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THE SOCIAL WORKER'S TOOLBOX

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Summary

In this article is described how the clientcentered Multi Method Social Work-practicemodel helps social workers to offer clients the right tools to reduce their stresses and empower their strengths.

SW = ++ >> --- <<

Social work goals and results are summarized in this article as less stress (-- <<) and empowering strenghts (++ >>). After a presentation of these SW-results at a Social Work School in Boston (USA) Masterstudents concluded: 'how simple, how practical'. Why should the social work theory be made more complex and less practical then possible? The MultiMethod Social Work model is aimed at offering a simple and practical model for social workpractice.

On a daily basis Social Workers identify and reduce sources of stress (-) that hinder people in their psychosocial functioning. Tensions, arising from practical obstacles. Or from pain brought about by loss and trauma, or by personal subassertivity, unrealistic thought, but furthermore by anxiety arising from conflict, family difficulties or impediments in social welfare et cetera. But social workers not only address to the stressors, but also address to the existing strenghts (+) in the client situations in order to empower them.

The multimethod operating social worker relieves the client situation by implementing careful interventions on the basis of a careful evaluation of strengths and weaknesses; and as a result create more balance in the client situation. Social workers treat most client reactions as normal and understandable reactions to far-reaching life-events; therefore social work is the pre-eminent profession where 'disorder-prevention' is concerned. This implies that social workers normalise people's stress reactions rather than zealously labelling them as a DSM-disturbance!

The above summarises a profile of the working methods and results of social work.

The clientcentered multimethod social work (MMSW) model presents an new organized toolbox of historic and scientific proven tools to any social worker. Furthermore, MMSW offers a solid theoretical basis for social work practice from a bio-psycho-social angle. So the personal, the social and the biological are closely related. Below, the three key tasks are presented (see table 1) and subsequently briefly highlighted subsequently sources of stress an strenghts and their suitable methodical counterparts are summarized (see table 2).

PROFILING SOCIAL WORK USING THE NEW MULTIMETHOD-STANDARD

Profiling yourself without a clear-cut method profile is a mission impossible, as many social workers have experienced! This is frustrating, when measures are being taken to rigorously

cut health and social care budgets to the detriment of the organisations that suffer erosion and require reorganisation. A social worker comments:

‘The struggling I’ve been doing for years end in all these profiling matters, the discussions we’ve had, the salary scales, the reporting, the brochure etc. What a perfect Babel... Boy did I miss a toolbox all this time: when does one employ which method? Isn’t it incredible that 2 years before my retirement multimethodics have made my job a lot more fun and have given me the credit that I deserve?’

A perfect Babel? Indeed. The social worker looking for method-approaches in social work is confronted with a patchwork quilt of methods. A large methodical diversity lacking any sense of unity. A colourful collection of methods that are in themselves not without benefit, but (that) who turn out to have a confusing effect on workers on the job. All adjacent professions like nurses, doctors, psychologists, do have a set of instruments comprised of diagnostic and therapeutic tools. The new MMSW-model offers social workers a toolbox of their own, that theoretically corroborates and deepens the practical effect of social work.

‘START, FOLLOW AND END WHERE THE CLIENT IS’

The MMSW-model is a synthesis of the relationship-oriented, rather non-directive approaches in social work and the more directive approaches. In the MMSW-model the relation factor in social work sessions is presented as basic method rather than as key-attitude. This basic method is called ‘the non-directive counselling method’ (NDC). The NDC guarantees the worker-client contact at any time during a session. The social worker’s term of attendance’ is proposedly replaced by ‘NDC-method’. There is much evidence for using the NDC-method in the common-factor-theory, concluding that the social worker-client-contact-factor is the key-factor in every approach.

Beside this method, the social worker makes use of 19 directive methods, that are subsequently applied in the face of specific difficulties (see table 2). In MMSW – contrary to common eclectic approaches – an overview of methods is presented, precisely defining all areas of analysis and intervention methods. Also indicated is which indication implies the use of which method. The evidence for offering 19 specific tools to the client to empower its own situation is the Specific-Factor Theory, concluding in that certain specific factors (stressors) impose specific methods.

Taken together, the keytasks of the social worker in each case, constitute a professional profile (the tasks are deduced from the 5 mental steps of MMSW):

**TABLE 1:
PROFILE KEY STEPS IN MULTIMETHOD SOCIAL WORK in 3 STEPS**

<p>Step 1: PAB = Personal Archive Box Establishing contact using the counselling method & letting tell the client-story about stress (-) and strength (+) visualized in the so called PAB</p>
<p>Step 2: PSA = Psycho Social Stress Analysis Localising sources of stress (-) and strength (+) in clientsituation & Clarifying the client’s request and setting goals.</p>
<p>Step 3 PST = Psycho Social de-stress Treatment Applying the right combinations of the 20 social work methods & Evaluating treatment progress & registering and reporting findings. Social work-results: stressreduction (-) & empowerment.(+)</p>

PSYCHOSOCIAL ARCHIVE BOX AND STRESS-ANALYSIS

'I'm not at all well'; 'Can you help me: I see no way out...'; 'I can't see the wood for the trees' or 'My doctor advised me to contact you': clients call on social workers for all sorts of reasons.

The initially related difficulty can cover up a huge amount of problems, or could turn out to lead to a rather simple and practical basic problem. Predominantly, it is important to get a clear picture of the clientsituation in the language of the client her/himself. The PAB is very useful in that respect, because the + and – are summarized in clientwords.

The summarized + and – always appears to be a certain amount of imbalance and therefore, of negative stress. The client can't cannot manage to work out the *impact* of life-events using his own abilities (to bear), *coping* often is inadequate and in addition the environment is unable to offer sufficient additional *support* (bearing surface). How does the social worker arrive at a careful considered analysis of the sources of stress in a particular client situation, summarized as impact-coping-support analysis?

Analysis in social work means: dissecting the client situation into its different aspects. In his PSA the social worker makes use of the analysis weighing-scale. The weighing scale is composed of + and – in the borne *burden*, *ability* to bear and bearing *surface* respectively, areas of analysis that in themselves consist of 2 possible sources of stress (totalling 6). Thus, the social worker can come across the following sources of stress:

- *Impact = borne burden* : 1. problem story with stress complaints; 2. life stressors like divorce, reorganization, illness, death, etc;
- *Coping = ability to bear* : 3. physical resilience; 4. inadequate coping stiles;
- *Support = bearing surface* : 5. insufficient social-network support; & 6. insufficient facilities.

Radical changes in life – the borne burden, like illness, defects, divorce, reorganization and death – present a lot of tension on a personal and on a social level. These life stressors disturb the existing equilibrium and present much turbulence. A lot of people are able to handle this adequately. Clients appealing to social work appear to lack sufficient coping skills and adequate support. They don't manage to master the situation but rather are in its grasp. Psychosocial treatment aims to de-stress and re-balance; thus fitting reinforcements: increase of physical and mental *coping* and more adequate support (social structure).

Cooperating professionals experience this de-stress approach as being concrete and pleasant. A social worker comments: "*I reported: this is the client's burden, thus is his ability to bear, he doesn't use his bearing surface...., in my opinion ...etc.*". The doctor responded: "*concise and concrete, your contribution absolutely offers surplus value, I'm very happy with it*".

DIFFERENTIAL INDICATION

So from stress analysis it becomes clear what sources of stress are present in this particular client situation. The next question is: what methods match the established sources of stress? What methods can the social work employ to help restore the peace, the balance in the client's situation? In the MMSW-model (see table 2) the social work methods are classified according to the level of intervention they are used on: the individual intervention level, the systemic and the macro-intervention levels. These three intervention levels taken together cover the entire area of social work: the social work treatment triangle.

The social worker employs the method(s) (that or those method(s) that are indicated. A method is indicated if the social worker recognizes clues in the client's account, which are described in the indication for that method. Along these lines, the social worker makes use of the counselling method to draw up an inventory and arrangement of the elements in the client's story.

Then, in the case of grief the social worker employs the discharging method. The social worker knows that relational tensions call for the relational method. And faced with structural tensions the social worker will consider using one or more positional methods.

OVERVIEW: CLIENTCENTERED MULTIMETHOD SOCIAL WORK MODEL*)
SOCIAL WORK = PAB + PSA = PST

PAB= Personal Archive Box	PSA = <i>Psycho Social Stress Analysis</i> Empowerment-sources and Stress sources ++ ---		C O U N S E L I N G M E T H O D	PST = <i>Psycho Social de-Stress Treatment</i> SW-METHODS (Chapter) ++ >> --- >>	INTER- VENTION TRIANGLE
I Life-event factors in words of clients: + or – Life-events	<i>Transitional stressors/sources</i>	Life transitions during adolescence, adulthood, old age?		Non-directive Counseling method (Ch. 10): Listen to client's story & take inventory and categorize stressors	I Non-directive counselling Method ▼ <i>stress factor reduction</i>
	<i>Incidental stressors/sources</i>	Life-events such as illness, accident, divorce, unemployment, children losing parents,		Idem	
	<i>Chronic stressors/sources</i>	Chronic illness, handicap, unresolved conflict, reorganisation?		Idem	
II Stress Tolerance in words of client: + or – condition/ coping?	<i>Coping with problem</i>	Denial? (In)sufficient insight into problem?		Counseling method (Ch. 10)	I Individual methods ▼ <i>Stress tolerance empowerment</i>
	<i>Coping with life</i>	Questioning the meaning of life?		Idem (H.10)	
	<i>Cognitive coping</i>	Information deficiency/ unrealistic thinking?		Cognitive method (Ch. 11)	
	<i>Emotional coping</i>	Grief/ fear/anger?		Emotion-release method (Ch.12)	
	<i>Practical/ material coping</i>	Financial-/ housing-/ employment?		Practical-material method (Ch. 13)	
	<i>Physical coping</i>	Physical stress?		Physical method (Ch.14)	
	<i>Behavioural coping</i>	Socially clumsy/unassertive/ aggressive?	Behavioural method (Ch.15)		
	<i>Expressive coping</i>	Inadequate verbal skills?	Expressive method (Ch 16)		
	<i>Trauma coping</i>	Traumatic experience?	Trauma relief method (Ch. 17)		
	<i>Separation coping</i>	Insufficient ability to say goodbye / create distance?	Ritual method (Ch. 18)		
III Span of Social Support in words of client:	<i>Relationships</i>	Stress within relationship?	Relationship method (Ch. 19)	II Systemic methods ▼ <i>Empowerme</i>	
	<i>Conflict</i>	Desire for mediation?	Mediation method (Ch. 20)		
	<i>Immediate family</i>	Family stress?	Nuclear family method (Ch. 21)		
	<i>Relations</i>	Stress within relations?	Family method (Ch. 22)		

+ or – social support	<i>Social network</i>	Loneliness/ isolation?	D	Social-network method (Ch. 23)	nt of span of social support Social support reinforcement)
	<i>Fellow victims</i>	'am I normal?/am I the only one?		Group counselling method (Ch. 24)	
	<i>Care co-ordination</i>	Insufficient co-ordination between social workers?		Case management method (Ch. 25)	
IIIB Span of structural support in words of clients: + or – macro-programs	<i>Structural signals</i>	More clients facing the same- structural – bottleneck?		Identification method (Ch. 26)	III Macro-methods ▼ Reinforcement of span of social support (facilities)
	<i>Structural deterioration</i>	Threat of deterioration on the part of more clients?		Prevention method (Ch. 27)	
	<i>Resistance to structural deterioration</i>	Group of clients angry over the same structural bottleneck?		Collective protection of interests method (Ch. 28)	
	<i>Need for knowledge/ connection</i>	Insufficient quality through lack of information on the part of the profession of social work itself?		Practice oriented examination method (Ch. 29)	

*) From: H. de Mönink (2010) The Social Workers Toolbox. Guide For Clientcentered Multi Method Practice.

This process of setting differential indications - what **sources** of stress/ stress factors and what sources of empower-factors are present and which methods will I use/apply?- suggests the necessary need and requirements for knowledge relating analysis en intervention. Which indicators belong or are linked with which specific method and which contra-indicators: when not to apply or use the specific method? For example, you do not use the emotional discharge method at the end of a session, after all there has to be time to draw the session to a close so that the client does not leave on an emotional note. When it becomes apparant that it is appropriate to use the discharge method, then the Social Worker has access to a number of discharge techniques. The Social Worker applies the technique most suitable/appropriate in other words, the most effective one /the one that creates the most effect.

Is MMSW-model a medical model?

According to MMSW the psycho social stress treatment emerges in an equal relationship between client and Social Worker and *not* in a vertical doctor-patient relationship. There is no concept of a diagnosis-prescription model, but often a process of search and consciousness (becoming aware) of worker and client that eventually leads to stress reduction. The NDC-method guarantees that the social worker remains in touch with the client particularly when other more directive methods are used also.

Psycho Social de-stress Treatment

The NDC method is combined with directive interventions on three levels.

- 1 The *individual* intervention level, due to sources of stress/stress factors within the physical condition and individual capacity to manage/cope.
- 2 The *systemic* intervention level, due to sources of stress as a result of communication between persons within the system the client forms a part of.
- 3 The *macro*-intervention level, due to sources of stress of a structural nature; rules regulations, law and procedures.

The individual intervention level focuses on improvement of the physical and psychic condition and capacity to manage and cope one self, thus strengthening the client's own capacity. Central questions relating this intervention level are: how strong is the physical and psychic condition/ability, how strong are the individual coping mechanisms and which method enables the client to improve their situation? The client's individual ability/capacity to cope (in other words manage stress) can be improved by using nine methods. A combination of individual methods is necessary when there is more than one coping obstacle.

Improvement of social support/care in work and private life is the focus/is at the forefront/is the priority when it comes to the systemic intervention level. With these particular sources of stress, attention is paid to the level of support derived/taken from the direct/close/immediate environment. Often communication with those close by/ the environment leaves much to be desired for hence it becoming a stress factor/element). Through improvement and enhancement of communication with the environment (relationship, family, community/neighbourhood, social network, group and employed support workers amongst themselves) social support can be made stronger/strengthened.

Central questions with this intervention level are: How strong/ What is the strength of the social support coming from the working environment and private life? Which methods can strengthen the social and the support given amongst one another? Significant within the private situation are people close by, family members, neighbours etc. Within the working or educational environment this relates to communication with colleagues, superiors or teachers and fellow students. The Social Worker attempts to detangle the obstacles within the social support structure that are present and aims to specify the obstacles that are treatable/workable. The next step is to reduce the obstacles present by using the most appropriate systemic method. Within the systemic level there are seven methods/ the systemic level makes use of seven methods/distinguished between seven methods, aimed at reducing the obstacles within social support structure. Some systemic models can only be applied within the private situation (family method) however most of them are applicable and can be used in the private as well as work environment/situation

Improving structural support for clients shying away from provisions and services is key within the macro intervention level. When analysing sources/causes of stress one determines the impact of policy, regulations, rules laws and care projects and whether they are working as a support or on the contrary form the cause of stress/bring about stress for the client or client groups. It is often suggested that social regulations are open to improvement. The judicial and social economic position of the client and the level of service provision, laws and rules can be utilised in a more client orientated manner. Central questions relating this intervention level are: how strong and what is the level of structural support from the regulation, provisions, law perspective and which methods exist that lead to structural improvement? Examples of a structural, positional approach are projects such as ' Stress in the Workplace' 'Parenting Support' and ' Heart Rehabilitation'.

Of course it has not been possible to discuss all twenty methods, including the many checklists and tension meters, quick- scan. Social Workers in their practice and after having had some training are able to name and identify the MMSW model they are working with and are managing to profile themselves effectively. And above all that they are able to be transparent about results in Social Work: less stress and more balance!

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*) From: H. de Mönnink (2010) The Social Workers Toolbox. Guide For Clientcentered Multi- Method Practice. *In Dutch*: H. de Mönnink (2009) De gereedschapskist van de maatschappelijk werker: Clientgericht Multimethodisch Maatschappelijk Werk. Maarssen: Elsevier.