



CONTEMPORARY ISSUES IN SOCIOLOGY AND SOCIAL WORK

AN AFRICANIST PERSPECTIVE

Edited by

Ali A. Abdullahi, Ph.D. & Emmanuel M. Ajala, Ph.D.

CONTENTS

<i>Acknowledgements</i>	viii
<i>Foreword</i>	ix
<i>Notes on Contributors</i>	xii

SECTION I

CORE SOCIOLOGY

1. Foundation of Sociology <i>Ali A. Abdullahi & Moshood Issah</i>	I
2. Contemporary Sociological Theories: An Africanist View <i>Olayinka Akanle & Okewumi O. Ewajesu</i>	27
3. Sociology of Social Problems: An Introduction <i>Jimoh Amzat & Ahmed A. Magaji</i>	45
4. Contemporary Issues in Gender Studies <i>Oluwatobi J. Alabi</i>	61
5. The Sociology of Formal Organisations <i>Bashir Bello</i>	80
6. Foundation of Development Sociology <i>Olayinka Akanle & Gbenga Adejare</i>	98
7. Scope and Trends in Urban Sociology <i>Usman Abubakar & Okoro P. Mmahi</i>	116
8. Basic Discourse in Rural Sociology <i>Saheed A. Lawal</i>	139
9. Crime, Deviance and Social Control <i>Abdullahi K. Ibrahim & Monsurat Isiaka</i>	153

10.	Cybercrime and Criminality <i>Abdullahi K. Ibrahim</i>	177
11.	Issues in Medical Sociology <i>Olufunke O. Adegoke. & Victor I. Kolo</i>	199
12.	Discourses in Social Epidemiology <i>Kamorudeen Adegboyega</i>	220
13.	Social Epidemiology of Mental Illness <i>Kabiru K. Salami</i>	237
14.	Basic Issues in Comparative Health Care Systems <i>Jimoh Amzat & Victor I. Kolo</i>	257
15.	Issues in Social Gerontology <i>Kafayat Mahmoud</i>	278
16.	The Nexus between Politics and Sociology <i>Lugman Saka & Rafiu A. Bakare</i>	296
17.	Social Differentiation, Social Inequality and Social Stratification <i>Abdul-Ganiy Olatunji</i>	314
18.	Industrial Sociology in Africa <i>Akeem A. Akinwale</i>	334
19.	Afrocentric Social Thought: Rethinking Sociology in Africa <i>Issah Moshood & Ali A. Abdullahi</i>	353

SECTION II

CORE SOCIAL WORK

20.	Foundation of Social Work <i>Mohammed S. Yusuf, Abdussalam Abdulhmeed & Daniel D. Oladeinde</i>	375
-----	--	-----

21.	The Fundamentals of School Social Work <i>Angela I. Ogbu</i>	398
22.	Social Security Systems: The Concept, Typology and Classifications <i>Fariudeen O. Liadi</i>	413
23.	Forensic Psychology: Theory and Application <i>Rotimi Oguntayo & Helen O. Osinowo</i>	432
24.	Industrial Social Work: An Introduction <i>Emmanuel M. Ajala</i>	452
25.	The Dynamics of Human Social Functioning <i>Isaiah M. Ojedokun</i>	469
26.	Social Workers and the Military <i>Daniel D. Oladeinde & Johnson T. Oyeleke</i>	486
27.	Social Workers and Mental Health <i>Karamat A. Kelani</i>	503
28.	Community Organisation and Rural Development <i>Abdullateef Raji & Ibrahim O. Adeshina</i>	523
29.	Social Workers and Community Development <i>Abdussalam Abdulhameed</i>	541
30.	Social Workers and Child Protective Services <i>Abdulganiyu H. Mohammed, & Olufemi A. Fawole</i>	555
31.	Social Workers in the Hospital Settings <i>Abdul-Lateef B. Adeoti</i>	571
32.	The Concept Of Human Sexuality: Implications For Social Work <i>Isaiah M. Ojedokun</i>	587
33.	Social Workers in Global Terrorism <i>Bolanle Oriola</i>	607

SECTION III

SOCIOLOGY AND SOCIAL WORK

34.	The Domains of Sociology and Social Work <i>Mohammed S. Yusuf</i>	620
35.	Research Methods in Social Work and Sociology <i>Emmanuel M. Ajala</i>	641
36.	Statistical Reasoning in Sociology and Social Work <i>Anthony I. Ajayi</i>	665
37.	Psychology of Adolescence <i>Abiola O. Popoola & Babatunde O. Popoola</i>	678
38.	Socio-Cultural Context of Disease and Illness <i>Joseph S. Owoseni</i>	692
39.	Social Workers and Rural Development <i>Musediq O. Lawal & Sunday Akor</i>	704
	Index	721

CHAPTER TWENTY

FOUNDATION OF SOCIAL WORK

Mohammed S. Yusuf, Abdussalam Abdulhmeed & Daniel D. Oladeinde

Europe and America have a long history of formalisation of help and institutionalisation of social welfare. Many organisations were formed to champion this course. These organisations were predominantly popular especially in England during the formalisation of the Elizabethan Poor Law of 1601. Other events that impacted the formalisation of help and welfarism are the Industrial and French revolutions, the First World War and America's 'Great Depression' in the 1930s. The huge successes of the various programmes aimed at alleviating and ameliorating the suffering of people of those periods paid more attention to the establishment of a standardised welfarism profession. This gradually led to the emergence of many social welfare workers who desired to be more proactive and productive by providing a wide range of services that were not just restricted to social welfare. Subsequently, humanitarian workers such as Mary Richmond and Jane Addams emerged. Jane Addams was interested in social welfare and how states had failed in discharging their duties of provision of social amenities to all and sundry. This assumption fuelled the development of social case work by Mary Richmond who believed that social problems stem from an individual problem(s) and as such, individual's needs must be prioritised. This subsequently led to her unique method called 'social case work'. Consequently, the idea of treating a personal problem as a unique rather than a collective problem inspired the profession to integrate social case work into social welfare. The integration of social welfare with social case work thereafter metamorphosed into the development of Social Work as a discipline and profession today (Watts & Hodgson, 2019). This chapter therefore, looks at the concept of Social Work, functions of Social Work, principles of Social Work, intervention process in Social Work, relationship between Social Work and other disciplines, fields or specialisations in Social Work and finally, theories in Social Work.

WHAT IS SOCIAL WORK?

Social Work as an academic discipline and a profession is beyond just analysing problems and providing solutions to combat diverse dysfunctionalities. It is an advanced discipline in the social and behavioural sciences that provides a wide range of humanitarian services to individuals, groups and communities.

Comprehensively, Social Work is a scientific and professional discipline whose cardinal objective or principle is to assist individuals, groups, communities and institutions to solve their problems and have access to community resources. Suppes & Well (2013) define Social Work as a discipline and profession that renders social services in both government and non-governmental organisations in order to create conducive and enabling environment.

However, this definition does not take into consideration several other important aspects of the profession. In response to that, Farley, Smith & Boyle (2010, p. 7), define Social Work as “an art, a science, a profession that helps people solve personal, group (especially family) and community problems and attain satisfying personal, group and community relationships through Social Work practice”. This means that Social Work is a professional practice that combines skills in both the Arts and the sciences in solving peoples’ problems. Social Work, as a professional practice, is a formal way of meeting the needs of challenged individuals, groups and communities in the society. Challenged people are classified based on their shared problems such as the poor, the disabled, the alienated, the elderly, the homeless, the vulnerable and other disadvantaged groups. Social Work is interested in the overall wellbeing of individuals, groups and communities. It is concerned with how intra-personal and inter-personal problems affecting individuals, groups, communities and the society as a whole can be solved through empowerment. Therefore, Social Work performs three functions; restoration of social functioning, provision of social services and prevention of futuristic problems. The responsibilities of a social worker have been espoused by Zastrow (2008) as follows:

- To find homes for children who have no parents.
- To rehabilitate people who are addicted to hard drugs and substance abuse
- To intervene in problems of people with emotional difficulties (depression, anxiety, bipolar, eating disorder, sexual disorder and so on).
- To make life more meaningful for aged people with old age-related problems.
- To provide rehabilitation for people with physical and mental disability.
- To meet the financial needs of indigent and poor people.
- To rehabilitate juvenile delinquents and adults who have committed criminal offences.
- To advocate on behalf of individuals, groups and communities.
- To stop all forms of prejudice, discrimination, maltreatment and oppression.

- To provide day care services for parents who work outside their homes.
- To meet the health and legal needs of those who cannot afford to do so.
- To counsel individuals and groups with a variety of personal and social problems.
- To provide services for people with terminal illnesses such as HIV/AIDS, cancer, hepatitis as well as to their families and friends.
- To provide recreational and leisure-time services to all age groups.
- To educate and provide socialisation experiences to children who have cognitive disabilities, learning disabilities, cerebral palsy, Down syndrome and emotional disorders.
- To enhance the living condition of people through adequate housing for the homeless.
- To provide vocational training and employment opportunities to the unskilled and unemployed.
- To empower individuals, groups, families, organisations and communities to improve their circumstances.

SOCIAL WORK AND RELATED DISCIPLINES

Social Work as a profession derives its knowledge from the social and behavioural sciences such as Sociology, Anthropology, Psychology, Education, Political Science, Economics, Psychiatry and Medicine, among others. Although, each of these disciplines studies different human problems using different approaches, Social Work deals specifically with social problems in a distinct and unique way, making use of an interdisciplinary approach. It also applies relevant knowledge, skills and values to improve and enhance the social functioning of individuals, families, groups, communities and the society at large (Kirst-Ashman, 2013). However, dealing with people requires an understanding of human behaviour and needs. Knowing these behaviours and needs also demand that a social worker relate with other professionals. Therefore, Social Work cannot be understood in isolation. The following explains the relationship of Social Work with other disciplines;

• **Social Work and Sociology**

Sociology is the scientific study of man in his society. Sociology and Social Work are both interested in people, their interactions and an understanding of these interactional relationships. However, Social Work is more interested in the problems that originate from this interaction and how to help individuals and groups apply the skills and values that will improve their social functioning in the society. For example, in Sociology, the approach to study a society is basically through theories and theory building. However, Social Work uses practical

approaches in dealing with societal problems. They also use theories to solve individual, group and societal problems.

- **Social Work and Psychology**

Psychology is the scientific study of the human mind, its functions and how it affects human behaviour in a given context. Psychology also uses the scientific approach in the study of human and animal behaviour. Therefore, both Psychology and Social Work have one thing in common: both are interested in the behaviour of people and their interaction patterns, in particular. Therefore, Social Work borrows quite a number of psychological theories and approaches not only in the understanding of psychological problems but also in the treatment of individuals and groups with various psychological problems. These approaches include the Freudian approach, the Behavioural approach and the Gestalt approach. Furthermore, social workers employ clinical counselling and other therapeutic approaches in psychology in solving behavioural problems that can affect the wellbeing of individuals. However, beyond these theories and approaches, Social Work has its own theories and approaches that are sometimes combined with psychological approaches to arrive at a solution.

- **Social Work and Political Science**

Political Science is the study of principles, structure of governments and of political institutions and political behaviour. Political Science explains the functions of government, structures of government, organisation of government and the policies and laws that can be enacted to enhance the wellbeing of individuals in the society. A number of welfare policies can be put in place to solve individual and family problems. Similarly, social workers are also interested in laws and policies that will enhance the welfare of all and sundry, especially the less privileged, the unemployed, and the vulnerable. To this end, a social worker needs to be well versed in policies and programmes of government that will be of immense benefit to clients.

- **Social Work and Psychiatry**

Psychiatry is the study of the diagnosis, treatment and prevention of mental illness. While psychiatrists deal with the diagnosis and treatment of psychological disorder, psychiatric social workers are saddled with the responsibility of conducting interviews for the purpose of obtaining the family histories of their clients in order to get to the root of the social factors responsible for the psychological disorders. In essence, social worker working in psychiatry offers individual different forms of counselling to clients with various mental problems.

- **Social Work and Medicine**

Medicine deals with the science of the diagnosis, treatment, and prevention of diseases. In most hospital settings, Social Work is practised in conjunction with

medical and other public health programmes. The medical social worker cannot work in isolation in hospital settings, hence the need for collaboration with other medical practitioners. In essence, Social Work attends to illnesses brought about by or related to social and environmental stresses that result to failures in social functioning and general wellbeing. According to Farley, Smith & Boyle (2010, p. 178) Social Work "intervenes with medicine and related professions in the study, diagnosis, and treatment of illness at the point where social, psychological, and environmental forces impinge on role effectiveness". In view of this, social workers working in the health and hospital setting are expected to know the aetiology of diseases, diagnosis and prevention and be involved in the overall management of such diseases. In addition, social workers are expected to know the social factors that trigger such diseases. In some cases, patients in the hospital may not need medication or any other medical treatment to be well. What the patient might need could be an individual session with a social worker to diagnose the social cause of the problem and thereafter, the patient would be given the necessary therapy. To improve the health condition of patients in the hospital, the social workers' presence is vital.

SPECIALISATIONS IN SOCIAL WORK

Social work is a professional discipline that is concerned with empowering individuals, groups and communities to maintain a certain level of social functioning. Social work looks into various aspects of the practice of social work. Social Work is gaining more recognition especially in Africa as the need for social work services increases. There are many fields of practice in social work today. While almost all of these specialisations are available in Europe and America, only few are available in Nigeria. However, some of the fields are discussed below.

- **Family and Child Welfare Social Work**

The overall concern of social welfare is how to ensure the general wellbeing of all. The domain of social welfare, therefore, includes family and child welfare and taking care of juvenile delinquents. In addition, social welfare officers serve as probation officers in court, work in government and non-governmental agencies (NGOs) that are also saddled with the responsibility of implementing government welfare policies. This is a generalist practice that requires social workers with vast knowledge in welfare policies in various contexts. It may also require candidates with degrees in other fields such as mental health and clinical counselling.

- **Medical Social Work**

Medical Social Work is one of the fields of Social Work. It is also referred to as Clinical or Hospital Social Work. The major responsibility of medical social

workers is to provide biopsychosocial interventions for both inpatients and outpatients in any hospital, clinic and primary health centres. It is a sub-discipline in Social Work that is concerned with addressing patients' problems that may arise from environmental and psychological stress. Medical social workers work with patients and their families and other significant others. The belief of the medical social worker is that for every pathological problem, there must be a social problem related to it. In essence, treating just the pathological problems cannot solve the problem until the underlying social problem is addressed. Therefore, advances in medicine call for more psychosocial responsibilities for the social worker in ensuring the social functioning of patients (Farley, Smith & Boyle, 2010). In addition, there are some other sub-divisions within Medical Social Work such as mental health, clinical social work and hospice care.

- **School Social Work**

School Social Work is a prominent field in the domain of social work practice. The major work of school social workers is to ensure that students remain focused in schools even when faced with different social, environmental and psychological problems that may impede their academic performance. In discharging these responsibilities, school social workers work with parents, teachers, administrators and communities. They work together to address various problems in school among which are absenteeism, drug abuse, teenage pregnancy, intellectual or learning disability or difficulty, truancy, bullying, cultism, examination malpractice, sexual harassment, and violence (Openshaw, 2008). School social workers collaborate with other professionals in the school setting. Some of these professionals are teachers, school administrators, psychologists, counselors and speech therapists.

- **Community Social Work**

This is a branch of Social Work that focuses on helping communities identify their social problems through needs assessment and the mobilisation of resources among the community members, philanthropists, government and NGOs to bring about solutions and positive infrastructural change(s) to a community. In essence, community social workers are change agents and, as such, they mobilise resources to solve the collective problems of communities. They also supervise and coordinate efforts during the implementation of self-help projects. They systematically apply a relevant body of knowledge that is guided by social work values. Often, social workers in community practice use their skills to perform the roles of teachers, catalysts, facilitators and advocates. Community social workers do collaborate with governments and NGOs such as the United Nations, ECOWAS and UNICEF to bring about community and rural development.

- **Industrial Social Work**

Industrial Social Work is an emerging specialisation in Social Work, especially in a developing country like Nigeria. According to Akabas (1995), industrial social workers have expertise in policy making and implementation. They use labour-related policies to assist employees, employers, trade unions and communities in resolving work-related problems. Some of these problems may include work load, self-esteem, emotional problems, work hazards, etc. The major function of the industrial social worker is to address social problems relating to work and the environment. Addressing these problems will enhance the efficiency and effectiveness of the employees at the work place and this will further improve production and the profit margin of the organisation. This could be done through the development of various welfare policies and also through the direct intervention of social workers.

- **Military Social Work**

This is a unique field of Social Work that focuses on providing various psychosocial services to military officers, veterans and families of military officials. Social workers in this domain provide pre-deployment and post-deployment interventions. Military social workers understand that working in the military can be life-threatening due to combat complications such as shell shock, PTSD, anxiety disorder, panic attacks, death, injury and other related forms of combat stress. Therefore, there is the need to make military life experience easy for military officers by providing counselling, combat stress advice, social services, and advocacy. Military Social Workers are also committed to helping veterans and their families through specialised clinical work on trauma, military family work, domestic violence and child maltreatment, suicide prevention and readjustment to civilian life, among others (Rubin, Weiss & Coll, 2013). They also collaborate with the federal government and military systems to connect military families to needed services and care after discharge or retirement.

- **Forensic Social Work**

This is a field of Social Work that utilises the knowledge and skills of Social Work to resolve legal, disciplinary and rehabilitation matters. Forensic social workers assist various correctional agencies such as the prison systems, remand homes and training institutions to provide rehabilitation services. For instance, forensic social workers provide expertise in the magistrate court by contributing to the prosecuting process of young and adult offenders. In addition, forensic social workers spread their tentacles to para-military agencies by providing justification (probable cause) for prosecuting an offender or perpetrator of violence. Furthermore, they may serve as probation and parole officers to monitor the

rehabilitation process of an offender. Forensic social workers also provide re-integration services to ex-convicts in order to make them conform with the law.

- **Geriatric Social Work**

This is a prominent field of Social Work that solely concentrates on providing services geared towards elevating the elderly in the society. Geriatric Social Work is a professional branch that helps prevent and manage old-age-related problems such as depression, panic attacks, dementia, ageism (discrimination against the elderly) and other old-age-related problems. Geriatric social workers provide a wide range of social services to the elderly such as emotional social support, recreational social support, financial social support and educational social support. Comprehensively, geriatric social workers work in geriatric homes (old people's homes). They work alongside other professionals such as physicians, occupational therapists, nutritionists and counsellors.

THEORIES IN SOCIAL WORK

There are several theories that are peculiar to Social Work. Some of these theories are discussed in this section and they include the System Theory, Client-Centered Theory, Crisis Theory, Cognitive Behavioural Theory (CBT) and Psychoanalytic Theory.

- **System Theory**

The System Theory originated from the general system theory by Von Bertalanfy based on his findings in the physical science in the 1920s but which was formally used in his proposal drafted in 1956 (Bertalanfy, 1956). The idea later influenced other disciplines such as Biology, Engineering, Psychology, Sociology and Social Work (Turner, 1984). The theory was developed to help people understand the complexities of a system and how the elements within the system work together to create and maintain the whole. It explains that a system as a whole is too complex to be understood without conceptualising the elements that make up the whole. But in this case, a system is likened to a human being who is an embodiment of psychological, biological and physiological elements and who has families with elements within the units as well as different relationship. In view of this, in order to have a whole system, Preston-Shoot & Agass (1990) maintained that each of the elements must be up and doing and must also be effective in its functions to be able to maintain the whole. However, literature contains different accounts on the first set of people to apply the System Theory to Social Work. While one account claimed that Lutz was the first scholar to apply general system theory to Social Work in 1940s (Lutz, 1956), other accounts maintain that it was Pincus & Minaham (1973; 1975) or Goldstein

(1973;1977) who were the first set of people to apply the general System Theory to Social Work (Teater, 2014). Be that as it may, the System theory is one of the important theories in Social Work today and has been in prominent use since the 1960s. According to Teater (2014), there are five basic assumptions of the System Theory in Social Work practice. They are discussed below.

1. **The whole system is bigger than the sub-systems.** This implies that the whole system must be seen as containing multiple, interrelated elements that work together to maintain the whole. For instance, a human being is seen as a whole containing other sub-systems within the whole such as psychological, biological and physiological subsystems that interact together within the system to maintain the whole.
2. **The elements/units are interconnected and interdependent.** This implies that a problem in any part of the subsystem or elements will affect other parts and, subsequently, the whole. For instance, a situation in which a husband's attitude changes towards his wife may, in turn, influence the behaviour of the wife towards her husband.
3. **A system is, either directly or indirectly, affected by other system.** In this case, according to Teater (2014), elements of a system do not only relate but also influence each other directly or indirectly. For instance, a client as a whole may be directly or indirectly influenced by the family, peers, employees, communities and the society as a whole.
4. **All systems have limitations.** This implies that each system has units that differentiate it from other systems. For example, the family as a system differs remarkably. In essence, the parenting style in family 'A' may differ from parenting style of family 'B'.
5. **All systems have internal regulating mechanisms.** This implies that there must be an internal mechanism that regulates the system whenever there is conflict within the whole. In this case, social workers may serve as homeostasis (state of equilibrium) that regulates the system whenever there is crisis.

The major thrust of the System Theory in Social Work is the provision of treatment and therapy for clients. Interestingly, the theory is used for the assessment of the client system and how the system is influenced and affected by other systems within the society. This often gives the social worker clues about where to commence intervention. In addition, the System Theory helps social workers and the client system to actualise intervention goals through various ways and means. In essence, the main target of the system theory is to help determine the target system or subsystem in need of intervention. Furthermore,

to change the system or subsystem, it is imperative for social workers to look at possible interacting forces. Andrae, cited in Teater (2014, p. 23) explain that “a system receives information (inputs), processes the information (throughputs) and then feeds back (feedback) to the environment how the system had received and processed the information and how well or unwell the system is operating”. While explaining the use of the system theory to social work, Teater (2014, p. 23) stressed that:

The combination of a multi- system assessment and the analysis of how systems are currently processing inputs provide a social worker with a basis for understanding the system, the influence of and interaction with other systems and an identification of where to focus the social work intervention.

In using this theory, the social worker needs to have the fundamental belief that there is the possibility that systems could change even when they have become stuck and begin to become rigid or closed. The social worker's aim in working with a client system is to facilitate the change that enables the system to function in a steady state where the system allows the environment and other systems to pass information to the system that encourages positive growth and development.

In essence, a thorough assessment of all the interacting systems or forces and further analysis of how the systems operate and influence one another will assist the social worker on how to go about his or her intervention plans and processes.

More importantly, the System Theory in Social Work can be used as a framework for providing interventions for individual clients, groups, families, organisations and communities as clients. However, there are some aspects of the treatment that are peculiar to practice with couples, families and groups (Rodway, 1986). For instance, social workers' interventions with couples and families, using the System Theory, must focus on transactional concepts as well as structural aspects of the couple's relationship. Employing this approach will provide an insight on how to effectively and efficiently intervene in a client's problem. Rodway (1986, p. 526) further stressed that “the marital or family system itself, including the subsystem operating within the family as well as its relationship to a contiguous environment system all must be taken into account”. This implies that social workers using the System Theory to intervene in the problems of couples and families' must always consider other units operating

within the system, their relations and interactions with one another and other neighbouring factors (other system(s) within the environment). This is because, to understand the system in question, it is pertinent to consider the extent of disturbances in other subsystems such as the marital, parent-child and siblings relationships (Rodway, 1980).

As earlier pointed out, the System Theory can also be used by the social worker working with group(s) as a treatment or a therapy. However, the application of the theory in group-work practice is determined by the amount or intensity of interaction among the group members. The boundary of the group is determined by the group environment and level of interaction among its members. According to Rodway (1986) this includes everything outside the boundary. In other words, the group's environment may affect the group and the members in a significant way. In this case, the group must be seen by social workers as a system with the members of the group regarded as subsystems that are working together for a common goal. In order to achieve this common goal, a structure is needed for the various subsystems (members of the group) to work in interrelated manners. According to Rodway (1986, p. 531) "the group structure is established by states, role and relationship factors". Also, social workers working with groups must emphasise the importance of communication feedback as a useful tool in explaining the circular exchange of information among the group members. The social worker must also ensure that the purpose of the group is clearly stated and well-articulated. In other words, social workers working with groups must ensure that the inclusion and function of group members are in line with group objectives and that each potential member is assessed in terms of how he/she contributes to the internal functioning of the system.

- **Person-Centred/Client-Centred Theory**

The development of the Person-Centred or Client-Centred Theory is credited to the work of Carl Rogers. The theory is synonymous with the field of Psychology but has been in use in social work for decades. However, literature reveals that Mary Richmond and Octavia Hill were the earliest set of scholars to have employed a Client-Centred Theory in social work practice (Rowe, 1986). The Client-Centred theory posits that human beings are eager to grow and rediscover their true self but environmental factors often prevent and hinder them from rediscovering their 'self-concept' "to the point where psychological growth can become stifled" (Teater, 2014, p. 108). Despite these destructive factors, individuals remain connected and develop the capacity to undergo

personality changes (Ziegler, 2002). The Client-Centred approach of Carl Rogers was developed as a result of his direct work with clients in therapy. Essentially, the key to understanding the theory is the concept of 'self'. Rogers (1959, p.200), in his book sees 'self-concept' as:

.... the organised, consistent conceptual gestalt composed of the conception of the characteristics of the 'I' and 'me' and the perception of the relationships of the 'I' or 'me' to others and to the various aspects of life, together with the values attached to these perceptions.

In a similar vein, Charles Horton Cooley (1864-1929), a sociologist, who had earlier worked on the concept of 'self', used the phrase 'looking glass self' to describe how the concept of self develops in individuals. He views the self as a product of social interaction which is formed based on how we think others see us. Rogers (1959) further stressed that the differentiation of self from others is a requirement for positive self which is achieved through making a difference in the life of another. Positive self relates to the perception or praise received from others who are used in self-evaluation. There are four basic assumptions of the Client-Centred Theory, according to Teater (2014). These are presented below.

- **An Individual is Open to Experience**

The first assumption of the theory is that an individual is open to experience life as it happens any time, without distorting it or forcing it into preconceived structures that align with his/her damaged self-concept. The person in this case acts with extensionality versus intentionality.

- **An individual believes in his/her own inherent abilities to gain trust**

The second assumption is that because such an individual is open to experience, he/she is able to see self as a trustworthy decision-maker. An individual who is in the process of redeeming his/her self-concept is able to weigh his or her perception of the self and experience to make accurate decisions about how to live a satisfying life. In addition, such individuals may actually perceive themselves as able to make choices that will meet their own needs and desires.

- **An individual develops an internal locus of evaluation**

The third assumption holds that individuals develop self- concepts that stem from other peoples' expectations and ideas of them. However, individuals, in the process of becoming, recognise the importance of their own evaluation of their perceptions of self and of experiences. In view of this, an evaluation enables a person to make accurate decisions and judgments about how to proceed with life in a way that is congruent with whom he or she really is.

- **An individual engaged in the process of becoming recognises that life and the discovery of self are processes and not end points**

Individuals who are engaged in discovering the real self, realise that they are 'a stream of becoming, not a fixed and static entity, but a flowing river of change; not a block of solid material; a continually changing constellation of potentialities, not a fixed quantity of traits' (Rogers, 1961, p. 122).

In addition to these assumptions, the Client-Centred Theory holds that there are general and specific attitudinal values. In other words, social workers using the theory must value the worth of their clients. These values, according to Boy & Gerald (1982) and Roger, (1977), are as follow.

- The social worker providing intervention to a client must value the inherent worth (abilities) of a person.
- The social worker must also ensure that keen attention is given to the client by respecting his/her dignity and worth.
- The social worker who values the client must ensure the fundamental freedom of the client to know, shape and determine personal attitudes and behaviour.
- The social worker must recognise the fact that the client possesses free will and that the client can be a determiner of his/her destiny.
- Social workers must understand that an individual's free functioning is not only directed towards the development of the self but also includes responsibilities towards others.
- The client enhances the self by fulfilling obligations to himself and others.
- Social workers must ensure that the client relates to others with a sense of personal responsibilities and ethical behaviour.
- Lastly, the social worker must emphasise to the client that love and peace are the basic strivings and must be advanced during one's lifetime.

However, the application of the Client-Centred Theory is not limited to case work practice or individuals. The theory is applicable to all recipients of social work practice such as individuals, families, groups and communities. Applying the theory's therapy requires the ability of the social worker to be adequately equipped with good communication skills, especially history-taking or what is referred to as assessment in social work practice. This theory is, especially, useful and effective in the diagnosis of problems like dementia, schizophrenia and other psychotic disorders (Brooker, 2005; Kitwood, 1993; Mifflins, 1980; Rogers and Gendlin, 1967). In addition, other communication skills required of a social

worker using this approach for treatment include empathy, reflective listening, and positive regards.

The applicability of this theory to group work, according to Rogers (1968), requires the ability of a group worker to ensure a climate of safety, expression of immediately feelings and reactions, mutual trust, change in attitude and behaviour, understanding and openness, feedback, innovation, change and risk and transfer of learning to another situation. Mifflin (1980) also demonstrated that Client-Centred therapy has also proven to be effective in community work, especially in a community of diverse groups.

- **Crisis Intervention Theory**

The Crisis Intervention Theory is rooted in another body of theories, particularly psychological and sociological theories. Yet, no distinct discipline can lay claim to the ownership of the theory (Golan, 1986; Teater, 2014). Its origin can be traced to the Harvard School of Psychiatry and Public Health. The Harvard School is known to have pioneered the framework in the 1940s particularly through the works of Enrich Lindemann which was later improved by Gerald Caplan in the 1960s (Golan, 1960; Teater, 2014). Before then, crisis intervention had been informally used by 'friendly visitors' during the summer class organised by the psychiatry social work unit of Smith College in 1918 and was aimed at contributing to the training of social workers involved in the rehabilitation of 'shell-shocked' soldiers (Reynolds, 1963). According to Golan (1960), crisis intervention was formally reignited during the Great Depression of the 1930s with its attendant effect on economic and social dislocations of individuals and families. However, the approach was formally launched in the works of prominent social workers such as Howard Parad (1961), Lydia Rapoport (1962) and David Kaplan (1968) through their participation in the school of Public Health Programme at Harvard.

Crisis intervention is a kind of brief intervention designed and specifically used to assist individuals, families and/or communities to overcome a perceived crisis and improve levels of coping and social functioning. Barker sees crisis intervention as a therapeutic method employed by social workers to help clients in precarious and emergency situations. This is to bring about "positive growth and change by acknowledging the problem, recognising its impact and learning new or more-effective behaviours for coping with similar predictable experiences" (Barker, 1995 p. 75). This means that some events may go beyond what individual can take or cope with. Within such event, the individual needs immediate

intervention to overcome such situation. Crisis intervention is premised on the Crisis Theory which holds that individuals have coping mechanisms that they use to deal with stressful situations, but in some situations, the events may stretch individuals beyond their normal coping abilities and throw them into a state of disequilibrium (Teater, 2014). Similarly, Barker (1995) sees crisis intervention as an aggregate of related concepts which relates to people's response when faced with undesirable events or situations and such event or situation may present itself in various forms such as natural disaster, loss of job, accidents, death of loved ones, terminal illness and change in life-cycle, among others.

However, a crisis, according to Teater (2014), is a subjective concept, because one person's crisis may be another person's challenge. This means that two individuals faced with a similar situation may view their ability to overcome and cope with the event in different ways. Teater explained further that one person may react with his/her coping mechanisms and overcome the event while the other person's coping mechanism may not suitably address the situation and subsequently, the person is thrown into a crisis situation. Golan (1986) contributed to the Crisis Theory and crisis intervention in 1986. According to her, the following are the 10 basic assumptions of the theory.

- An individual (family, group or community) may encounter periods of turbulence which may last throughout life. However, these hazardous situations may prompt the utilisation of internal coping mechanisms to cushion the negative consequences brought by such situations.
- To maintain equilibrium or a steady state, the use of the system's strengths and resources must be maintained when in difficult situations.
- In some situations, the system may not cope with hazardous events and the negative consequences of such events may lead to disequilibrium in the system and subsequently, crisis occurs.
- As a crisis situation develops, an individual may perceive the stressful events as a threat to his/her social functioning and general well-being.
- The perceptions come with emotional and psychological problems anxiety, feelings of depression, deprivation and mourning which may prevent the release of energy for problem solving.
- Though the crisis situation may not be an illness or a pathological experience, it represents a struggle to deal with undesirable situations which may be linked with an earlier unresolved internal conflict.

- The time-frame between the initial blow and the final resolution of the crisis varies, depending on the situation. However, the state of active disequilibrium is time-bound, usually lasting four to six weeks.
- A particular crisis situation (death of loved ones, rape, examination failure, loss of job etc.) may take particular stages or sequences that may be mapped out. However, the emotional situation at each stage can be anticipated.
- While finding a solution to the crisis situation, an individual is ready to be helped. This is because the temporary defense mechanisms have been weakened and the ego has become open to outside influence and change. As a result, a little effort or small amount of help may prove more effective than during the period of less emotional accessibility.
- During this stage, a new ego set may emerge and new adaptive styles may evolve which will enable the person to cope more effectively with such situations or others in the future (Golan. 1986).

Social Workers are therefore, expected to use crisis intervention to provide support for clients who are in crisis situations. The crisis intervention can be used to mobilise support and intervention for clients in hospitals, families, groups, communities, organisations and the military as well as in emergency situations like natural disasters and accidents. In a study on the use of crisis intervention in social work practice, Celimpilo (2016) maintained that crisis intervention is a veritable tool that is effective and efficient for parents and children in crisis situations and at care. Similarly, Butcher and Koss (1978) cited in Poal (n. d.) observed that crisis intervention is efficacious in the treatment of suicidal tendencies, post traumatic neurosis or PTSD which is mostly common among war veterans. In fact, Hafer & Peterson (1982) view crisis intervention as 'first aid treatment' or emergency intervention rendered to clients experiencing certain personal/social problem(s) that has affected their coping abilities.

- **Cognitive Behavioural Theory (CBT)**

There are strong indications that the Cognitive Behavioural Theory (CBT) might have emerged around 1911 when Alfred Adler and Sigmund Freud separated after so many years of association in Vienna. While Adler developed his own conceptual framework which he termed 'Individual Psychology', Freud was of the opinion that conflict between the 'Id' and the 'superego' is the major cause of psyche division (Werner, 1986). However, the philosophical underpinnings of the CBT is credited to the ancient tradition such as Roman Stoicism, Greek Taoism and Buddhism that made the CBT to be well accepted in modern therapeutic realms (Beck et al., 1979; Dryden, David, & Ellis, 2010). The CBT holds that the major determinant of emotions, motives and behaviour stems from an

individual's thinking, which is a conscious process. In other words, the CBT states that thought, emotion and behaviour are interlaced and affects one another. The theory is an amalgamation of two different therapies. According to Teater (2014), it incorporates cognitive and behavioural therapies in understanding the influence of imaginations, feelings and behaviours on psychological distress and dysfunction. According to Werner (1986), there are 12 basic assumptions of the CBT and these can be applied to different areas of intervention in social work practice.

- Behaviour is determined by thinking. That is, when we observe situations about other people or/and ourselves in action, our conclusion or judgement about what we have observed becomes part of our behaviour and we act based on that.
- The kind of thinking we do affects our immediate and long-term goals. Subsequently, the set goals influence our life style and patterns of behaviour.
- An Individual's life is not controlled by unconscious forces but individual may not be aware of the current attitude or the effect of such behaviours on others.
- There are instinctual drives, but aggression is not one of them. In this case, aggression is seen as a reaction to feelings of threat and frustration when the lifestyle of a person who has chosen an anti-social goal cannot be attained.
- An individual is not preordained to be controlled by instinctual drives. According to Werner (1986, p. 92) "when important goals provide sufficient incentives, he defuses or modifies those drives that are inconsistent with the chosen objectives".
- Behaviour is not a display of the sex urge because the sex drive is only one of the several drives and as such, should not be seen as the real cause of problem.
- Emotions are traced back to thinking. That is, the conclusions we make about something may determine if our emotional response will create fear, guilt, love or joy.
- Motives can also not be unconscious because motive is a goal espoused based on individual genesis of what is deemed fit for welfare, happiness or success.
- Treatment must focus on the thoughts, emotions, expressed motives and behaviour of clients.
- Treatment position is socially situated and the major genesis of emotion motives and behaviour is thinking which, in turn, is influenced by individual social contexts, relationships and experiences.

- Individuals have innate ability and capability, resources of strength and courage and a sense of competition. This, according to Abraham Maslow, is what is referred to as the need for 'self-actualisation' in the hierarchy of needs.
- Change may necessitate expansion or modification of individual consciousness until the perception leads to ultimate reality. A social worker working with a client can only do this by talking to the client and guiding such a client to a point where direct experience will alter his/her distorted thinking.

The Cognitive Behavioural Theory (CBT) has proven to be an effective therapy in social work practice in recent times, especially in the field of mental health. It is used for the treatment of various biopsychosocial problems such as unipolar depression, bipolar depression, anxiety disorder, obsessive compulsive disorder, phobia, PTSD, psychosis, substance abuse, eating disorder, chronic pain, smoking cessation and weight loss and couples therapy (Weaver, Himle, Steketee, & Muroff, 2014). To this end, the CBT has become the most effective and frequently used psychosocial intervention in social work practice across the globe. Nonetheless, the effectiveness of whatever therapy will also depend on the level of adherence by social workers to the principles of social work practice.

PRINCIPLES OF SOCIAL WORK

The National Association of Social Workers (NASW) (1973) has developed a code of ethics and conduct that social workers must adhere to when dealing with clients. These principles are presented below:

- **Principle of Acceptance**

Social workers are expected to understand clients. This is key to getting the necessary information needed to intervene in their cases. Acceptance is a fundamental principle that requires clients' innate dignity, worth, rights and needs. A social worker is, therefore, expected to allow a client to express his/her mind. In adhering to this principle, a social worker must be conversant with communication skills needed during engagement and assessment. These include listening skills, non-verbal skills and responses that acknowledge the person's point of view (Reflective listening skills). Acceptance as an ethical responsibility of social workers to clients also requires that social workers must wholeheartedly accept the client's behaviour, attitude, religion, ethnicity, family background and other demographic characteristics of the clients during any intervention process.

- **Principle of Client Self-Determination**

This principle simply states that the client as an individual has the right to make his/her own choices and decisions. In social work, it is believed that clients have their own input in any intervening decision to be taken by a social worker. The social worker must carry his or clients along in whatever plans he or she has. Therefore, a social worker has an obligation to respect the rights of clients and must do that without any direct or indirect interference. Social workers must ensure that clients have necessary resources, services and opportunities to improve their social conditions and enhance their general wellbeing.

- **Principle of Purposeful Expression of Feelings**

This connotes that clients must be given the privilege to divulge their feelings and social worker must listen to the client with keen interest. Similarly, social workers must not discourage or condemn their clients' expression of feelings. In social work, the problem being given by the client is not always the real problem. Therefore, social workers must probe and go beyond the fact presented to understand the feelings.

- **Principle of Individualisation**

The principles of individualisation holds that no two individuals are the same. An individual client has a unique quality which distinguishes him/her from other clients. A social worker must, therefore, treat individual clients as unique beings due to their unique characteristics and traits. In essence, individualisation must be devoid of prejudice, discrimination, bias, stereotyping and any other negative connotations. Since clients are human, social workers must have a knowledge of the dynamics of human behaviour when dealing with clients.

- **Principle of Confidentiality**

As obtainable in other professional practices, confidentiality is one of the core principles guiding the conduct of social work in the relationship with clients. Client information is a private property which must not be divulged or revealed to anyone without the expressed consent of the client. Kirst-Ashman (2013) sees confidentiality as an ethical principle that mandates social workers not to disclose information obtained from a client or about a client without explicit permission to do so. Confidentiality in social work does not only mean not revealing client information but also entails not probing a client more than necessary. More importantly, social workers are also ethically prohibited from disclosing client information to people or relating it to their own family members. However, it must be noted that certain conditions may warrant social workers to break the principle of confidentiality. For instance, when there is a case of child abuse and threat to life (NASW, 2008).

- **Principle of Controlled Emotional Involvement**

The principle of controlled emotional involvement is a very crucial one in social work. A Social worker must ensure that his/her own personal feelings do not affect a client's expression or cloud his/her own judgement. This implies that social workers must not convey a response that shows a lack of interest in the client. Similarly, social worker must not over-identify with the client or sympathise. By sympathising with the client, the social worker is simply conveying a message to the client that the problem is difficult and complex and without a solution. Instead, social workers should identify with the client by empathising. Empathy, therefore, is the most appropriate way of identifying with client in social work.

- **Principle of Non-Judgemental Attitude**

This principle simply connotes that social workers do not blame clients about their attitude and behaviour. In essence, social workers must not make evaluative statements about the attitude or action of a client. In addition, all social workers are expected not to portray any form of rigid irrational feelings towards their clients based on differences in religion, ethnicity, status and other distinguishable factors.

INTERVENTION PROCESS IN SOCIAL WORK

There are basically two methods of social work intervention. These methods are used in addressing the problem of individuals, groups, families and communities. The two methods are direct intervention and indirect intervention.

- **Direct Intervention**

Direct intervention involves working directly with individuals, families, groups and communities having social problems. The major purpose of direct intervention is to ensure that the social worker has direct contact or a one-on-one interaction and intervention with the concerned client. However, indirect intervention could as well be given by a social worker to a client he or she is having a direct intervention with. There are, however, divergence views about the number of processes involved in direct intervention. Seven processes involved in the direct intervention are considered here.

- a. **Engagement:** This is the first process in Social Work where a social worker has direct interaction with the client. The purpose of engagement is for a social worker to have a good rapport with the client. At this stage, the social worker is expected to be equipped with listening skills, questioning skills and other communication skills that will help in getting facts about the problem at hand. Kirst-Ashman (2013) noted that, regardless of who social workers

are working on, they must be able to create a conducive environment to get things done.

- b. **Assessment:** This is the stage where relevant data (information) are collected from the client and analysed by the social worker in order to come up with an intervention plan. As noted earlier, in social work, the presenting of the problem by clients is not always the real problem. A good social worker must, therefore, probe clients beyond the information provided. A drug addict, for example, has the tendency to lie about his or her condition. At this stage, identification of the client's problems, needs and resources must be assessed at three (3) levels: the micro (individual), mezzo (family and group) and macro (society levels). Social workers believe that if an assessment is conducted well, the intervention will be good as well.
- c. **Planning:** Once an assessment is done, the next stage is beginning the intervention process by identifying the problems and strength (Kirst-Ashman, 2013). The social worker and the client need to agree on the next line of action. That is, both worker and client must put heads together about the line of action to be taken. Planning here must involve a unanimous decision between the social worker and the client. This directs the social worker and the client on how to go about the intervention. The social worker must always carry the client along on any treatment plan and the intervention approach to be used.
- d. **Implementation:** At this stage, the social worker and the client must adhere strictly to the intervention plans by applying a variety of intervention strategies (Zastrow, 2008). The implementation stage is very important and crucial in the sense that the client and the worker must implement the treatment plan in order to achieve their intervention goals.
- e. **Evaluation:** The evaluation stage is concerned with determining if a given intervention process was appropriate. The pros and cons of such change process must also be evaluated by the client and the worker. The social worker must ensure that a particular social work intervention, therapy or approach used is effective and efficient.
- f. **Termination:** The official final phase of any intervention is termination. This is where the official relationship between a client and social worker is brought to an end. Once the goals of the change process have been achieved, the intervention must naturally come to an end.
- g. **Follow up:** Though, termination is officially, the last phase of any intervention process the follow up is as well necessary to monitor the entire change process. At this stage, the social worker can put a call through to the

client or pay a home visit to know whether the intervention of the worker has been useful.

- **Indirect intervention**

This is a kind of social work intervention with clients which involves the macro approach. This type of intervention enables the social worker to use welfare policies and programmes in addressing the client's problems. Unlike the one-on-one intervention, the indirect intervention enables the social worker to work indirectly with clients by linking them with where the service(s) are available. This justifies the reason why social workers must be well versed in social welfare policies and programmes available in their settings.

CONCLUSION

This chapter provides an introduction to Social Work. The chapter also provides a conceptual clarification of social work as an academic discipline and profession in contemporary society with emphasis on the functions of social work and social workers in various contexts. More importantly, the chapter discusses the code of ethics of the profession that guides and guards professionals in practice. In addition, the chapter clarifies the unique intervention process in social work applicable to practice. The chapter also discusses the relationship between social work and other disciplines with more emphasis on the social sciences and the behavioural science disciplines. Though social work got its ideas and methods from other disciplines, particularly Sociology and Psychology, Social Work also has its own common theories. These theories are unique in the sense that they are used for treatment and therapeutic purposes. This chapter is believed to have broadened on understanding of the reader on the fundamentals of Social Work in our contemporary society.

REFERENCES

- Akabas, S.H. (1995). Occupational social work. In R. Edward (ed.). *Encyclopedia of Social Work*. (19th ed). Silver Springs, Maryland, USA: NASW Press.
- Andreae, D. (2011) General systems theory: Contributions to social work theory and practice. In F.J. Turner(ed.). *Social Work treatment: Interlocking theoretical approaches*, (5th edn). New York: Free Press.
- Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Boy, A.V., & Pine, G.J. (1982). *Client-centered counseling: A renewal*. United States: Allyn and Bacon.

- Butcher, J.N., & Koss, M.P. (1978). Research on brief and crisis oriented therapies. In S.L. Garfield & A.E. Bergin (eds.). *Handbook of psychotherapy and behavior change*, (2nd ed.), New York: John Wiley.
- Dryden, W., David, D., & Ellis, A. (2010). Rational emotive behaviour therapy. In K.S. Dobson (Ed.). *Handbook of cognitive-behavioral therapy*. New York: Guilford Press. Pp. 226–276.
- Farley, O.W., Smith, L.L., & Boyle, S.W. (2010). *Introduction to Social Work*. New York: Pearson Education, Inc.
- Golan, N. (1969). When is a client in crisis? *Social Casework*, 50(7): 389-394.
- Golan, N. (1978). *Treatment in crisis situations*. New York: Free Press.
- Hafen, B.Q., & Peterson, B. (1982). *The crisis intervention handbook*. Englewood Cliffs, New Jersey.
- Kirst-Ashman, K.K. (2013). *Empowerment series: Introduction to Social Work & Social Welfare: Critical Thinking Perspectives*. (4th edn.). Belmont, CA: Cengage.
- Openshaw, L. (2008). *Social work in schools: Principles and practice*. New York: Guilford Press.
- Preston-Shoot, M., & Agass, D. (1990). *Making sense of Social Work: Psychodynamics, systems and practice*. London: Macmillan Education.
- Rodway, M.R. (1986). Systems theory. In F. J. Turner (Ed.), *Social work treatment*. New York: The Free Press. Pp. 514–539.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology*, 21(2): 95–103.
- Rogers, C.R. (1961). *On becoming a person*. Boston, MA: Houghton Mifflin.
- Rogers, C.R. (1977). *Carl Rogers on personal power*. New York: Delacorte Press.
- Rubin, A., Weiss, E.L., & Coll, J.E. (eds.). (2012). *Handbook of military social work*. New York: John Wiley & Sons.
- Suppes, M.A., & Wells, C.C. (2013). *The social work experience: An introduction to the profession and its relationship to social welfare policy*. (6th edn.). London: Person Education Inc.
- Teater, B. (2014). *An introduction to applying social work theories and methods*. London: McGraw-Hill Education.
- Watts, L., & Hodgson, D. (2019). Social justice and social work education. In *Social Justice Theory and Practice for Social Work*. Singapore: Springer. Pp. 187-206.
- Zastrow, C. (2008). *Empowerment Series: Introduction to Social Work and Social Welfare: Empowering People*. Belmont CA: Cengage Learning.
- Ziegler, D.J. (2002). Freud, Rogers, and Ellis: A comparative theoretical analysis. *Journal of Rational- Emotive and Cognitive- Behavior Therapy*, 20(2): 75–90.

Notes on Editors

Ali Arazeem Abdullahi, Ph.D. is the current Acting Head of Department of Social Work at the University of Ilorin, Nigeria. His Ph.D. was obtained from the prestigious University of Johannesburg in South Africa. He has up to forty publications to his credit. He has attended several conferences within and outside Nigeria. Abdullahi is also a Senior Research Associate to the Department of Sociology, University of Johannesburg, South Africa. He is married and blessed with children.

Emmanuel M. Ajala, Ph.D. is a Professor in the Department of Social Work, University of Ibadan, Nigeria. He teaches at both undergraduate and postgraduate levels. He specialises in Industrial Social Welfare with special interest in the quality of work life, spirituality in the workplace, organisational justice, etc. He is currently on sabbatical leave in the Department of Social Work, University of Ilorin, Nigeria.

A Publication of the Department
of Social Work, University of
Ilorin, Ilorin, Kwara State, Nigeria

ISBN 978562638-5



08036694838, 08022900793