

Strengths Based Approach in Psychiatric Social Work - A Case Report

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Abstract: *Social Work interventions are being used in mental health settings with a wide variety of clients. Individuals suffering from mental health problems as well as their family members derive the benefit of psychosocial interventions provided by the Psychiatric Social Workers. Mental health problems arise out of a range of biological, psychological and situational factors which may be addressed by various social work methods. The models may range from problem solving approach, psychodynamic approach. Over the past few years, a strengths-based approach to case management with people with severe mental illness has emerged. Mental health practitioners need to be aware of the wide variety of issues faced by different kinds of traumatized victims who have survived difficult and critical situations like rape and abuse. The present paper examines the empirical evidence and illustrates an evidence based case study of a rape survivor to validate the existing literature on the strengths perspective in dealing with mental health issues arising out of the trauma faced. . The case study shows that the strengths perspective influences both the well-being and the coping of people with mental illness.*

Keywords: *strengths based approach, trauma, coping.*

I. Introduction

Application of strengths based perspective in psychiatric social work model is relatively a recent origin. The strengths approach attempts to understand clients in terms of their strengths rather than the problems. This approach systematically examines the client's survival skills, abilities, knowledge, resources and desires and can be used in some way to help meet client goals ^[1]. The helping process from initial contact, goal identification, assessment and intervention to evaluation has the underlying assumptions that human beings have the capacity for growth and change, knowledge about one's situation ^[2], resilience ^[3] and membership. The major focus in practice is on collaboration and partnership between social workers and clients. Other methods include environment modification and advocacy ^[2]. This method has not only emerged as an approach to case management for people with severe mental illness ^[4] ^[5], but also with other client groups. Especially, rape survivors may need mental health practitioners to help them work through their post-assault disclosure experiences. The process of disclosing a rape, either to family and friends or community service providers, can be a difficult process and victims are not always met with supportive responses. Rape survivors experience a variety of negative social reactions from informal and formal help sources (e.g. being doubted, being blamed) ^[6]. So, the present paper uses a case illustration to demonstrate how mental health professionals can assess the strengths of the client, select tailored interventions and help the client to improve his/her well being and quality of life.

II. Method

Case Report

Mrs. N, 24 years old, married Hindu female, hailing from middle-socio economic status, semi-urban background, educated up to 10th standard, was brought by her husband after the Court directed her husband to take her to the department of Psychiatry, Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India with the history of inability to speak, crying spells, suicidal attempts and not interacting with either family members or others for the past two months. She was also having negative cognition and vague sensations in the body. She has been diagnosed as a case of severe depression with suicidal attempt. She was put on medication, which helped her to control her suicidal ideations and depressed cognitions to some extent. She was then taken for psychosocial interventions as she was not showing any improvement, continued to have vague symptoms and was unable to record her statement in the respective Court and also for the vague presentations.

III. Assessment And Intervention Process

An assessment of Ms. N's case showed that after her marriage, she was staying with her mother in-law and husband. The interaction between the spouses was good and the couple used to equally share their responsibilities. Six months prior, Ms. N was gang raped by some unknown persons in the absence of her husband. She was also getting threatening calls from unknown persons on her phone regarding dire consequences she would face if she reported about the incident to the police or take any action against them. Following this incident, she developed fear of strangers and ultimately stopped going out of her house. Ms. N's husband lodged a police complaint, but the police did not respond positively.

She also expressed her inability to efficiently carry out the household activities according to the expectations of her mother in-law in the present situation. She had guilt feelings, feelings of inadequacy, low self esteem and inferiority and blamed herself for the present predicament. Ms. N started believing that she would get constant criticisms for the recent incidents. Patient started having severe body sensations and depressed cognitions, which troubled her and prompted her to attempt suicide multiple times. When asked, Ms. N reported dissatisfaction with her ability to cope with the situation. Both Ms. N and her therapist agreed to work on modifying her environment and developing her resilience to deal with the situation. In-depth interview was also undertaken to know her family dynamics, her coping strategy, developmental history, etc.

A total of ten sessions held with Ms. N to help her deal with her present symptoms. The initial two sessions were focused on rapport building and assessment of her problems. The third session was focused on helping her deal with her fear of strangers and the different perspectives of viewing her problem and also arrive at a more meaningful and healthy solution. She was asked to prepare a simulated situation where she needed to put her problems and current situation before her, and devise various ways of reacting to it. Simultaneously, separate sessions were also held with her mother, husband and mother-in-law to assess their present family strength and how effective it was. In the 7th session she started speaking normally with the realization that in future she would look for appropriate options to deal with her problems. Areas of intervention included are:

IV. Focus Of Strengths Based Intervention

1. Capacity for Growth and Change

A basic assumption of the strengths perspective, in keeping with the humanistic approaches to social work, is that humans have the capacity for growth and change ^[2]. The case of Ms N illustrates that individuals have many capabilities, abilities and strengths. Also they have a range of experiences, characteristics and roles, which contribute to who the person is and how he/she copes with the problem ^[7]^[5]. In case of Ms N her range of experiences from a well adjusted person to a lack of secondary support (distant relative) to support from the tertiary institution (hospital) and her inability to perform her role as a perfect housewife to development of vague presentations, all give us a perspective of how one client changed and adapted herself to deal with critical factors in her life.

2. Knowledge about One's Situation

The strengths approach assumes that people have knowledge that is important in defining their situations – the problematic aspects as well as potential and actual solutions. Clients manage to survive, sometimes against great challenges ^[2]. In the case of Ms. N, she had knowledge about her inability to cope with her present situation (being a perfect wife in household activities and unable to cope). She resorted to various methods such as taking help of women's cell and her religion to cope with the critical events in her life. Client's knowledge about how they have managed so far can be useful in building their future.

3. Resilience

The strengths perspective believes that human beings are resilient ^[3]. In case of Ms N, in spite of her struggle with reactions of family and friends to the assault and coping with secondary post-rape experiences, she continued with her marriage, thereby providing instances of her ability to go on in spite of critical factors in her life ^[8]. In keeping with the growing body of research documents on resilience, Ms N's case showed that in spite of her environment continually presenting demands (as a wife, daughter-in-law), and challenges (inability to cope), she made use of the opportunities (support from the women cell and sat sang) and was able to use her ongoing and developing fund of energy and skill to face her current struggles.

4. Membership

The strengths approach ascribes that people need to be citizens – responsible and valued members in a viable group or community. Ms N felt that she did not fit into the membership or community of a perfect daughter-in-law or wife and thus felt alienated, at risk of marginalization and oppression from her in-laws. Individually she began to realize and cope with her marital life, validating the fact that as people begin to

discover the pride in having survived and overcome their difficulties, more and more of their capacities come into the work and play of daily life ^[1].

5. Strengths and Interventions

Individuals are experts on their lives, their strengths, resources and capacities; the social worker, as ^[5] reported, helps to create the dialogue of strength. Interventions based on the strengths approach gives a perspective that the individual already is doing something to better his/her situation and it is the social worker's job to help the individual identify the strengths and continue working in relation to goals and visions.

6. Assessing Ms. N's Strengths

Literature states that strengths assessment focuses on identifying what the client is doing to make things better, what works, and what will facilitate the continuation of desired behaviors and situations. Primary focus of assessment is on what the client is doing "right" in relation to goals and vision ^[2]. In order to assess Ms N strengths, the psychiatric social worker used the technique of conversation with the individual and family members to hear Ms N's story about how she had survived so far, what she wanted, and how she thought things were going in various areas of life ^[9]. According to Ms N, her goal was to readjust in her normal day-to-day activities in keeping with the expectations of her husband and self as a wife. This was a step towards her vision of improving her coping skills for a better marital life. Ms N was not comfortable in thinking of self or others in terms of possessing strengths. Having been diagnosed as having a mental illness, she had inculcated the doctrine of herself as deficient and needy ^[10]. One of the main complaints of the client was visualization of traumatic experiences, because of which she was unable to present her experiences in front of the Court and to carry out any of her household activities. In a session with the client, the case worker found that Ms. N experienced maximum anxiety symptoms only when interacting with relatives or when talking about her trauma. An insight of the relationship between her anxiety and her performance as a wife, made the client realize that in spite of her anxiety she was able to complete the household activities. Also her inert coping mechanisms helped her to maintain her marital relationship in spite of being a victim of a rape. Her attempt to keep mum was reflected to her as her coping strategy to deal with the lack of perceived social support ^[11]. In this way, through the sessions with the psychiatric social worker, Ms N was able to understand and identify her strengths: psychological (coping strategies to deal with unfavorable atmosphere) physiological (physical capacity to carry out household activities in the day with anxiety) and environmental (support of therapist) strengths ^[9].

7. Choosing an Intervention

Collaborative exploration of strategies which focus on identifying internal, external, created and natural occurring resources becomes essential in choosing the interventions for the client. For tailoring the intervention towards client-defined goals, mutual strategizing by the therapist and client around building on strengths, skills, knowledge and desires is needed ^[2].

8. Intervention with client

Individual meetings between Ms N and the therapist were scheduled for establishing trust and setting treatment goals. Ms N's treatment goals were reduction of anxiety, to perform household activities effectively and efficiently, and to improve communication with her husband, family members and more importantly able to put her statement in front of law enforcement agency. Ms N believed in the power of prayer and meditation and reported feeling less anxious after prayer. It was thus decided that Ms N would pray and meditate at regular intervals, especially before starting her work in the mornings, to reduce her anxiety levels in the day. Also, regular visits to the temple and taking a break from her household activities was discussed. To improve her ability to perform household activities, the therapist helped the client plan her day and prepare an activity schedule. The importance of structuring her day and time management to complete all household activities effectively and efficiently was discussed with her. To improve her ability to relate the incident and record her statement before the Court, Ms N was taught basic communication strategies and was asked to take initiative in conversation, communication and clarifying misunderstandings instead of waiting for others to do so. The importance of the husband as her strength and support system in times of distress was discussed.

9. Involving the Client's family

Working collaboratively with family members to identify strengths and goals of the client is a helpful strategy in environment modification ^[2]. The therapist, after meeting individually with index patient, and her family members assisted her in identifying her strengths and coping patterns and help her in modifying her environment. Her parents discussed that they would invite their daughter and son-in-law to stay with them in the needy hour and provide emotional support to their daughter if she felt alone and distressed. The therapist enhanced marital participation and involvement by soliciting husband's initiative in communication and

listening to personal stories and narratives of the client in her times of distress ^[12]. In this way, involving the family influenced the client's environment to become more accepting and helpful ^[13]. It also can be seen as a resilience building strategy where the primary focus was to strengthen the protective factors of the client ^[14].

Evaluation and Outcomes

The strengths approach includes survivor pride, hope for the future, the ability to understand another's needs and perspectives, and the ability to identify and make choices about individual and family goals. Thus evaluation of the strengths approach would include whether goal attainment is continuously defined and redefined from the perspective of Ms N. ^[2]. Ms N's treatment goals were reduction of anxiety, improve performance in household activities effectively and efficiently and to improve her ability to communicate with the law enforcement agency to get justice. In the 6 monthly follow-up, she was able to effectively carry out the household activities with less anxiety, complete her daily chores in according to the schedule she set for herself and was able to give statement before Court and Sub Divisional Magistrate's office. She practiced prayer and meditation regularly and sought the help of her parents and her husband in times of distress.

V. Conclusion

The empirical evidence underscores the strengths based perspective in tailoring appropriate therapeutic interventions for persons with mental illness. The case of Ms. N demonstrates how mental health professionals can assess the strengths of the client, help the client develop resilience, evaluate that treatment and empower the client to deal with future adversities. This is essential as rape victims have to suffer not only from the rape itself, but also post-rape experiences with their informal and formal support providers. This case illustrated how a rape survivor with mental illness was helped to cope with critical factors through the use of her innate strengths and opportunities.

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