, J. cited in Coady, N & Lehmann, P. 2001). In other words, changes and solutions are determined, and significantly driven by

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clients while the role of practitioner is to assist the client in moving towards the set goal (O'Connell, B. 2012).! The core concept of SFT is the continuous focus on 'solution talk' which emphasises goals and exceptions to reduce or solve problems (James, K. 2013;

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Hepworth, D., Rooney, R. et al. 2013). Another distinctive feature of SFT is that it does not value the connection between the problem and the solution, instead it aims to empower clients to think and act differently towards the problem (James, K. 2013). In terms of intervention, SFT starts with engaging the client inviting him or her to give an account of the problem (Hepworth, D., Rooney, R. et al. 2013). Next, is to explore times when problem was fewer or less severe using 'exception questions' – were there a time when you were not ? From here, 'coping questions' and scaling (1-10) questions can be introduced to further explore client's strengths and coping abilities.

Questions include 'How did you get from four to five?' and 'Were there times when you felt less depressed?' (Hepworth, D., Rooney, R. et al. 2013). Once the working relationship has been established, practitioner can work towards 'goals developing' by asking future-oriented questions such as 'what would you like to be different?' or 'how would your life be different if this problem went away?' (James, K. 2013; Hepworth, D., Rooney, R. et al. 2013 ; Miller, L. 2012). Additionally, to elicit more details about change and the client's desired outcome, 'miracle question' is applied to draw attention about what could be different if the client reaches the goals (Hepworth, D., Rooney, R. et

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al. 2013). Once the goal has been established, ongoing monitoring should be carried out until client meets their desired outcomes (Hepworth, D., Rooney, R. et al. 2013; Miller, L. 2012). Note that ending of SFT is usually introduced during the beginning of working relationship due to the nature of the approach (Miller, L. 2012).! In case scenario one, the presenting client, June, is a 40 year old female who was referred to the social worker by her local general practitioner (GP). June was diagnosed with depression and was prescribed anti-depressants. June lives with her husband and their three children in a nearby town after they lost the property as a result of a drought. According to the given information, June is feeling anxious and depressed. Her mother passed away three years ago due to cancer which has impacted on her emotional well-being, causing June to feel her death was untimely. Recently, June and her husband, Martin, have argued about the differences in their parenting styles and Martin's drinking habit which might be compounded by the loss of their property. Arguably, causing Martin a lot of stress and influenced him to act out a form

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2 of domestic violence by pushing June, which she stated as 'out of character'. June is also concerned about her anger towards the children when they fight, assumably worried that her anger would have impacted on them. Moreso, with a sense of insecurity, June is unable to confide in her friends, fearing they would see her and Martin as 'failures'. Applying a SFT approach, the practitioner will be able to assist and offer June interventions that would

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enable her to deconstruct her own personal account of the problems. In June's case, there are actually several aspects that could be reconstructed using SFT framework, for example the beliefs about herself related to her mother who passed away which is not caused by some biological or genetic tendency but her own perception and understanding. SFT approach also allows June to explore the possibility and seek solutions that could improve her quality of life and stabilise her emotional well-being, which in this case is her feeling stress and presented with 'depression' diagnosis by GP. Bill (2007) stated that SFT has a strong commitment to the concept of empowerment and inherent goodness, hence the use of SFT approach will unfold ways to explore June's strengths and the positive influence in her life that has been overlooked insensibly (O'Connell, B. cited in Dryden, W. 2007).! In practice, June's first session with the practitioner is critically important in terms of establishing working relationship. Once a good rapport has been established, the practitioner can start exploring about June by inviting her to give a description of the problem. At this stage, the practitioner must refrain from eliciting details and mainly look for ways to guide June towards solution (James, K. 2013; Hepworth, D., Rooney, R. et al. 2013; Degges, S. White & Davis, Nancy L. 2011). Question regarding desired outcomes should be posted at this stage to determine the client's best interest. Social worker: 'What would you like to see different as a result of seeing me today?' As June explicitly provides an account of her story and also shares what she wants to get from the session, which could be 'to feel better about herself and to

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3maintain good relationship with Martin and children'. The practitioner can choose to focus on one or two issues, rather than trying to work on everything that has been mentioned because this could cause confusion and overwhelmed June. Social worker: " Were there times when you were less depressed? June: " Yes... when I am working. I have a part-time job at a pharmacy. It makes me feel worthy earning money for my family. There is a lot going on since we lost the property six months ago....." Notice that June has spoken about her strength ' It makes me feel worthy'. From this, the practitioner will not go into details about an origin of her job but will keep persisting on positive influence June get from that particular job. Social worker: " Responsibility and role seem to be big things for you. Were there other times when you feel ' worthy' apart from when you are at work ? June: (silence) I guess when we are having breakfast together ? It is a new day, everyone's mind still fresh and there were no complications. I talk to the children and they response with good manner. I was not whining and Martin was not grumpy..." The practitioner will purposely lead June to talk about positive aspects of her life, letting her be an expert of the problem (Hepworth, D., Rooney, R. et al. 2013). At this point, June's focus is not fixated to the depression but on the positive changes that can be done to achieve her desired outcomes. Note that the scaling question regarding her depression level may not be appropriated to apply once the practitioner begins to explore June's positive influence. However, the practitioner could

use scaling question to monitor June's progress regarding her desired outcomes. Social worker: " How will you know when things are getting better? What would be the first sign for you?" Goal is determined when the practitioner has explored enough of the client's desired outcomes (Miller, L. 2012). June has told the practitioner about the

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4' exceptions' and provided sufficient details about her coping ability which indicate that specific goals can be agreed upon. The practitioner should promptly clarify the desired outcomes which June had said earlier in the session and ask questions to assist June to meet that goals Social worker: " How will you know when things are getting better? What would be the first sign for you?"! So, in order to have a good relationship with the children, June may respond with the idea of improving and adjusting one's self behaviour - ' I would speak in a softer tone with the children and praise them more often when they do something right.' The response shows that June is willing to work on things towards her own set goals, thus the role of practitioner is to assist and monitoring June's progress in future sessions. Ultimately, when June is able to taking control over her problems, the contact is terminated.! From above, we can say that SFT is strongly focus on reconstructing the problem by drawing on client's strengths and move away from antecedent (Hepworth, D., Rooney, R. et al. 2013). O'Connell (2012) highlights that SFT rely on the power of language and the use of questions as the practitioner must be an expert in keeping the client on the positive

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outcomes or solution-focused frame (O'Connell, B. 2012). Significantly, SFT is considered as easy to practice as there is no real connection between the problem and solution as the practitioner is simply working on 'what is already there' in the client's life (O'Connell, B. cited in Dryden, W. 2007). Another advantages of SFT is that it helps setting realistic goals hence the goals are achievable. Apart from those being mentioned, the strongest and most distinctive advantage of this approach could be the fact that it sees every problem as changeable and transient. SFT perceives problem in a positive way and emphasise on 'what works' and not what may be 'wrong' (O'Connell, B. cited in Dryden, W. 2007). In relation to the client, SFT tries to find the solution that best fit the client, taking small steps and working collaboratively in a non-judgemental relationship (O'Connell, B. 2012; O'Connell, B. cited in Dryden, W. 2007).

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5! Nevertheless, the nature of SFT can produce dilemmas for those who focus on the theoretical assessment to find out the 'why' or seek casual explanation (Miller, L. 2012). The approach mainly focuses on the solution, assuming that people have strengths to overcome all of their difficulties. In fact, there are barriers, as lack of resources and other sophisticated reasons that prevent people from achieve miracle or meet solutions (Hepworth, D., Rooney, R. et al. 2013). Insufficiently provide empathy towards the client and often deny the complexity of the problem as only create 'happy talk' which holds the client from expressing real feeling (James, K. 2013). SFT focuses on <https://assignbuster.com/human-problem-and-appropriate-framework-social-work-essay/>

moving forward which in result makes it a less adequate therapy in addressing safety issues such as domestic violence (James, K. 2013). To enhance SFT due to its limitations and in regards to June, the practitioner could implement a Task-Centred approach which focuses on breaking down the problems into small tasks that the client can accomplish (Miller, L.; Hepworth, D., Rooney, R. et al. 2013). To make June reaches her goals faster, the practitioner could give her tasks to bring about positive change and overcome difficulties that may unexpectedly arise. Tasks may include ' spending more time with children', ' be more patience when things go wrong' and ' try staying away when Martin is drunk'. The other framework that could be applied with June is ' Systematic Family Therapy' which emphasised the interconnection of all parts of a family system (Miller, L. 2012; Hepworth, D., Rooney, R. et al. 2013). The application of this approach would allow June to think about boundaries with her children, hierarchy and expected roles in the family as the approach is able to provide an insight of how the family dynamic might have caused or related to the presenting problems (Miller, L. 2012). In conclusion, Solution Focused-Therapy or SFT is an approach that draws on people's strengths and competency to overcome problems. It is future-oriented, meaning it focuses on possibility, rather than the problems. The approach relies on communication skills in asking questions and attentively eliciting client's positive influences to construct a new perspective of the problem. Although SFT has many outstanding advantages, the approach still receives many critics and cannot claim to do everything. In relation to case scenario one, SFT may be helpful in finding

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6solutions for June and her presented problems, but there are still aspects that have notbeen properly addressed and further explore due to limitations of the approach.

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