The Jones Family

Ernestine and Joseph Jones and 18-month-old Ellen have been referred to the social worker serving the inpatient pediatric unit of a large, suburban hospital located in the Northeastern United States. The department provides services to the families of children who are hospitalized for a variety of medical problems. Many of the children currently hospitalized in such facilities are suffering serious difficulties. Services include help in planning for posthospital care, especially in locating and using a variety of community-based resources, such as home nursing care, counseling to help children and families cope with the social and psychological consequences of the illness, and communicating with doctors, nurses, and other members of the hospital staff.

A family history, shared with the hospital by a local agency serving young people infected with the human immunodeficiency virus (HIV), showed that the Joneses are a middle-class, African American family. Mr. Jones is employed as a postal worker and Mrs. Jones as a clerk in the local office of the Motor Vehicle Bureau. Both are high school graduates who had always worked hard and hoped that their children would go to college and make a good life for themselves. They had three children. Two are college graduates who live some distance away. Ellen lives with her grandparents, Ernestine and Joseph, aged 44 and 46, respectively.

Ellen was 18 months old at the time of the referral and was born with acquired immunodeficiency syndrome (AIDS). Her mother, Jan, who had been addicted to drugs, died of AIDS a few weeks before Ellen’s present hospitalization.

Beth Jacobs is the social worker to whom the Joneses have been referred. She has an M.S.W. and has been out of school for 5 years. The increase in the number of situations involving HIV- and AIDS-infected children has led her to develop
considerable knowledge about the usual medical and psychosocial difficulties being experienced by these children and their families.

The Joneses had broken off contact with Jan. Her addiction and welfare status had upset them. When she was dying of AIDS they took in Jan and her child.

In this chapter we present the social work strategies and interventive procedures most commonly used by social workers in direct practice and discuss how these strategies and procedures can be adapted to take account of ethnic and class diversity. We continue the pattern established in the discussion of generalist practice of viewing the social worker’s activity as a series of thoughts and actions that can be subsumed under the concept “The Layers of Understanding” in Chapter 4. As we consider the strategies and skills of direct practice, we draw extensively on the situation of the Jones family to illustrate the major concepts. We show how the social worker aims to help them to cope with Ellen’s hospitalization: from anticipating the needs of her day-to-day care after discharge to confronting her impending death. We draw as well on other case material, especially the case of Doris Cheng.

**PART 1: THE LAYERS OF UNDERSTANDING**

In this first part of the chapter we consider the situation of the Jones family, as well as that of other people, within the first six layers of understanding: (1) social work values; (2) knowledge of human behavior; (3) knowledge and skill in using social welfare policies and services; (4) self-awareness and management of the worker’s own ethnic reality; (5) the impact of the ethnic reality on the daily life of clients; and (6) understanding the route to the social worker.

The worker–client encounter is composed of many facets of thought, action, and feeling. When these encounters are described and analyzed, they are of necessity presented as if all events and thought take place in chronological order. In fact, much thought and action is occurring simultaneously. Some take place before work with the client begins. For example, in the following pages we suggest that workers draw on their basic knowledge of the theories of human behavior as they try to assess the situation before them. We also consider the importance of a high degree of self-awareness and how that awareness can aid the worker in responding with sensitivity to the client. Anticipation of client resource needs is also expected.

**Intervention and the Layers of Understanding**

**Social Work Values**

Basic adherence to social work values quickly becomes an integral part of the social worker’s functioning. Respect for the client’s right to self-determination, to basic resources, and other values becomes habitual in the sense that practice is imbued and guided by values. Nevertheless, there are times when a worker’s commitment to values is tested. There are instances where the worker’s own beliefs run counter
to client lifestyle. And so it is important that we begin this discussion of direct intervention with a reminder that workers must constantly reflect on the importance of values, and consider possible approaches when adherence becomes especially difficult. In the following pages, we will be following the case of the Jones family and Doris Cheng. In both these situations, value issues may arise because the families’ belief systems may run counter to those to which workers are accustomed. For example, Mrs. Jones is a born-again Christian who aims to draw the worker into her own belief system. Doris Cheng, a highly educated Chinese woman, uses a folk healer. Respect and acceptance of these kinds of client decisions become extremely important if intervention is to be empathic and effective.

Knowledge of Human Behavior

In working with different clients, social workers draw on the repertoire of knowledge they have acquired through the years of their schooling and practice experience. Not all that they know is applicable to every situation. There are some general guidelines in how best to draw on one’s store of knowledge.

For example, in preparing to work with Mrs. Jones and Ellen, the worker knows that this is an African American family that has shown much strength in the face of considerable difficulty, caring now for a grandchild with AIDS, following the death of a daughter who had so disappointed them. Some examples follow.

Personality theory draws attention to ego strength; the conceptions of the ethnic reality helps to focus on the likely experiences of this middle-class African American family caught in the contemporary crisis of AIDS, coupled with a strong tradition of religiosity, a source of comfort to many African American families.

The available evidence suggests that they indeed have a lot of strength. This has been demonstrated in their capacity to overcome the obstacles of racism, surely an element of the experience of most African Americans. Despite modest economic circumstances, they have managed to help two children to acquire a college education.

They surmounted their disappointment and anger brought on by Jan’s addiction and illness in order to care for Jan before her death, and are now preparing to do the same thing with her dying child. Part of the worker’s task is to recognize the strengths of the family members as they once more “gird their loins” to meet the present challenges. Other situations are illustrative. There is, for example, the situation of Doris Cheng.

Doris Cheng

Doris Cheng is a 30-year-old engineer at a large communications firm. She and her husband are both natives of Taiwan and were educated there. They came to the United States shortly after graduating from college and marrying in Taiwan. Mr. Cheng is an unemployed computer programmer. They have a 3-year-old child and are presently separated.

Ms. Cheng seeks the help of the company’s Employee Assistance program when her husband continues to come around, threatens physical abuse, and blames his present lack of employment on her. On seeing a psychiatrist, he refused to go back, believing the psychiatrist was really an FBI agent.
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Exploration reveals that Doris has a history of petit mal seizures and that her 
on, Don, barely weighed 5 pounds at birth. Her husband’s family fears that her 
seizure disorder may be inherited and related to the son’s low birth weight.

Both sets of parents have moved to this country, although they also retain a 
home in Taiwan. Doris spends a great deal of time with her husband’s parents. 
They do not believe their son has a psychiatric problem and want Doris to return 
to him. She refuses to return unless he seeks further psychiatric help.

Her ability to work is suffering given all of the physical and psychiatric pressures.

Personality Theory. This situation ultimately calls for complex differential 
psychiatric and physical diagnoses, as well as assessment of personality functioning. 
Important is the knowledge to distinguish between perceptions of mental health 
and illness as viewed in the United States and in traditional Chinese culture.

The situation of the Jones family also calls for other kinds of understanding.

Family and Individual Life Cycle Theory. The Joneses are approaching middle 
age. At this stage of life many people no longer have child care responsibilities. 
They have worked hard and had hopes that by now they would be able to enjoy 
the fruits of their labor.

When grandparents are in the position of having to assume total responsibility 
for the care of infants, the ordinary ebb and flow of their life is disrupted. Not only 
is the expected cycle of life disrupted and “out of sync” with usual expectations, but 
there is enormous physical strain. Toddlers, especially if they are ill and require a 
great deal of attention, strain the physical capacity of many people.

Other Theories of Human Behavior. Other theories and areas of knowledge are 
needed as workers begin the process of engagement, assessment, problem formulation, 
and problem solving.

Practitioners need to be familiar with the prevailing trends in family life and 
with the concerns of those who find themselves in troubled family situations. The 
daily traumas of marital conflict may be compounded by a sense of personal fail-
ure, hostility, the threat of desertion, or limits on mobility. Those who work in 
schools need to be familiar with theories of learning disability and must learn who 
is at particular risk for developing school-related problems. These are examples of 
the kinds of knowledge that social workers must have.

Also of extreme importance is understanding of how organizations function 
and the responsibilities and feelings of others who work in the organization. This 
is particularly relevant in interdisciplinary settings. Workers employed in school 
systems where they function on teams of psychologists, teachers, and physicians 
must familiarize themselves with the kinds of problems usually brought to the 
team and how each discipline views its role.

Knowledge and Skill in Using Welfare Policies and Services
One of social work’s unique contributions among the helping professions is the 
social worker’s understanding of the importance of resources in people’s lives, as 
well as knowledge of available resources and skills in helping people to access these.
It is crucial, therefore, that social workers draw on this knowledge continually. For example, in working with the Jones family, knowledge of shifting and new resources can go a long way toward making life easier for this burdened family.

**Self-Awareness and Managing One’s Own Ethnic Reality**

A key component of any practice is the worker’s capacity to bring to bear a disciplined understanding of self or what is commonly known as self-awareness. Elsewhere we have suggested that “the disciplined and aware self remains one of the profession’s major tools. Involved is the process of discovering ‘Me—not always nice, sometimes judgmental, prejudiced and noncaring’ and making use of such insight to further empathic skills” (Devore & Schlesinger, 1986, p. 514). A key component of the aware self is awareness of one’s own ethnic and cultural background and how these experiences have contributed to personal strength and trauma. Most important is the capacity to integrate the personal experience of self and ethnicity in the disciplined process of understanding how these impact on other people, especially the clients whom social workers serve. The response of Beth Jacobs, the social worker who is working with Mrs. Jones, is illustrative of the need for disciplined awareness of self and awareness of one’s own ethnic background.

Beth Jacobs is a young Jewish woman. She was raised in a Jewish family that identified themselves as cultural, nonreligious Jews. They consider the Jewish people to be an ethnic group, with a proud history, that has experienced considerable oppression. Beth, like her parents, does not believe in God. Approaching life from a rational, nonspiritual perspective, she has difficulty in understanding and being empathetic with deeply devout people. As she read the record about how devout Ernestine Jones is, she knew she would need to be aware of her tendency to ignore these matters. Intellectually she understands that their beliefs are a great source of comfort for the Jones family.

Sometimes it is difficult to manage one’s own ethnic reality, even if one is a member of the same ethnic group.

The worker at the Employee Assistance Program assigned to Doris Cheng is a seasoned marital therapist, herself a Chinese woman. A longtime resident in the United States, she is aware of Chinese belief systems regarding health and mental health, yet she is thoroughly immersed in the perspective on health and mental health that is dominant in the United States.

Her own parents are dead; she is married to a German American man. Although she respects the Chinese tradition of paying homage to the elderly, she no longer guides her own life by these precepts. Indeed, in the past, in working with young Chinese people who cling to the old ways she found herself experiencing a sense of disdain. As she anticipates working with Doris Cheng, she recalls these past thoughts and reminds herself that this pejorative and judgmental stance will get in the way of working effectively with Doris Cheng and her family.
Many other examples of needed self-awareness can be given. As is implicit in the discussion of the feelings experienced by Ms. Cheng’s worker, workers who themselves are members of the ethnic group being served have much “inside” knowledge. This is often a plus in working with people. At the same time, they must be aware of and guard against the possibility of overgeneralizing from their own experience or of holding out particularly stringent expectations for behaviors they believe are related to their own ethnic group. For example, Puerto Rican social workers in a school system may have particular awareness of the strain and pulls evoked by bilingualism. They may understand the special comfort children get from speaking Spanish to their peers and how hurtful are the taunts of teachers who admonish children to speak only English. As young people they may have accompanied their own mothers to the school, the welfare board, or the landlord to serve as translators. They may have experienced the frustration of trying to convey accurate meaning in a different language.

They must guard against approaching the situation by a stance that says, “I made it, why can’t you?” Such tendencies are not uncommon. Irish social workers, because they know that alcoholism is a particular problem for some Irish people, expect Irish alcoholics to “shape up.” Also instructive are the experiences of one of the authors (E.G.S.):

Shortly after beginning practice as a young hospital social worker, I was asked to talk with the orthodox Jewish mother of a 3-year-old boy admitted to the hospital with an infected rash all over his leg. The doctors thought that the rash may have been exacerbated by dirt. They thought the child was seldom bathed.

I immediately informed them that I would check, but that it was most unlikely because Jewish children were not dirty. This was indeed a unique referral involving a Jewish family. I told her that Jewish mothers fussed a lot over their children.

Subsequent exploration showed that the doctors had indeed been correct. Not only did I feel chagrined but insulted that a Jewish mother should treat her children so.

The initial stance, derived from my perception of “proper Jewish behavior,” slowed the process of helping the mother come to grips with the problem; the family’s orthodox Jewish neighbors and relatives had a disposition similar to mine. To help her to deal with the problem meant that a particular sensitivity to the failure she perceived had to be injected.

The tendency to deny negative aspects of the actions of members of one’s own ethnic groups—especially in relation to behavior that violates certain precepts—is persistent and not limited to particular individuals. At least 25 years after the episode reported above, a hospital-based social worker asked me to explore elements of physical neglect that had been noted in an orthodox Jewish community located not far from the university. The local Board of Health had identified a few clusters of homes where it appeared that the children were not properly being cared for. I approached the situation by informing a rabbi of my acquaintance of the situation. This rabbi was also a social worker and had ties to the community from which the reports were being issued. His response was to declare that this was “impossible,”
a "mistake," and to pursue the matter no further. We do not help effectively when we deny negative aspects in the behavior of our own people.

**The Impact of the Ethnic Reality**

In Chapter 2 we described and discussed the ethnic reality and how a combination of factors—different for each group and different for different subgroups at different points in history—impact on the problems people experience and their response to these problems.

The struggles of the Jones family are in many ways not unique. Families experience internal strain and discord between family members. The estrangement from daughter Jan that the Joneses experienced until shortly before her death is a sadness experienced by many families when disagreement reaches a point of crisis.

The Joneses are, by most standards, middle-class people who have acquired this status in the face of considerable racism, at considerable personal cost. Such status is often tenuous. Many African American people are deeply religious. Many African American women are said to be especially strong and the leaders of their families (Boyd-Franklin, 1989).

The family’s experience with AIDS is unfortunately one that they share with many other African American families. AIDS has impacted on the African American community with special force. The Joneses’ experience in becoming parents to grandchildren is not uncommon.

Minkler and Roe (1993) report the experiences of the grandmothers who raise the children of the crack cocaine epidemic and focused on a particular subset of that group, African American women. They suggested that the "historic inkeeping role of the black grandmother gives the newer role a special salience in the African American community." They pointed to historical accounts that have traced the pivotal stabilizing role of elders in black life.

"In our own study, grandmothers’ despair over the crack involvement of their sons and daughters often caused still deeper pain and anguish around the assumption of the caregiver role. Although the women we interviewed willingly and lovingly accepted full-time caregiving as an alternative to having their grandchildren neglected or removed from the family and placed in foster care, many expressed anger, resentment, and depression over the prospect of 'second-time-around' parenthood under these circumstances" (Minkler & Roe, 1993, pp. 5-6).

Whether or not Ernestine Jones expresses the sentiments of distress implied by those who have studied women like her, it is highly likely that she shares some of these feelings.

The role of the church in the African American community has received considerable attention. Lum (1996) and others have suggested that the church has long played a powerful role in aiding African American people to cope in the face of profound oppression and its accompanying problems. Mrs. Jones especially is most devout. She has told the people at the other agency how important the church is to her.

**The Route to the Social Worker**

In Chapter 4 the concept of the route to the social worker was discussed in some detail. It was pointed out that many social work clients do not seek services volun-
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seek services volun-
tarily. Many have limited choice about whether to use these services. Others, such
as prisoners or families whose children are wards of the state because of parental
neglect or abuse, must use the services.

Mrs. Jones has some choice about whether to accept the social worker's offer of ser-
vice. She could, if she chose, tell Beth Jacobs that she and Mr. Jones will manage
with Ellen and that she needs no help. Indeed, that might be true. Between her hus-
band and her friends, they likely can manage.

But it is unlikely that Mrs. Jones will refuse contact with the social worker
once it is offered. She is facing some major difficulties and will unlikely scoff at any
offer of assistance.

However, other factors need to be considered. African American people, espe-
cially those with limited resources, have reasons to be suspicious of a variety of
health and welfare institutions. Although Ernestine Jones may doubt that Beth
Jacobs can be of much help, past experience suggests that refusal might be miscon-
strued as lack of cooperation. And such lack of cooperation might have negative
consequences. So it is to be expected that she will agree to work with Beth Jacobs.

On the surface, Doris Cheng seems to be coming voluntarily. However, although
the record may not reflect it, it is possible that Ms. Cheng's superiors at the com-
communications company have let her know that her work is "not up to snuff." De-
spite pledges of confidentiality, she has substantial fear that her job will be at
risk if she does not follow through with the service. Other situations can be cited
that underscore the importance of understanding the route to the social worker.

Mr. Garcia, a recent immigrant from Columbia, is referred to the local Child Pro-
ective Agency because of allegations of child abuse. A hard-working, unskilled
laborer seeking desperately to find his way in this country, Mr. Garcia cannot
believe anyone would accuse him of child abuse. He learns that his custom of dis-

ciplining his young son through the use of a strap has come to the attention of the
school the child attends. The teacher has found bruises. Otherwise, the child seems
content and well cared for. The investigation shows that Mr. Garcia's use of a strap
to discipline the child was customary in his country. When the worker suggests
this is not done here, he agrees and says, "I guess I cannot rear up my son the way
I was reared up."

Mr. Reilly is a well-paid truck driver, and a member of the union that protects his
wages and working conditions. He is getting on in years and lately takes a nip
before driving "just to take away some of the aches." His superiors detect alcohol
on his breath when he reports for work, although there have been no accidents. He
is given a warning and told to see "one of the social workers" the company hired
to help get the guys over some rough spots. If he does not see the social worker and
they find he has been nipping before coming in, the union cannot protect him.

These situations highlight the fact that the route to the social worker is often
taken involuntarily and more often than not entails threat or fear. Not infrequently,
the client's understanding of his or her world, based in part on the ethnic reality, is
at odds with myriad social institutions with which people must interact. We must be extremely sensitive to these kinds of situations as we work to try to establish trust.

PART 2: WORK TO BE DONE BEFORE MEETING WITH CLIENTS

In this second part of the chapter we present the social work strategies and interventive procedures most commonly used by social workers in direct practice. Several levels of work get done before worker and client meet.

Basic Knowledge Acquisition
We refer here to all the effort to acquire relevant knowledge, such as that considered earlier in this chapter.

Understanding Your Community and Your Organization

Learning about Your Community
Another level of work, which we term understanding your community and understanding your organization, refers to the responsibility of learning as much as possible about the community and about the organization in which the work is carried out.

Communities vary in many ways and inevitably impact on the work of the agency. The resources available, the population characteristics, the availability of resources, the type of government, the availability of transportation, and the prevailing community- and ethnic-based networks are but a few of the factors that bear on the ability to render service. Communities are different in many ways. They vary along ethnic and class dimensions in the availability of services, in general ambience, and in style. A variety of tools can facilitate the process of becoming familiar with the community. Use of census material, publications about the community, and interviews with community leaders are but a few of the available resources. It is incumbent upon agencies and practitioners to make use of these resources in order to develop a community profile.

Identifying Community Needs
Lum (1986) identified a series of tasks that go beyond the development of a community profile. These include conducting a study of the needs of minority clients, service programs, and staffing patterns. As will be gathered from review of the community profile, it is essential to determine whether the network of social agency and other institutions have sufficient staff who, if necessary, are bilingual and/or sensitive to the needs of the diverse community groups served.

1See sample outline for developing a Community Profile in Appendix 1.
When it comes time for Beth Jacobs to see the Joneses, the information she has acquired about the community will stand her in good stead. She knows that 20 percent of this city's population of 50,000 is African American. The church of which the Joneses are members, as well as other African American churches, have a reputation for providing considerable social support to parishioners when crises arise. The church has yet to develop a formal AIDS service structure.

Learning about Organizations
Organizations that provide health and human services are diverse and complex. Some are small and neighborhood based and are operated by segments of the ethnic community (e.g., Jenkins, 1981); some are large and multidisciplinary intended to serve diverse peoples. Some institutions are operated for the specific purpose of providing social work services; a case in point is the family counseling agency. Others, are multidisciplinary and usually termed host settings. This is true for hospitals, schools, and prisons, which typically provide service by social workers. Social workers will want to know early in their affiliation with any agency which discipline or individual typically exerts power and influence. They need to know how various groups are generally received. It is important to know whether members of minority groups feel welcomed or find the atmosphere demeaning.

Also important is the effort to learn how others who work in a system think, feel, and behave. This is particularly relevant in interdisciplinary settings. For example, workers employed in school systems where they function on teams of psychologists, teachers, and consulting psychiatrists must familiarize themselves with the kinds of problems usually brought to the team and how each discipline views its role. They should be clear about the linkage function between school, home, and other resources. They need to be aware of how they, as children, may have experienced problems in their own school work. If, as children, they had difficulty, are they likely to "overidentify"? Or, conversely, if their own school careers were extremely successful, how can they use this experience to help those in trouble? How can they learn to understand?

Those who provide service in the criminal justice system need to know something of the adversary system and the law and how people experience encounters with these institutions. The same is true of work with families in the public social services and in health care.²

Adaptation to the Ethnic Reality
In approaching the work situation, the particular class and ethnic disposition (the ethnic reality as it pertains to the issues and problems that regularly surface in the work setting) must be considered. There is a substantial body of literature on the impact of race in the helping process. Although the research findings are equivocal, there is some suggestion that communication is enhanced when workers are members of the same group (e.g., Jones, 1978; Turner & Armstrong, 1981). Davis and

²See Chapters 7, 12, 13, and 14 for more detailed treatment.
Proctor (1989) have reviewed the literature on the relationship between race and treatment. There is some evidence that racial dissimilarity may threaten clients' ability to talk about their problems. At the same time, there is some evidence that experienced and sensitive workers can work effectively with racially dissimilar clients. Workers must be ready to consider how their own ethnic and class backgrounds affect responses. Experienced and sensitive workers can and must work effectively with ethnically and racially dissimilar clients (Schlesinger, 1996; Davis & Proctor, 1989). Efforts to achieve "ethnic competence" as described by Green (1995) are pertinent here. The reader will remember that the emphasis is on "a...level of cultural awareness...that surpasses the usual injunctions about patience, genuineness and honesty in client–worker relationships."

If workers are members of the ethnic groups usually served in the setting, they may have much inside knowledge. At the same time, they must be aware of and guard against the possibility of overgeneralizing from their own experience or holding out particularly stringent expectations for behaviors that they believe are related to their own ethnic group.3

When workers are not members of the ethnic and class groups usually served, they have an obligation to familiarize themselves with the culture, history, and ethnically related responses to problems. Among the suggestions made by Green (1995) about the processes that may prove useful in developing "ethnic competence" are strategies of participant observation in communities of interest, which are used by anthropologists in studying ethnographic material about the community.

When workers meet their clients, they need to have developed emotional and intellectual awareness, to be ready to listen, to help evoke meaningful responses, and to draw on diverse resources. This readiness is derived from experience, from a conceptual stance that aids in thinking about the problems, and from awareness of the range and types of reactions usually evoked by members of different ethnic groups.

**Work before Meeting with Any Particular Client**

Information available on any client varies substantially.

A considerable amount of information had been made available on Ellen Jones and her family from the medical and nursing staff. The worker knew about the diagnosis, problem, and predicted course of medical events. She knew that this family has experienced much disappointment but has demonstrated considerable strength. They overcame great pains and disappointments and took in Jan and Ellen. They are now mustering their strength to cope with Ellen's difficulties.

Beth Jacobs hopes that the Joneses' church will provide spiritual as well as concrete support, such as help with the child.

The worker who saw Doris Cheng for the first time had limited information at her command. It remains up to her to attempt to sort out various questions that come

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3See earlier discussion of the kind of pitfalls sometimes encountered.
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Adaptation to the Ethnic Reality
As workers pull through such information as is available in preparation for meeting the client, attention also must be focused on ethnic and class matters.

The worker should obtain all possible information about the ethnic reality. If no information about ethnic group membership is available, this should be determined if possible. This knowledge will enable the worker to think ahead, anticipating any special needs or areas of sensitivity that are often associated with ethnic memberships and the help-seeking/help-getting process.

The fear of racist or prejudiced orientations is never far from the minds of most minority or other disadvantaged people. Practitioners must be constantly alert to this possibility. This is particularly important when the clients are members of minority groups and the workers are members of the majority group.

To simply know that someone is white is insufficient. The enormous differences between the various white ethnic groups can affect the work. Examples are the well-known volatility in relation to physical illness of many Jewish and Italian people, as contrasted with the stoicism of "old Americans" (Zborowski, 1952).

Social class data and information about what people do is essential. In Chapter 3 we commented on the relationship among social class, the kind of work people do, and their sense of autonomy and capacity to control their own lives.

The images that people have of themselves and those held by others may have great bearing on how they approach problem resolution. Class data provide clues about socioeconomic wherewithal, the kind of work people do, and broad stances on life's problems.

PART 3 INTERVENTION

Problem Identification and Assessment
As worker and client meet, there are many matters to consider. The worker needs to be sure to create an environment as comfortable as possible—and to use those skills and procedures likely to set the helping process in motion. The client may be worried, fearful, anxious about the difficulty confronting him or her, as well as wondering if this is the person and the place where help is likely to be forthcoming.

Traditionally, social workers have termed the first stage of worker/client interaction the process of problem identification and assessment. In discussing this step
of the interventive process, we distinguish between "entry skills"—those skills focused on "launching the interaction process" and creating a comfortable environment for the interview—and those skills focused on the interviewing process itself, the nature of questioning, problem identification assessment, and intervention. In fact, these are not distinctive stages; rather, various elements of the process are overlapping and recurring. Middleman and Goldberg (1974) include (1) stage setting, (2) tuning in (Middleman & Goldberg, 1974; Shulman, 1984), (3) attending (Egan, 1975), and (4) preparatory empathy (Shulman, 1984; Hepworth & Larsen, 1993).

**Stage Setting: Privacy, Creating Comfortable Spaces Accommodating to the Setting**

Stage setting involves attention to the physical setting in which the interaction is going to take place and takes account of positioning vis-à-vis clients. The purposive use of space to enhance communication is basic. There is little question that the prevailing norms of American society suggest that privacy is urgent. It is assumed that most people will feel more comfortable discussing their problems if they are not in danger of being overheard by strangers. Often, people don't want other people in the family to know they are discussing certain matters with the social worker. By and large, people are more comfortable if there is sufficient physical space to permit them to maintain some physical distance from each other; they may move closer together if the situation warrants. Settings that provide at least a minimal degree of physical comfort are thought to be essential. Comfortably cushioned chairs, pleasantly painted, cheerful rooms, and a place to stretch one's legs are seen as highly desirable if not essential.

A mental review of many of the places where social workers meet their clients quickly leads to the realization that these generic guides to stage setting are often honored in the breach. Hospitalized patients who are unable to leave their beds usually share rooms with others. A curtain is the most deference to privacy that can be offered. When clients are visited in their homes, relatives, friends, or neighbors may be present. Large segments of the client population—particularly those served by underfunded public agencies—often encounter the worker in large offices occupied by many other people. At best there may be glass-enclosed cubicles in which the partitions do not reach the ceiling. Visits may be made in community center playrooms, libraries of prisons, or empty cafeterias of residential centers. Each of these spaces is likely to be frequented by others. Many of these are regrettable structural facts that emerge out of society's low regard and lack of respect for those who are at the "bottom of the ladder."

There are circumstances in which interaction is most comfortable if carried out in natural or convenient settings. These include seeing the child in the playground or seeing concerned relatives in a parking lot or restaurant during a lunch hour. Time may not permit a visit to the office. Some natural settings tend to preserve anonymity or privacy where needed.

Social workers who are sensitive to the facts of space will learn to make adaptations. When the interview with the hospitalized patient calls for as much privacy
As possible, workers will draw the curtain and sit close. This closeness may be a compromise with the desire to maintain a comfortable physical distance, usually important in the early stages of building a relationship. Other compromises with privacy may be seen in the example of talking with youngsters in the community center lounge or with the residents in the institutional cafeteria. Workers will try to gauge to what extent they can create a “do not disturb” ambience by positioning; but by doing so, they must be careful not to embarrass those who are seeking or being offered service. Privacy should be guarded, but not at the expense of avoiding needed contact or in a manner that publicly singles out a particular person. A conversation between two or more people in the midst of a crowded room can be more private than one held in a distant but readily spotted part of a public room. The worker’s first meeting with Mrs. Jones is an example.

Mrs. Jones was referred to Beth Jacobs by the attending physician in the Pediatric Clinic. He was planning to admit Ellen, who was suffering from severe diarrhea and vomiting. She had recently stopped speaking. On pediatric rounds held earlier in the day, the physician shared with the social worker the facts earlier noted, Ellen’s mother’s recent death, the family’s involvement with the church, and their distress with the daughter who had died. Thinking about how and where she might best make initial contact with Mrs. Jones, Beth Jacobs looked for her in the waiting area of the x-ray department. They sat in a private area of the hallway, with no one else around. Ellen was in her grandmother’s arms and had just finished with x-rays. When Beth Jacobs walked up to them, Ellen started to cry, clung to her grandmother’s neck and hid her face. Beth Jacobs: “Mrs. Jones, my name is Beth Jacobs, and I am with the Social Work Department. Dr. W. asked me to speak with you about your granddaughter. Is this a good time?” Beth Jacobs is honoring Mrs. Jones’s need for convenience as well as for privacy.

**Adaptation to the Ethnic Reality**

The degree to which every effort should be made to adhere to the tenets of privacy vary considerably by ethnic group membership. Many Eastern Europeans (e.g., Czechoslovakians, Estonians, Hungarians, Poles, and Ukrainians) are particularly “shamed” at having to ask for help (Giordano & Giordano, 1977). The same is true for many Asians (Toupin, 1980; Hooyman & Kiyak, 1988; Lum, 1992). For members of these groups and others with similar dispositions, particular effort should be made to assure privacy and/or anonymity. When people who share these feelings are seen in the hospital, it would be wise to take off the white coat if it is customarily worn. After people have been engaged in a private conversation with the curtain drawn, they may decide how to answer their neighbor’s queries about who the “nice young woman was” who came to see them. They are then free to identify her as a family member, neighbor, or the social worker.

When the pain of getting help is almost as intense as the problem that generates it, a number of concessions to privacy should be considered. Is a prearranged home visit for an intake interview for public assistance feasible? Can workers park their cars around the corner? Can workers dress in a manner that does not readily
identify them? Can the mother of a disturbed youngster be seen in the school courtyard amidst a crowd? Is the sign on the van advising everyone that this is the “Senior Citizens’ Nutrition Project” or the local “Economic Opportunity Corporation” really necessary?

The situation at the Employee Assistance Program of the communications company is an ideal setting for initiating the contact with Doris Cheng. Substantial literature supports the view that Chinese people, like many other Asian persons, are uncomfortable about seeking the kind of help offered by social workers and mental health facilities in the United States (Ho, 1987). The worker knows this and on meeting Doris Cheng maintains an air of formality, uses last names, and remains seated behind her desk as she and Doris begin to work together.

Not all possible concessions to privacy and anonymity can be spelled out. However, it is crucial that workers be aware of these possibilities and behave in a manner that opens up options. Some Slavic, Asians, and others may feel comfortable about being interviewed within earshot of their neighbors. However, unless people are given the choice on these types of matters, workers may find that, despite sincere offers to help plan for care problems, their clients were most uncommunicative.

There are other people who do not seem to mind discussion of certain private matters when others, unrelated to them, can hear. Many Jewish and Italian people are quite voluble and seem ready to express discomfort and pain publicly; some are given to reaching out for a sympathetic, interested ear (Zborowski, 1952). Dominick and Stotsky (1969) described Italian nursing home residents who are always ready to converse with visitors about rooms, belongings, anything at all. Schlesinger (1990) suggested that the same is true for many elderly Jewish people.

People with this disposition may gain some satisfaction from the public visibility provided by the social worker’s concern and attention. Caution must be exercised to guard against assuming that satisfaction gained by visible attention to physical problems will not carry over to situations in which an application for public assistance, food stamps, or publicly subsidized housing is to be filed, or if a youngster has developed problems with the law. This may represent loss of face or much highly valued financial independence. In such situations, generic rules of privacy apply. Efforts to learn what types of people require privacy and anonymity are crucial.

“Tuning In”

“Tuning In” has been defined as “development of the worker’s preparatory empathy” (Shulman, 1984). Citing Schwartz, Shulman suggested that tuning in includes the worker’s efforts to “get in touch with those feelings which may be implicitly or directly expressed in the interview.” Although the process should begin before the encounter, it is ongoing and continues throughout the interaction. Shulman suggests that tuning in can take place at several levels. Several of these have been noted in other contexts. They include the acquisition of basic knowledge of human behavior, articulation of that knowledge with the problems at issue, and the
unique response of worker and client. The following case situation illustrates the articulation of several levels.

Jim Brown, a social worker, knows that a 13-year-old boy has been referred because he is disruptive in school and is reading several years behind his grade level. The boy has recently transferred to the school as a result of moving into his third foster home this year. In synthesizing, tuning in, and processing these facts, the worker draws on his general knowledge about the possible reasons for learning difficulty, family systems, how families absorb new members, and the dynamics involved in foster parent–foster child relationships.

In tuning in to the child, he should consider the possibility that the reading deficit may be a function of poor education, perceptual difficulty, or emotional distress. He needs to “think and feel” in advance about how alienated, isolated, lonely, and rejected this boy might be feeling. Perhaps the worker can recall an analogous experience he may have had. Did he go to summer camp when he really did not want to? Was there ever a time when he was afraid his own parents had abandoned him? Did he ever experience a similar school failure?

The life of Beth Jacobs and that of the Joneses are worlds apart. She is young, single, and healthy. Her parents are still sufficiently young so that they have not yet developed the kind of health problems that beset people in their later years. She has experienced few losses; there is little in her own experience that can help her to get in touch with the feelings that may be experienced by the Joneses.

She struggles, and it is a struggle she will encounter throughout her career. No one worker can experience as much as the large variety of clients he or she will encounter. As Beth Jacobs struggles, she thinks of her own people, so many of whom perished in the Holocaust. Her mother talks about it all the time and cries. Some African Americans—rightly or wrongly—perceive the disproportionate number of AIDS victims in their community almost as a deliberate act of genocide. She has difficulty accepting this intellectually, but she can nevertheless get in touch with the feeling of despair it evokes. A young child in her family nearly died a year ago from a bout of childhood leukemia. Perhaps she can anticipate for herself at least some of the kinds of feelings that Mr. and Mrs. Jones must be experiencing.

Doris Cheng’s worker, herself Chinese, remembers how resentful she was when as a young woman she was expected to do what her then Chinese mother-in-law said. She began to feel the rage again and began to feel guilty, for this is not an appropriate feeling for a young Chinese woman. So, she started thinking that she might come close to how Doris might be feeling.

**Adaptation to the Ethnic Reality**

In tuning in, as in other steps of the helping process, it is essential that workers draw on knowledge about themselves, their client’s ethnic group, and the impact these have on the response to the helping encounter. The distinction between *emic* and *etic* is useful (e.g., Lum, 1992; Schlesinger & Devore, 1995). *Emic* focuses on the
specific characteristics of the group, whereas etic suggests that all people and
groups are alike in some major respects. From this perspective, it is likely that the
worker can draw on that which is unique to the client’s group while finding the
universal common themes. These and many other examples indicate the varying
processes involved in tuning in and in developing preparatory empathy.

Hepworth and Larsen (1993) made an important contribution to the skills
of “communicating with empathy and with authenticity.” Being empathetically
attuned involves not only grasping the client’s immediately evident feelings, but
in a mutually shared, exploratory process, identifying underlying emotions and
discovering the meaning and personal significance of feelings and behavior
(pp. 86–87). They identified five levels of empathic response ranging from com-
municating limited awareness of even the most conspicuous client feelings to the
capacity to reflect each emotional nuance “attuned to the client’s moment-by-
moment experiencing…” (pp. 96).

Processes similar to those described above are involved in tuning in and re-
sponding empathetically to the meaning of the helping encounters to members of
various ethnic groups. In the situation of Jim Brown, who was working with an
adolescent boy, it is important to know that the young client is an African Ameri-
can child of underclass background whose foster parents are African American,
middle-class, professional people living in a community composed predominantly
of white people.

As a white male, Jim Brown, the worker, needs to review his knowledge about
the African American community and what he understands about how class dif-
fences within that community manifest themselves. He needs to recognize that
African American people living in a predominantly white neighborhood may be
experiencing substantial strain. At an emotional level he needs to “feel through”
his reactions to African American people, particularly adolescent boys. Is he afraid
of physical aggression and does he associate African American youngsters with
aggression? Does he tend to expect less academically from an African American
boy? Is he possibly feeling that the white middle-class school has been invaded?
Does he have a feel for how African American children might experience the white
world? Does he understand the particular sense of distrust, inadequacy, and fear
of not measuring up felt by many young blacks? The fact that he was able to draw
on his own past fear of abandonment is illustrative of the emic perspective.

Other illustrations of the various levels of tuning in to ethnic dispositions can
be given. Repeated reference has been made to the frustrations of those whose
command of the English language is limited. Many approach human service agen-
cies, fearing that their culture and way of life are not respected. There may be dis-
trust of practitioners, particularly those who are not members of their own group.
Such matters should always be tuned into before and during an encounter. As
workers prepare themselves to tune in and to respond empathically, they need to
become even more sensitive to and knowledgeable about ethnic components. How
does the person feel about having a worker of a different (or the same) group?
Davis and Proctor (1989) suggested that this is almost always a consideration. Is
the person comforted or threatened by that? What about the very pain of being
there? Should that be acknowledged—with Asian people, with American Indians? And perhaps to those inclined to respond to help positively—middle-class Jews and many well-educated professionals—can something be asked about whether they were relieved to be finally coming for help?

**Attending Generically**

*Attending* refers to purposeful behavior designed to convey a message of respect and a feeling that what people are discussing is important. Attending skills include the ability to pay simultaneous attention to cognitive, emotional, verbal, and nonverbal stimuli, deciding "what is the main message" (Middleman & Goldberg, 1974, p. 100) and focusing attention on that message. In the process of focusing on the key elements of the situation, it is important to be aware of and refrain from communicating inappropriate judgmental attitudes.

Appropriate use of body language and dressing in a manner considered appropriate by clients are also examples of attending. The other person should be faced squarely, and open posture should be adopted and good eye contact maintained. The practitioner should lean toward "the other." These aspects of physical attending let the clients know of the worker’s active involvement and aids the practitioner in being an active listener. This type of posture helps in picking up both verbal messages and nonverbal clues. Under most circumstances it is important to maintain a relaxed, natural, comfortable position and to use those spontaneous head, arm, and body movements that come naturally to workers in most interactive situations. Wood and Middleman (1989) have suggested that the worker avoid sitting behind the desk. Coming out from behind the desk and sitting at "right angles" to the client facilitates focused attention. Maintaining comfortable eye contact is customary in many contexts. In professional as well as personal interaction, the use of friendly greetings is expected.

Put simply, when the encounter begins it is crucial that initial approaches are made in a professional but human manner that is attentive to the concerns of the other.

*After Beth Jacobs introduces herself to Ms. Jones, they continue to sit in the quiet area of the waiting room of the x-ray department. Beth Jacobs: “My name is Beth Jacobs. I’m with the social work department. Dr. W. asked me to speak with you about your granddaughter. Is this a good time?”*

The worker, respectful of the fact that Ms. Jones is here primarily to have x-rays taken, pays attention and lets Ms. Jones know she does not want to interfere. Her demeanor is natural and comfortable but cognizant of the serious situation at hand.

*Beth Jacobs: “I won’t keep you long. I just wanted to see the baby, meet you, and talk a little bit about what kind of support services we might help you with after she leaves the hospital. I am aware of the situation. Has the doctor explained to you why he wants her admitted?”*
Adaptation to the Ethnic Reality
There are some groups whose members find it difficult to respond to the type of spontaneity and physical posturing suggested by Egan and others. Many people believe eye contact is shameful. Toupin (1980) suggested that even acculturated Asians are likely to consider eye contact as shameful. This is particularly true for women who believe “only street women do that.” Many American Indians view the matter similarly. Eye contact may be indicative of lack of respect.

There are situations that call for modification of other aspects of attending. Those groups (e.g., many working and underclass minority people) who view workers as authority figures may, especially in the initial contact, be more comfortable when there is more formality than Egan’s proposals imply. This is also true for those who are most uncomfortable about expressing feelings or who feel shamed about needing help (e.g., some Slavs and Asians). It is important in this connection that workers understand that for many people failing to respond to eye contact, sitting demurely, or not readily revealing feelings are not indicative of pathology or resistance. Rather, they are accustomed ways of responding, given the circumstances.

Practitioners who truly attend will modify their behavior according to the knowledge they gain about the disposition of various groups. The skills, and approaches to launching the interaction process just discussed are used in conjunction with the process of questioning. At this point, some comments about the nature of questioning and listening are in order. These will be touched on here only briefly. There are many excellent works that treat the matter in detail, including the effects of race on the interview process.

The Nature of Questioning: The Ethnic-Sensitive Interview
The social work interview is one of the most critical elements of practice. It is through the interview that the client/worker relationship is developed and sustained, and that critical information is shared by the client with the worker, and vice versa. The very process of the interview can be, and often is, intrinsically therapeutic.

A great deal has been written about the social work interview. Many excellent works treat the matter in detail. The object here is simply to identify some of the major principles and to suggest how basic interview processes and strategies can and must be adapted to take account of client ethnic reality.

In the minds of many people, the process of questioning, a basic component of the social work interview, is equivalent to social work itself. It is through this process of asking questions, reflecting on the answers, and giving feedback about the matters discussed that much of social work gets done. There is a considerable body of literature on the social work interview (e.g., Kadushin, 1995). Social workers question many people about their situations. Some questions are focused on fact, some on feeling. Some questions are asked to obtain simple, precise factual answers. Others are intended to evoke feeling.

Identifying the Source or Locus of the Problem
Both factual information and theoretical perspectives play a part in identifying what the source of a problem seems to be. In our review of approaches to practice
(see Chapter 5), we summarized divergent theoretical views. Although these differences exist, a number of basic principles cut across the divergent perspectives.

The client's perspective on the source of the difficulty should be given primary consideration. Pottick and Adams (1990) have recently discussed putting this concept into action. Doing so requires much skill, patience, and restraint. Workers are trained to think in theoretical terms, to synthesize, and to make assessments. It is not easy to be nonjudgmental when people attribute all of their difficulties to external matters or perhaps to supernatural forces. Workers who are eager to "put their knowledge to work" need to be self-disciplined. Sensitive workers will ask and listen before they make a judgment.

If the problem is systemically based, individuals should not be held responsible for the situation. The list of inadequate resources to deal with problems is endless. When clients complain about welfare budgets, workers must acknowledge the trauma of trying to survive with so little; perhaps they even need to cry with people before going on to help with budgeting designed to stretch the impossible. The budgeting process may be necessary as a survival technique. But to suggest to such people that they are not getting along because they do not know how to budget is blaming the victim.

At the same time, we must help people to take responsibility for their actions and, importantly, to help them to surmount even the most devastating systemic barriers. As suggested earlier, being sure to identify racist, sexist, or other sources of oppression can avoid a "blaming the victim stance."

For example, a Puerto Rican woman may consider it her duty to "serve" her husband—she has a sense of marianismo. However, he is not working, yet does not assume housekeeping responsibilities. Exploring the woman's feelings, without violating cultural imperatives, is important.

The sudden, unexplained deaths of many Hmong men after arriving in the United States may be related to the difficult immigration transition.

Adaptation to the Ethnic Reality

The principles and associated skills discussed here apply in work with all people. They become even more important when one is dealing with ethnic, minority, and other oppressed people.

The ethnic-sensitive worker has a particular responsibility to be aware of the systemic sources of many problems.Attributing systematically induced problems—those derived from racism, poverty, and prejudice—to individuals is harmful. It adds to their burden. Lum (1992) identifies many of the systematically induced problems that bring minority people to social agencies. Racism, manifested as a negative reaction to minority people in a wide spectrum of situations, is a case in point. African Americans are disproportionately unemployed and underemployed, contributing to negative self-image and interpersonal problems. These experiences of low status, low income, and exploitation yield feelings of powerlessness. Recent immigrants (e.g., Vietnamese and Laotians) experience dislocation as they try to make sense of the new culture. The relatively high levels of depression found among African American
men (Gary, 1985) may be related to the frequency of stressful events they are more likely to encounter. These include changes in residence, job changes, physical illness, and arrests, all found with greater frequency among African American men. Helping to identify the links between systemic problems and individual concerns is a crucial component of ethnic-sensitive practice.

With some notion of the nature and source of a problem established, worker and client can begin to consider how they will work on the problem. Contracting is an important move in that direction.

**Contracting: Some Preliminary Considerations**

The literature on contracting is extensive (Compton & Galaway, 1989; Fischer, 1978; Maluccio & Marlow, 1974; Middleman & Goldberg, 1974; Pincus & Minahan, 1973; Reid & Epstein, 1977; Seabury, 1976). Central to much of this work is the assumption that people can contract to explore their interpersonal relationships, to confront dysfunctional systems, and to make use of health and welfare systems as these are currently organized.

Many groups do not share the rational conceptions of problem solving implicit in the concept of contracting. Many lack trust in the health and welfare delivery systems. Some are loath to be designated *client*, which some views of contracting imply. Indeed, Reid (1986) suggested that some people cannot and will not engage in this form of worker–client engagement.

Much that is understood about the world view of the various American Indian cultures points to the fact that some view any act of manipulation or coercion with mistrust. This applies to psychological as well as physical behaviors. Good Tracks (1973) pointed out that suggestions concerning appropriate behavior, whether conveyed subtly or in the form of an outright command, are viewed as interference. Interference in others’ behavior is considered inappropriate. This holds true for the way parents teach their children, the actions of children, and the demands made by organized institutions. Good Tracks suggested that for these reasons many major social work techniques are ineffective with Native Americans.

Contrast this with certain dispositions common to many Asian Americans. Several themes recur in the literature. According to Toupin (1980) and Ho (1976, 1987), general characteristics of the model Asian personality can be identified. Many Asian people are likely to express deference to others, to devalue themselves and their family to others, and to avoid confrontation. Shame—for insensitive behavior, for behavior subjecting the family to criticism, and for causing embarrassment—is extensively drawn on in socialization practices. They preserve the family honor by not discussing personal problems outside the family. Expression of emotions may not bring relief because it may reflect negatively on the family. There is deference to authority, and therapeutic personnel are viewed as authority figures.

In commenting on the social worker’s potential ability to be helpful without violating cultural precepts, Good Tracks (1973) suggested that “patience is the number one virtue governing relationships with American Indians. A worker who
they are more typical illness in men. Helping seems is a crushed worker.

Contracting

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has little or no patience should not seek placement in American Indian settings.... The social worker’s success may well be linked with his ability to learn ‘Indian time’ and adjust his relationships accordingly” (p. 33). He pointed out that the workers will be observed, and people may seem indifferent. It may take considerable time, perhaps a year or more, before they are trusted.

Workers’ efforts to provide a variety of concrete services will be observed. At some point a member of the community may bring a problem of a more personal nature to a worker. Technique alone will not speed up this process.

The principle of contracting is crucial when it is related to client autonomy and self-determination. When viewed primarily as a technique for rapid engagement of clients in the helping process, the danger exists that class and ethnic dispositions will receive insufficient attention.

Approaches to Contracting

The approach to contracting that follows is guided by the preceding considerations. Contracting refers to the process by which workers, clients, and others engaged in problem-solving activities come to some common agreement about the respective work to be done, the objectives sought, and the means by which these objectives are to be attained. By its very nature, the process involves clients and others in setting the terms by which the work of problem solving is to be carried out. Various writers (e.g., Compton & Galaway, 1984) have stressed the fact that contracting involves a partnership. When social worker client interaction is approached from this perspective, workers are less likely to impose their definition of the problem or task on the client.

Many definitions of the contract have been offered. In social work and other interpersonal helping endeavors, the contract can be viewed as consensus between the involved or concerned persons about why they are working together, how they will work together, and what they hope to achieve. Translated into the “gut and heart” of day-to-day practice, what does this mean? It means that workers and clients deliberate, and often struggle, to come to decisions about the focus of the work to be done. This is affected by the various contexts in which services are rendered and the point in time when decisions about the work to be done are made. Some people can make such decisions quickly; others waver and need considerable time.

The social worker assigned to the outpatient clinic of a hospital is asked to find out why so many people do not keep essential follow-up appointments. In exploring the matter, she learns that people are “fed up” with being told to be there at 9:00 in the morning and not being seen until 11:00 or 12:00. They lose time from work, and lose patience as well. In checking to see what happens elsewhere, the worker finds that the same kind of people come much more regularly if there is a staggered appointment system. In this instance, she first contracts with the hospital administration to explore the issue. She then shares her information with the administration and patients. Does the administration want to institute a staggered appointment system? Should she ask her patients how they would feel about it?

In this process, an effort is made to maximize the possibility of involvement in problem solving by those concerned: the patients and hospital administration.
In considering the relationship between the context and contracting, a number of generic principles can be stated:

- When clients have little or no choice about being there, a clear-cut statement about the help and the options available, despite the constraints, is essential.
- The range of services available should be spelled out clearly, with an emphasis on the role the client and worker each will play.
- The contract should not focus on “people changing” when system changing is in order (e.g., only if the staggered appointment system in the outpatient clinic is not successful should the social worker talk to patients about their appointment-keeping behavior).

The limitations of time and agency function should be clearly spelled out (Compton & Galaway, 1979).

Adaptation to the Ethnic Reality. There is little doubt that members of minority groups, those who do not speak English, and those who have a long history of negative experience with health and welfare institutions are particularly sensitive and fearful about what might happen when they get to the agency. Continuing attention and sensitivity to these matters must be evident. The skill of helping people who feel particularly defeated to recognize and believe that they can play a part in determining why and how something is to be done is one that needs to be continually sharpened. Gomez, Zurcher, Buford, and Becker (1985) have demonstrated the positive effects of this approach with some Hispanic clients.

The injustice done to American Indians by the massive removal of children from their homes to “boarding schools” has been documented repeatedly (Byler, 1977). The assumption that minorities and the poor are not articulate and cannot constructively engage in therapeutic encounters involving active verbalization has been challenged. The difficulty of conveying affect and sensitive factual information through an interpreter is well known. Despite this, some American Indians abuse their children, and some poor minority people need help with basic survival needs before they can engage in the process of examining interpersonal relationships. Bilingual or indigenous workers are not always available.

The basic rules of contracting must then be expanded to include the following points:

1. Consider the basic meaning that involvement with this setting is likely to have for different people. For instance, an American Indian family may be quite ready to consider placement of a child with someone in the extended family once its members have been assured that the child is not going to be torn from the fold of the community.

2. Consider the implications of what is being suggested, given the client’s ethnic reality.

Working on the Problem

Recently, one of the authors of this book visited an agency to review a student’s progress. In reviewing the student’s progress recording, it was evident that the stu-
dent deflected the client's attention from the problem at hand on a number of occasions. As soon as her clients seemed ready to discuss an emotionally sensitive matter, the student changed the subject. When this was pointed out, the insightful student said, "I know, but if they really tell me I might have to do something about it. And I don't really know how. Those people have terrible troubles, and they won't go away. I can't really change anything for them." This is a common dilemma, not only for the student but also for the more seasoned practitioner. Part of the dilemma arises out of the seeming intractability of the problems for which help is sought. Part of the problem is related to lack of skill, and part to the inherent difficulty entailed in forging ahead, on a sustained basis, with efforts to help.

Beth Jacobs has been talking to Mrs. Jones about the baby and how they manage to provide for her care.

But Mrs. Jones seems to want to talk about her dead daughter and her hope that she found Jesus before she died. Beth Jacobs has some reluctance, but Mrs. Jones comes back to it.

Beth Jacobs: "It must be very painful for you. But it sounds like you have a strong faith to help you through this."

Mrs. Jones: "Yes, I surely do. I just pray every day and read my Bible to find the strength and wisdom. I just praise God that my daughter got to know him before she died. You need to find God yourself, dear."

Beth Jacobs: "I struggle my own way. The important thing now is, are you and your husband able to talk about this?"

Mrs. Jones: "Not much. He's not much of a talker. But we understand each other. I know how he feels."

Mrs. Jones begins to cry. She and Beth Jacobs just sit there quietly.

After a few moments, Mrs. Jones says she must be getting along home now and tend to a few things.

Worker: "Doris, have you been able to talk to your mother-in-law about getting your husband back to see a psychiatrist?"

Doris (hesitant, lowering her head): "I just can't bring it up."

Worker: "Perhaps she'd talk to me. We're the same age. Perhaps she would consider me like family."

Doris (quite relieved): "Could you please call her?"

Once the work has begun, workers and clients truly become involved in the work of problem solving. The phases of this process can be identified. With some variation, these phases focus whether work is focused on problems of interpersonal relationships with individuals or groups, on planned community or other efforts toward changing systems, or on a variety of planning endeavors. They include (1) conducting an ongoing reassessment of the problem, (2) partializing the problem into manageable parts, (3) identifying obstacles, (4) obtaining and sharing additional information, (5) reviewing progress or setbacks, and (6) terminating the process. Environmental work is critical. The problem-solving process goes on. No single work can possibly do justice to the various strategies and skills involved in the problem-solving process.
We approach the matter by suggesting, for a number of select areas, how the work of problem solving may differ from the beginning phases.

**Ongoing Reassessment of the Problem**
The process of ongoing reassessment calls attention to many facets of the situation. External changes may take place that can dramatically alter the course of events. Life can be measurably altered if a job is lost or obtained, if the child of a couple experiencing marital difficulty becomes seriously ill, or if the neighborhood that is organizing for better service is scheduled for demolition. Ongoing review and reappraisal is essential. Too often, workers become so caught up in the preparatory work that, upon seeing people, they forget to review. Setting aside some time to learn what happened this week, yesterday, or an hour ago is an essential component of interaction.

The conversation with Mrs. Jones shifts between intense, affective exploration about her daughter’s death, as was the case a moment ago, to the more immediate concerns of how to deal with day-to-day needs.

Beth Jacobs: “How do you and your husband manage? I know you both work. Who stays with the baby?”

Mrs. Jones: “I work at night and my husband works during the day.”

Worker (the next day; calls Doris at home): “Doris, I have called your mother-in-law. She has asked me to come to her house for tea. We will chat then. I have found this approach helpful sometimes.”

Doris: “I am relieved. Perhaps she will understand what you mean; how important it is for my husband to see a psychiatrist (she starts to sound as if she is beginning to weep). Do you think it will be O.K.?”

Worker: “Let’s take one thing at a time. I’ll arrange to see your mother-in-law. And when can you come in to see me?”

**Partializing the Problem**
In these and many other types of situations, multiple problems present themselves. In this reassessment phase, as the work proceeds, the initial agreement needs to be reviewed.

Mr. and Mrs. Jones are worried about the baby. Beth Jacobs wants to let them know that she is ready to help them think through the long-range outlook for Ellen.

Mrs. Jones: “You know my husband is still so upset about Jan’s death. And every night he comes home and he worries about Ellen. Do you know very much about AIDS?”

Beth Jacobs: “I don’t know a great deal, but I am learning and I can ask medical people for the answer. Do you have something specific in mind?”

Mrs. Jones: “My husband says babies like ours who have this condition don’t last long. Do you know if that’s true?”
Beth Jacobs: "We don't really know how long they can live. Especially with infants. What we do know helps children like her is to keep them well nourished with plenty of rest. If she is weakened she has more chance of getting infections. You are doing the right thing. You are taking such good care of her. Are you worried that she will also die?"

Mrs. Jones (trying to keep from crying): "Yes! Oh Lord! Maybe the Lord wants it that way. But why? What did we do? So many black babies out there. I have a few friends in the church...." (she begins to cry).

Beth Jacobs sits there quietly grieving with her. After a few moments Beth Jacobs puts her hand on Mrs. Jones' arm, asks her if she could use a cup of coffee and says: "Sometimes it helps to cry."

Mrs. Jones: "Yes, thanks. I have to go soon." She sips some coffee and then gets up.

Beth Jacobs: "Would you like to talk again when you come to see the baby tomorrow?"

Mrs. Jones: "O.K."

Doris Cheng: "Did you see my mother-in-law?"

Worker: "Yes, I did. She was upset. But she is beginning to understand. She will try to persuade him to go to a psychiatrist they know from China. Doris, what about you? Have you seen a doctor about your seizures? How is work coming?"

Doris: "From China? They don't understand. She's just putting it off."

Worker: "Please give it a chance. Have you seen a doctor?"

And so the worker tries to help Doris to deal with a number of her issues and tries to help her to recognize the cultural differences between herself and the rest of the family.

**Identifying Obstacles**

Obstacles come in the form of emotions, entrenched behavior patterns, discrimination, language barriers, environmental deficits, and so on. Despite this, an understanding of barriers or obstacles can help to overcome or minimize them.

Will Doris Cheng be able to recognize that she needs to take her husband's and in-laws' version of events into account as she tries to deal with her problem?

**Adaptation to the Ethnic Reality.** Plans made in the privacy of the worker's office or in locales in other ways removed from the network of church, community, and kin may flounder when others become aware of what is going on. A Catholic woman planning a divorce may talk to her priest, who suggests she reconsider. The members of an African American neighborhood improvement group may encounter explicit and implicit racism when they meet with the mayor and other city officials. A Chicano woman who has obtained employment may encounter the wrath of her husband, who feels his very being threatened by her action.

These and like obstacles derive from deeply ingrained attitudes. Some members of Mrs. Jones's church do not feel she should trust that social worker. The next
time that Beth Jacobs approaches her she may be less open. Perhaps Beth Jacobs will need to talk with Mrs. Jones about the fact that they are members of different ethnic groups.

Beth Jacobs approaches Mrs. Jones while she is visiting the baby. She asks whether she wants to talk with her in the lounge or in her office. Mrs. Jones agrees but is a little distant. They sit in the lounge.

Beth Jacobs: “It must be hard talking about all that’s facing you with a stranger like myself—a young white person; you might wonder whether I really understand what you’re going through.”

Mrs. Jones (hesitantly): “Well, you’re a nice lady; but some of those people of the church did say there’s no point in talking to you.”

Beth Jacobs: “Did they say why?”

Mrs. Jones: “You know, like you said, they thought what’s the point. You’re not one of us. You can’t know what this AIDS epidemic is doing to us.”

Beth Jacobs: “Would I be asking too much to ask you to help me to understand... I really need to learn, you know.”

Mrs. Jones: “Maybe. And it really did help when you sat here quietly while I cried.”

When cultural dispositions serve as obstacles to moving ahead, the following principles are suggested: (1) explore the source and nature of the difficulty carefully and gently, and (2) consider whether the obstacles are of an individual or a collective nature. For example, is the Catholic woman devout and basically committed to staying in any marriage, or is she simply reporting the question raised by the priest? Mrs. Jones was only partly influenced by the members of her church. Is the Chicano woman the only one in her community to have taken a job? If not, have other women encountered similar problems? Is it possible to organize a Chicano women’s support group? How can outreach help the elderly to overcome obstacles to use of service? Starrett, Mindel, and Wright (1983) found that increased information about and use of social services by the Hispanic elderly were related to the kind of information available in their community networks.

Obtaining and Sharing Additional Facts and Feelings
Throughout the worker–client encounters there is the process of factual and emotional feedback. A client may tell the worker that conversations with her boss about a new assignment are going well. She took the worker’s advice and did some relaxation exercises before approaching her. They will meet next week to talk about her newly acquired word processing skills. The worker complements her.

Adaptation to the Ethnic Reality. It is possible that culturally sensitive matters may not have surfaced earlier in the helping process. Or there may be other matters not yet discussed. This is the case with Doris Cheng.
The day after their conversation about whether Beth Jacobs could really understand the situation of this African American family, Beth and Mrs. Jones begin to chat after Mrs. Jones has visited Ellen.

Mrs. Jones is distressed. The baby does not seem well. She was sniffling and crying a lot.

Beth Jacobs: “I see you’re really upset with her condition today. You must get depressed.”

Mrs. Jones: “Yes, but I pray—I go to church.”

Doris Cheng and the worker are meeting in accord with the agreement made at their last meeting.

Worker: “Today I think we really need to get to work to see how you are doing. Have you been having any seizures? Have you seen your doctor about medication?”

Doris (squirming a bit, reluctant): “I have to tell you something. I am embarrassed. I went to this other kind of doctor. You know, not an American doctor; a Chinese man who dispenses herbs. He gave me something, and it’s helping.”

Worker: “I didn’t know you believed in this. I thought you had given that all up.”

Doris: “You never know.”

Worker: “The herbs probably won’t hurt. And if you like going there it’s O.K. But I’ve never known them to cure seizures. Let’s talk about how you might get help from the herbalist, a neurologist, and perhaps a therapist.”

There are situations in which the basis for lack of progress as related to ethnicity may be shared. Only when the matter is discussed does the work progress.

A young Slavic woman was assigned an African American worker to help her think through her job troubles. The young woman was working at a semiskilled clerical job and was dissatisfied. The worker’s efforts to try to identify the specific problem were yielding a very fuzzy picture. One day the young client blurted out in a rather embarrassed manner, “You know what’s really bothering me on the job is my supervisor. But I never told you about that because she’s black like you, and I thought you’d get mad at me.” Only when the worker accepted her feeling and told her it was acceptable not to like any particular African American person were they able to move on to realistically consider the young woman’s situation.

Ethnicity as a variable in the problem being considered may become evident during a later phase of contact. Mrs. Miller, a 25-year-old college graduate, had crossed out all sections pertaining to background on the form requesting service for marital counseling. The worker, respectful of her right to privacy, did not ask.

The conflict as originally presented involved the couple’s differences about having children. Mrs. Miller wanted to have children; Mr. Miller did not.

One day Mrs. Miller came in particularly distraught, and said, “I thought we had it all worked out before we got married. But yesterday he told me he doesn’t want children because I’m not Jewish. He’ll have children if I convert. I told him before we were married I couldn’t do that.”

Sometimes people are not aware of how important their ethnic background is until such basic issues as childbearing arise. And so the client shares a bit of information not previously known, perhaps even to herself.
The Phasing Out of the Worker–Client Relationship

Streaman (1978) suggested that the termination of any meaningful worker–client relationship will induce strong and ambivalent feelings. Others (Compton & Galaway, 1979) addressed the dynamic generated by the separation process, the sense of loss or support that can be experienced in transfer or referral, and the heightened affect sensed by both worker and client as the end of the relationship approaches.

Shulman (1984) suggested a number of principles to be considered in the termination phase: (1) identifying major learning, (2) identifying what is to be done in the future, (3) synthesizing the ending process, and (4) considering alternative sources of support to those obtained from the worker. For the ethnic-sensitive worker, the last principle has particular significance. Alternative sources of support are often lodged in kinship and neighborhood networks, in the church, or in a newly heightened sense of ethnic identity. These and other principles are major considerations, requiring particular sensitivity to the possibility that clients may view termination as rejection or may be fearful about going on alone.

Most of the skills reviewed earlier—stage setting, attending, tuning in, and identifying areas of concern—continue here. The stage is now set for departure, and all need to articulate what that means.

Termination

Seven days after the conversation between Mrs. Jones and Beth Jacobs about whether Beth Jacobs could understand, Beth arrives on the pediatric floor. She has been told that the baby is doing better and is ready to go home. She wants to be sure that the Joneses are prepared.

Beth Jacobs: “Mrs. Jones, I hear Ellen is well enough to go home.”
Mrs. Jones: “Yes, bless the Lord! We’re so happy—we’ll have her with us.”
Beth Jacobs: “Are you ready?”
Mrs. Jones: “Well, I told you the schedule we’re on.”
Beth Jacobs: “Sometimes it gets tough, especially if she keeps getting sick. I brought you some information about support groups for families with children like your granddaughter. Do you think that might be something you would like to do? I also brought you some brochures.”
Mrs. Jones: “Yes, I’d like to know about them.”
Beth Jacobs: “They’re in your town. Both meet at your local hospital. And you know I’m here. And there are other people in the department if I am away.”
Mrs. Jones (sadly): “Thanks. I think we got along O.K. I’m afraid I’ll be back when the baby comes back. I’ll look for you.”
Beth Jacobs: “Thank you for our conversations. I’ve learned a lot from you. I, too, know that you will be back. I am sorry that that will be likely. I hope we can talk again.”

A week after their previous meeting, Doris Cheng and the worker are meeting again. Doris has followed the worker’s advice and has gone to see a neurologist, who put her on anticonvulsant drugs. She has talked with her mother and mother-in-
social group work

A group consisting of gay male couples in committed long-term relationships in which at least one partner has AIDS has been meeting weekly for 1½ hours for over 5 years. Some 20 couples have been involved during the whole time of the group's existence. Some have left due to breakups or dissatisfaction with the group. Others have died.

There are whites representing various ethnic groups, African Americans, and some Latinos. Most of the members would be characterized as middle class.

When we are introduced to the group, they are discussing a request that they invite some women and some heterosexual male drug users who have AIDS to join the group.4

We conclude this chapter on direct practice with a brief overview of group work approaches. The response of a group of gay men to the request that they include non-gay people in the group is used to illustrate some key principles and strategies of social group work. Glasser and Garvin (1977) and Brown (1991) traced the origins of group work to the period of social upheaval that accompanied the Industrial Revolution. Earlier we pointed to the role of the early settlement house movement and to workers such as Jane Addams who were instrumental in developing approaches that recognized cultural diversity and the importance of understanding the role of

4The excerpt from the group being described here are from a group that meets at the Gay Men's Health Crisis in New York City.
ethnicity and culture in U.S. life. Recent literature (e.g., Gitterman & Shulman, 1986) highlights the role of mutual aid groups in working with people with diverse needs who are at varying stages of the life cycle and who are experiencing diverse problems. There is evidence that groups can play an important part in helping people to cope with a variety of problems such as addiction to alcohol and other serious life difficulties.

Considerable other evidence points to the importance of the group as a vehicle for helping people to cope with a variety of life's issues. Most people are familiar with the increasingly important role played by self-help groups in helping people to struggle through such problems as addiction to alcohol and other drugs. A variety of groups are available for people experiencing all sorts of disabling and disruptive chronic health problems. And then there are the less formal groupings in the community and in the workplace: the community and neighborhood networks and other unstructured group processes that enable people to turn to others, similarly situated, who may be available for assistance of one kind or another. Our attention here is focused on those groups that are organized by social workers and closely related professionals.

Incorporating an understanding of the ethnic reality into practice has received increasing attention. A recent work edited by Davis (1984) shows how important group modalities can be in intervention with people from different ethnic minority groups.

There are a number of group work models. Adams and Schlesinger (1988) have identified and summarized the following approaches: (1) the social goals approach (Vinter, 1974); (2) the socialization approach, focused on enhancing the social development of voluntary participants in groups; and (3) resocialization or remedial approaches that assume the existence of a problem or deviance. The group then has the objective of “remedying” or “resocializing” those whose behavior is considered in some way deviant or improper. Brown (1991) identified treatment groups, socioeducation groups, and social action groups.

Despite variations in objectives, conceptual underpinnings, and style, a number of elements are common to most approaches. Included are efforts to achieve group objectives through sharing, the development of cohesion, and viewing the group as a mutual aid system.

**The Layers of Understanding**

In the preceding section considerable attention was paid to how to use the layers of understanding as a framework for approaching case situations. The same holds true in work with groups. For example, knowledge of the dynamics of group process and function is essential. In working with a group such as the gay men's AIDS group, workers need to understand a great deal about how AIDS affects people, about stigma, and about how people approach death and terminal illness. Garvin (1981) and Brown (1991) have identified the phases of work with groups. These are analogous to the process of direct intervention with individuals just reviewed.
The Pregroup Phase

Both the title and contents of a recent book on social group work, Group Work with Populations at Risk (Greif & Ephross, 1997), suggest that group work is closely related to the issues of concern in ethnic-sensitive social work practice. Many members of oppressed ethnic groups are especially vulnerable—to major illness, to disenfranchisement, and to loss of power. Those who are members of the lower socioeconomic strata are especially vulnerable to the vagaries of the economy and the market. Our earlier discussion of the Route to the Social Worker (see Chapter 4) suggests that many people who find themselves in disadvantaged positions in society are likely to find their way to social agencies by mandatory and coercive routes. Some of the groups discussed in the above mentioned book are people who are vulnerable by virtue of their ethnic and/or oppressed status. They include the unemployed (Lytle-Viera, 1997), victims of ethnovenience, African American youth in the criminal justice system (Harvey, 1997), and others.

Also of importance are those groups that are focused on people with major illness such as cancer (e.g., Daste, 1997, and many others).

Who would benefit from involvement in a group and how to go about developing a group are major questions. Obviously, much more is involved than simply deciding that a group would be a good way in which to serve a particular population group.

There are several issues involved and steps to be taken. Some assessment must be made as to whether there is sufficient interest in a group for people to take the necessary time and energy to attend and to become engaged in the work of the group.

The social worker in a clinic serving developmentally disabled children and their families had the idea that the siblings of the developmentally disabled youngsters had many issues to confront, including taking on extra responsibility for the affected sibling, some sense of embarrassment and shame, and for the older ones, wondering about their long-run responsibilities when their parents could no longer care for their siblings.

She wrote letters and invited a number of the siblings from her caseload to come to a meeting.

For several weeks, only one or two attended and were rather uncommunicative when they did come.

Sensing a lack of interest, the worker abandoned the project.

Subsequent work suggested that the siblings were interested, but embarrassed; that they might have come if they had been approached individually first, and in these conversations learned that there were other siblings out there with similar experiences. Much has been written about the whys and hows of forming a group.

Important to the present consideration is the discussion of taking into account what Shulman (1984) referred to as finding some common ground between members. Group purposes will affect group composition. For example, a group of African American adolescent boys organized for the purpose of helping with the particular
problems of this age and minority group will not want to include young white men or women of any age. On the other hand, a group that wants to tackle the issue of racism in society will need to include members of different groups. The gay men's group already in existence ponders group composition.

Leader: “We will be adding some new couples to the group in the next few weeks and would like to hear what your feelings are about having a woman or someone who is heterosexual join the group.”

John: “I don’t like it at all. This is a group for gay men and should stay that way.”

Gary: “I feel that it is the only place in the world where I can feel absolutely safe and where other people really understand me.”

Paul: “I wonder if maybe they might not feel the same way because they have AIDS. After all, they are ostracized, too.”

Planning a Group
In planning a group, scheduling becomes important. Pottick and Adams (1990) pointed out that scheduling time for intervention needs to take account of the problems on which people are working. Once the decision has been made to plan a group, many additional factors need to be considered. These include agency auspice and cooperation, scheduling, and further attention to group composition. For example, when pregnant adolescents are being encouraged to stay in school, it is inappropriate to schedule services during school time. In a hospital setting, such as an oncology ward, it is important to recognize that members will give priority to treatment needs. In the case of family members, they will give priority to how their family member is feeling, to work needs, and to other external situations. Workers need to be flexible in response to lateness or nonattendance.

It is critical that attention be paid to administrative sensibilities. For example, a hospital social worker thought it was a good idea to start a group of patients as a way of helping them to air some of their concerns about their care in the hospital. She hoped to use such a group as a way of conveying the members’ mutual concerns to floor and hospital management. Both had been quite responsive to her suggestions, as well as to patient suggestions about areas needing improvement.

She was, therefore, quite surprised, when there were all sorts of barriers put in her way about forming the group. Other staff raised issues of time, interfered with treatment plans, and were afraid she would be neglecting some of her other patient care responsibilities if she started this group.

Further inquiry revealed that a group similar to this, started by a young African American social worker, had surfaced complaints from African American patients at a time when negative practices as perceived by the African American community near the hospital were already receiving attention. The unspoken fear was that in organizing groups she would select African American patients, though she had clearly demonstrated commitment to serving all of the patients.

Adaptation to the Ethnic Reality. In thinking about whether and how to organize a group, the social worker must take the ethnic reality into account. For exam-
ple, many Asian people are said to be uncomfortable in discussing their problems with strangers. Groups may run counter to that sentiment. When professional judgment nevertheless suggests that a group may be appropriate, ethnic-sensitive strategies may help. For example, Lee, Gordon, and Hom (1984) pointed out that the group may be viewed as a place where family secrets are exposed. They suggested that one way of overcoming this fear is to have workers work toward becoming accepted by the family network as being a member. They cited the following case to illustrate the point.

An 8-year-old Chinese boy with temper tantrums and difficulty in peer relationships is referred to a children’s clinic. He has a close, clinging relationship with his mother and poor social skills. Preparatory work with the mother was carried out to introduce her to the importance of group therapy. The day the boy was to enter the group, he continued to cling to his mother and demonstrated considerable anxiety.

The mother encouraged him to go and murmured to him: “It’s O.K. Go with Uncle.”

She was identifying the group leader as if he were a trusted member of the family.

Starting the Group

Shulman (1993) suggested that the process of work with the group is analogous to beginning work with individual clients. Consequently, as the worker starts the group, the process of tuning in considered earlier in this chapter becomes most important.

It is essential that members have the opportunity to express their feelings about whether there is a fit between their purposes and those of the agency. It is also important to confront obstacles that may stand in the way. For example, if the group’s members are involuntarily in prison or if the school has insisted that they join the group, anger and resentment may well be present. People need to be encouraged to express their distress and feelings of tension about being there.

It is also important to clarify tensions and expectations. In some situations it is important that the worker spell out what the group can and does expect and what is beyond the group’s or group leader’s capacity to control. This is especially relevant when group participation has been mandated, as in the case of people in difficulty with the law. The following case example is illustrative.

Leader (after explaining attendance rules and expectations of participation by members, as well as the mandatory reporting role of the group leader): “I’m sure it is possible to follow all these rules and not change, not open up to facing yourself or to the other men here. You can probably get through this group and not really change. That’s up to you. The judge may order you to be here or your wife may be saying that she won’t come back unless you get help. And as I have said, we require your anger diary and regular attendance in order for you to stay here, but no one can reach into your mind and heart and order a change. That’s where you have complete control.” (Gitterman & Shulman, 1986, p. 28)
Adaptation to the Ethnic Reality
The lack of congruence between some of the interventive modalities used in social work with the long-standing experiences of many ethnic groups has been frequently noted. We have pointed out that many Asian people, many Latino people, many American Indians, and others are accustomed to dealing with their troubles within the family. Living as they do in U.S. society, many find themselves in a situation of wanting or needing many of the interventions offered within the U.S. health and welfare system.

It is clear that when recent immigrants are asked to be involved in such areas of intervention as group therapy, discussion groups to consider problems, or political action groups, workers need to begin by saying something to the effect that this may be a new or possibly an uncomfortable experience. The social work concept of “starting where the client is” is a helpful starting point. A good way to do that is to ask people whether they are familiar with the process of getting people together in formal groups to deal with family problems, political action, or other purposes. Asking how people in their country or their group usually do things is important. Workers should feel free to admit that their knowledge is limited.

It is also important to help people express distress about being there. This is the case with many people, especially those whose route to the social worker has been at least somewhat coercive. It may become evident that people are there because they have no choice or feel that they have no choice.

The Work Phase
As we have seen, in the beginning of a group process people have a variety of concerns, fears, and hopes. Communication is especially difficult in the beginning. Clearly, if people continue to come, they experience some increasing comfort; this is certainly likely to be the case if they have any choice about being there. Nevertheless, communication difficulties are likely to continue. For many people, it remains difficult to share matters of deep concern publicly with others, and some people, terribly worried about their own situations, become impatient at the need to defer to the problems of others.

Thus, as the work of the group continues, the worker needs to continually clarify and to help people to express themselves and use the group in a way helpful to them. Shulman (1993) pointed out that at the beginning of each meeting the worker needs to find ways to help individuals present their concerns to the group. Issues may involve a number of matters. Some people always try to capture the group’s attention solely for their own purposes. This is a threat to the group’s continuation and its achievement of its purpose; consequently, it must be dealt with. At the early part of each session, workers need to clarify, with the group, the focus for that session. Also important is attention to the underlying message being conveyed. For example, a subcommittee of the local health and welfare council has been asked to develop approaches for developing greater sensitivity to prejudice and to the needs of different minority groups in the community’s health and welfare agencies. There have been a lot of complaints.
The group asks one of the members to turn to experts in race relations to help develop strategies. As different plans are brought in, the council keeps rejecting them, finding them wanting. Finally, it is evident that the real purposes are being subverted. The idea of the presence of racism or prejudice is rejected. One member says, "What we really need is to help people to be more polite." The chairperson agrees.

It is much more comfortable to let it be. Perhaps the complaints will go away. Perhaps if the issue surfaces again, next month or next year, the group will be able to confront it. Although group members may verbally agree to focus on a particular topic, they may, and often do, veer from it. Questions then need to be asked about the connection between the group and the subject actually being considered.

Characteristic role structure emerges in a group, as does the inevitable power structure. The worker must analyze the power structure and seek to reduce or eliminate detrimental uses of power.

Adaptation to the Ethnic Reality

In attending to matters concerning the ethnic reality during this phase of group work, a number of issues deserve special attention. In the case of the health and welfare council, the group is struggling with one of the major issues confronting society. It is not easy.

In the situation of multiethnic, interracial groups, attention must always be paid to the dynamics of interaction between members of different groups. For example, as communication patterns emerge and sociometric structuring becomes evident, it is important to consider whether social and communication groups have developed around ethnic group membership. Do all of the African Americans sit together? Do whites have the power? If so, what is the reaction of the African Americans? How are group goals being effected? Are the African Americans being intimidated? Or, conversely, do the African Americans have power? Are whites afraid to object and raise questions because they are afraid of being called racist?

The group of gay men continues to struggle.

Paul: "I keep thinking about what someone said last week—if a woman came here to a gay men's agency, she'd have to have thought about what it would be like. And if she wanted to come into a group with us, she would most likely be pretty accepting. I would be willing to try it."

John: "I don't know. I think I might leave. I want to be with my own kind. One of the things that I really like is the social contacts here. I can't imagine that I would want to become friends with some hetero woman and her drug user hubby."

And so the group continues to split on basic group purposes and tasks. For some the issue of AIDS and how that affects other people is overriding. They will expand on group purposes. Those who view the group primarily as a support group for gay men who happen to have AIDS are unrelenting in their desire to keep other tasks at bay. The health and welfare council members are not yet ready to see racism and how to combat it as part of their task.
Ethnic-sensitive practice means attending to those matters that interfere with people's comfort and capacity to solve problems. Much in the lives of members of minority and other ethnic groups relates to the prejudices and inequities associated with such group membership. There may be times where a worker will need to turn to the outside community in the effort to obtain resources or minimize discomfiting, prejudiced environments. The health and welfare council will again be asked to consider the issue of racism and bigotry. A school social worker dealing with youngsters with reading problems may well find that the difficulty, especially in the case of minority children, rests less with the children than with the school. The school may simply not be providing adequate instruction and supports to help these youngsters learn how to read. Engaging the system on behalf of the youngsters in the group then becomes an important adaptation to the ethnic reality.

**Termination**

When and whether a decision is made to terminate a group will depend on a number of factors. For some groups, the amount of time is predetermined: the end of the summer in camp, the end of the school year. Others will leave the matter up to the group members, ending the group when they have achieved a goal or goals. Some groups, such as those in acute care or other short-term treatment hospital settings, may be available indefinitely, although the composition of the group may be in constant flux.

Garvin (1981) and Brown (1991) suggested that all endings entail some loss and some anxiety. People are likely to have invested energy, time, and affection in the group. He also contended that whatever the reason for termination, the worker has certain obligations as the group experience is drawing to a close. The worker needs to try to help members with a number of issues, including evaluating goal achievement; dealing with feelings about termination; trying to maintain positive changes; and using the skills, knowledge, and changed attitudes acquired as a result of the group experience. Shulman (1984) identified the following skills associated with sessional endings and transitions: summarizing, generalizing, identifying next steps, and exploring the reasons for “door knob comments.”

Both transitional endings and termination entail the responsibility of stopping to acknowledge that something has happened, that it is about to be over—permanently or temporarily—and that it is useful to review and assess the meaning of the experience. The meaning and implications for the next stage may be useful, or it may have turned out to “be a bust.” Either needs to be acknowledged.

**Adaptation to the Ethnic Reality**

How issues concerning the ethnic reality are handled at termination or at the point of transition will clearly be related to what the group's issues were and how related issues were dealt with to that point. We offer the following suggestions. If dealing with matters pertaining to intergroup issues was part of the group's goals, it is of the utmost importance that the group takes time to consider what happened. That means reviewing the positives and the negatives. If racism and bigotry were evident
it is important to review the process, examining where the expression might have originated, how it was handled, and what the members of the group have learned. Where a group of people from the same group were struggling with issues that relate to their membership in a particular ethnic or minority group or social class group, it is important to review whether their understanding, sense of self, self-esteem, and sense of empowerment have been enhanced.

The gay men's couple's group continues. Their struggle to decide whether to include nongay people was resolved in favor of allowing other people in. In the case of this group, several issues were considered. They included the ethnic reality of these men, most of whom were middle-class whites, Hispanics, and African Americans. The newcomers—drug users and perhaps some street people—were likely to be of a different class. It was not an easy struggle.

**SUMMARY**

The practice skills presented in this chapter represent a composite of many identified in the social work literature, both in direct practice with individuals and in work with groups. Ethnic-sensitive practice requires adaptation or modifications in keeping with knowledge about prevailing group dispositions to issues such as privacy, the use of formally organized helping institutions, stances concerning self-disclosure, discussion of intimate matters outside of the family, and the context in which service is or should be offered. Flexibility is necessary in determining where service is to be rendered and the speed with which workers seek to engage clients in contracting. Simultaneous attention to interpersonal and institutional issues is always of concern.

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