



Using the Basic Problem-Solving Process

No aspect of life is static. Evolutionary change comes so slowly that it may appear static, yet the process is continuous. Throughout a single lifetime, adaptations are, of necessity, made more swiftly. The individual, as well as the species, is involved in a constant process of change and adaptation, both to the requirements of normal growth and developmental patterns and to the demands of the environment.

People may be born with handicaps—physical, intellectual, or emotional—that tend to lead to the development of destructive patterns of living. Pressures of the environment and the social situation can cause people to adapt in ways that are equally destructive, although these may be the only adaptations possible to ensure survival in a particular situation. The task of human service workers is to improve the functioning of both individuals and society. Workers thus are concerned with enabling people to alter patterns of behavior that are destructive and also with changing the unhealthy social situations that lead to their formation.

Why and How People Change

We must consider how and why individuals and social systems change, apart from natural development and maturational change, and how this change can be facilitated:

- People change as a result of rational decision in order to provide greater self-fulfillment and to avoid pain and discomfort.
- People change when they learn, through facing and accepting the logical and inevitable consequences of their own behavior, that what they are doing is not really

- meeting their needs in a satisfactory and constructive way or contributing to their happiness and well-being.
- People change through the development of relationships in which emotional needs are more adequately met and defenses accordingly need not be so rigid and constraining.
 - People change when, as a result of learning different ways of behaving, they provoke different responses from other people, which in turn push them to respond differently.
 - People change when they are required to adapt to changing demands of the social systems of which they are a part.
 - People change when they have hope of reward for the risk they are taking in upsetting the status quo.
 - Systems change when there is change within the parts that comprise them and when provision is made for the utilization of new input.

Rarely do these conditions of change occur singly; frequently they are seen in various combinations. Together they encompass the rational characteristics of people as well as their psychological, physical, social, and spiritual components.

One of the basic philosophical tenets of human services is that fundamental change must come from within, although an outside force can help to facilitate it. This is true of systems on all levels, from individuals to the most complex social group. Basically, they all must be responsible for changing themselves.

Workers act as catalysts, setting into operation the conditions and forces that lead to change. To do so, they operate from another basic philosophical belief: that people can be understood by utilization of the scientific method of study. This method provides a disciplined, orderly framework for workers' thinking and an overall pattern that can be learned and used to deal with the problems of life.

The classical scientific method involves recognition and systematic formulation of a problem, collection of data through observation and experiment, and the formulation and testing of hypotheses (tentative explanations of the problem). The researcher hopes that a valid theory or law emerges from this process. The orderly framework for working with people is an adaptation of this scientific method. It becomes a constant and ongoing process from the point at which the worker becomes involved in a situation until termination. Though the words we use to describe the process are different, the process is basically the same.

Structure of the Helping Process

The structure of the worker's activities is as follows:

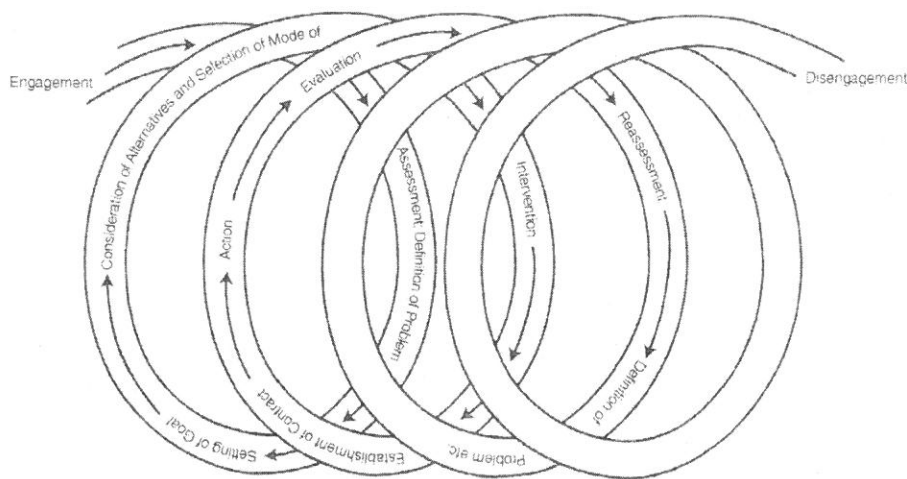
1. Engagement: Involving oneself in the situation, establishing communication, and formulating preliminary hypotheses for understanding and dealing with the problem.
2. Assessment: Appraising the situation on the basis of data (facts, feelings, people, circumstances, and systems) involved.

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3. Definition of the problem: Formulating the need.
4. Setting of goals: The end toward which the effort is to be directed.
5. Selection of alternative methods and an initial mode of intervention: Looking at all the possible ways of tackling the problem and selecting the most propitious one.
6. Establishment of a contract: Agreeing on a definition of the roles and responsibilities of the participants.
7. Action leading toward the desired goal: The work that is necessary.
8. Evaluation: Weighing the outcome of action in terms of success or failure.
9. Continuation of working plan, abandonment of unsuccessful intervention and selection of a different approach, or termination of the plan: Both continuation and selection of a different intervention strategy are based on a repetition of this basic problem-solving process.

In light of our basic belief that people have a need and right to be involved in decision making in matters that concern them, we must ask: What is the role and responsibility of the client in this whole process? First, we must remember that this process is a description of the activity of workers—this is their working structure. Second, clients must always be involved in each step to the extent that they are capable of participating. This involvement is part of the total process, and workers who shortcut or evade, probably using the justification that it is a time-saving device, are contributing to failure, creating dependency, and making more work for themselves. This way of working should be a growth experience for clients; only as they are involved in it will they grow. This process is an orderly way of thinking and planning and is valid no matter what the level of intervention. It is applicable with individuals, groups, and communities. It is also descriptive of successful coping behavior that people have always used to survive, and it is a continuous and adaptive process (see Figure 1).

FIGURE 1
The ongoing process
of working with
people.



Engagement

Engagement is that period in which workers begin to orient themselves to the task at hand. The initial involvement in a situation for which a worker has responsibility may come about in different ways.

VOLUNTARY APPLICATION FOR HELP These clients are usually conscious that they have a problem; they have probably considered and perhaps tried various ways of dealing with it that have been unsuccessful, and they are sufficiently aware of their need for help to request it. They may or may not know what the real problem is, but they know that something is hurting, and they want relief from this pain and concern. They may or may not be prepared to do what is necessary to get this relief—as do most people, they probably want an easy, quick, permanent, and all-encompassing solution with little or no additional pain or effort on their part and probably as little real change in their life pattern as possible. Crises, with the resultant fear, anger, and feeling of helplessness, are potent forces in bringing individuals, groups, and communities to seek help. On occasion, workers may either precipitate a crisis or allow one to happen in order to bring a person or a group to the realization of the need to go outside themselves for help.

INVOLUNTARY APPLICATION Circumstances force some clients to secure help against their own wishes. These are critical situations that leave no alternative, such as extreme poverty, incapacitation, disasters, or social pressures from significant individuals and institutions (wife, husband, parents, employer, schools, and military, legal, or correctional services) that enforce compliance with referral. Although there is usually an element of reluctance in all requests for help, clients who feel that they have been forced into participating present an additional hurdle for workers, whose initial task is to recognize and deal with this reluctance.

REACHING-OUT EFFORT BY WORKERS By the nature of their responsibility, workers will often be required to reach out to involve themselves with people who are not actively seeking or being referred for help. These people may or may not be conscious of their need, and they may be unwilling, unmotivated, or unable to do anything about it, but the risks to them and to society require that action be taken.

The tasks of workers in the engagement period are (1) to involve themselves in the situation, (2) to establish communication with everyone concerned, (3) to begin to define the parameters within which the worker and the client(s) will work, and (4) to create an initial working structure. Beginnings are important. While it is always possible to go back and start over, the initial fresh impetus is gone forever. A second start involves reworking what has happened in the first. Beginnings in human services may be as simple as walking into a crowded waiting room or receiving a letter, a card, or a phone call, or as complicated as attending a board meeting involving differences about a major company decision or going into a neighborhood that is in a state of crisis over some loaded issue such as school busing.

While not essential, it is helpful if the client can have direct contact with the worker during the engagement period. So much nonverbal communication takes place under

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such circumstances and so many feelings can be expressed and worked out that, whenever possible, an effort should be made to ensure this type of interaction. Direct contact also gives the worker an opportunity to observe the client, and much can be learned from such observation.

Throughout the relationship and particularly the assessment stage, workers continually evaluate behavior, carefully bearing in mind that interpretation of such observation is based on judgment and that such judgments can be erroneous. For example, people often use humor or attempts at humor to deal with anxiety, and the worker, instead of considering this inappropriate behavior, must realize what it actually is. Often behavior does not jibe with what the client presents orally. For example, one who presents himself as a reasonable, considerate person may actually be aggressive or attacking.

The worker needs to be a keen observer, noting the actions, determining causation as far as it is possible, and often, when it is appropriate, pointing out any discrepancy between the reality of the situation and the behavioral response to it. Such recognition of this discrepancy may be a relief for the client, particularly if the decision to behave in a certain way is conscious, or on occasion, it may provoke anger and denial.

In this initial step, workers can only proceed from their general knowledge of people and social situations and their awareness of themselves, with knowledge that the clients involved will be judging them and what they represent at the same time that workers are evaluating their clients. Preconceived opinions about a worker's clients and their situations, their problems, and their solutions, as well as emotional biases, prejudiced attitudes, anxiety, fear, and hostility on the part of both the worker and the client, can operate to make honesty in engagement difficult. An essential part of workers' equipment is objectivity, open-mindedness, and capacity to be aware of and to control these reactions in themselves. An equally important skill is the ability to discern the existence of these attitudes in clients and to deal with them either directly or indirectly. Workers may do this by encouraging open expression of and discussion about them and by demonstrating through the shared working experience that they need not be the determinants of outcome.

In modern parlance, engagement involves a "selling" job. In a sense, workers are selling themselves and their services, and the task is much easier when their position and status are clearly defined for the client. Even teachers, physicians, and lawyers—members of the long-established and high-status helping professions—are subject to questions concerning their motivation, their knowledge, their skills, and their attitudes toward their clients.

The prevalence of such attitudes makes the task of starting where the client is and presenting self and service in a manner that is relevant to the client's need a little more difficult. While it is the responsibility of clients—insofar as they are able—to make themselves and their needs understood, workers carry the greater share of the responsibility for enabling them to do so. Engagement can be achieved only in terms of the concern of the people involved. When the worker is sensitive to what this concern is and can communicate this sensitivity, engagement can begin on the basis of the worker's service being relevant to the client's need. The engagement process should provide opportunity for the client to express expectations of the worker and the institution that the

worker represents. People see helping individuals and services differently and often will withdraw when they are disappointed.

The results of the engagement process should be these: (1) The worker is part of the situation; (2) initial communication channels have been opened; (3) the worker and the client stand together in an approach to a common concern, with some definition of the role of each based on expression and clarification of the client's expectations and what the worker has to offer; and (4) there is agreement on the next step in the process.

Assessment

Assessment is the appraisal of a situation and the people involved in it. This process of assessment has two purposes: It leads to a definition of the problem, and it begins to indicate resources for dealing with the problem. Workers move from operating on the basis of general knowledge to operating on the basis of specific knowledge of a specific set of circumstances and people. They collect pertinent data, test and analyze these data, and arrive at conclusions.

Factual material (and we must always be aware that feelings are facts) about any one individual or social situation is limitless. Therefore, it is essential to apply the "principle of parsimony": The worker must collect only that information that has relevance to the situation at hand and is essential to the formulation of valid working judgments. But even in the provision of specialized services, the totality of the individual must be considered, although emphasis will be on the particular aspect of individual functioning for which the service is designed. If, for example, the problem is a physical handicap, the worker will concentrate on this, but she or he will also determine the cause-and-effect relationship between this difficulty and the other aspects of the client's self. A physical handicap has a marked effect on a person's self-image, and this will affect that person's capacity to relate to other people, perhaps his or her capacity to learn and the ability to utilize his or her potential for happiness and achievement. Effective service must take all of these relevant aspects into consideration.

Sources of data are many. The primary one is the client. What clients are and how they feel and behave should be given first consideration. After all, it is their needs about which we are concerned, regardless of whether the client is an individual or a total community. Historically, workers have moved from a stance that demands checking of the client's statements and observations with a variety of outside sources, to one that considered the client's view to be the only information necessary, to the present attitude, which considers the client's view to be of major importance but only one aspect of the matter. Above all, workers must be realists, and reality presents different faces to different people. These differences constitute a significant part of assessment. Clients know how they feel (but often not why), what they are concerned about, what they have done to try to alleviate the situation, and the results of these efforts. They know that they want relief from discomfort and, much of the time, how they would like to go about getting it. Checking of outside resources should be done with the client's knowledge and permission.

The significant people in a client's life experience constitute a secondary source of information. These include both people with whom the client has personal relationships, such as family and friends, and people within the more extended systems of which he or

she is a part, such as church, job, and so on. In considering whether and how to use other people as sources of data for assessment, the ideas, feelings, wishes, and capacities of the client are of primary importance. The client has both a need and a right to know who is being involved and to participate in getting the necessary information.

The final sources of data are records, test reports, studies, and evaluations of various kinds. In utilizing this material, the worker must keep in mind that its reliability is based on the validity of the testing instruments used, on the competence of the people who did the testing and prepared the reports and studies, and on the capacity for objective judgment by the person or people through whom the results were filtered.

Though the collection, testing, and analysis of pertinent data are listed here as separate steps in a process, they usually occur simultaneously. In talking with the client and others, in reading reports, and in studying tests, workers are constantly assessing what they are learning and observing. They look for assets and liabilities within the individuals, the situations, and the relationships; they observe and weigh the important feelings and attitudes of the people involved; they contemplate the causes of the current situation and look at how such problems have developed and been dealt with in the past; they consider the availability of resources both real and potential within the client and the community that will meet the evident needs. This assessment is done in terms of the various systems involved, the relationships that exist within them, and their relationship with each other. It is particularly important to look for the places where pressure is likely to be exerted to retain the status quo within the system as well as where effective intervention should take place.

Definition of the Problem

Definition of the problem can in no sense be considered a simple process. It has been compared to peeling an onion in its multilayered composition and its effect on the participants, but its complexity must be understood if defining a problem is to be dealt with effectively. Any problem can be considered conceptually, both horizontally in terms of its ramifications in the present and vertically in light of past, present, and future etiology.

It is currently fashionable to decry the significance of causation, particularly in work with crisis and in encounter groups. It is considered a cop-out, an excuse, a refusal to face the reality of the here and now. Consideration of causation can certainly be misused as a substitute for responsible action, but this does not justify ignoring it. Workers who do so are failing in a basic aspect of their role. We can fully understand the present only in light of what has happened in the past. We can interrupt the course of an ongoing event effectively without knowledge of basic causation, but we cannot ensure effective prevention. For example, we can halt the course of an epidemic by closing the path through which the contagion is spreading, but the basic problem remains unchanged—the cause of the disease still exists. To prevent recurrence, we must isolate, understand, and alter the causative factors.

Three factors determine how causation can be used by workers to define a problem: (1) the wishes and needs of the client, who wants relief from the discomfort of the present situation; (2) the role of the worker, who may be charged only with responsibility for dealing with the current problem; and (3) the nature of the problem itself, which may

be one that can be effectively dealt with in terms of the immediate situation or one that must be attacked at the root.

Often there is variance between what the client sees as the problem and what the worker sees. The original definition, however, must be based on what the client sees, as this is what appears relevant to the client at the time. Defining the initial problem differently often results in losing the client.

The concept of a client's problem is not static but changes as work progresses, just as in the total life experience coping with one demand leads to another. In addition, we rarely deal with a single problem but rather with a constellation of problems, each related to the others. The worker's task is to focus on the primary problem, which will open the way to consideration of those peripheral to it once an initial solution is reached.

It can be useful to think about problems in three frames of reference:

1. Immediate problem: The one about which the client is most concerned, which is causing the current difficulty, and in terms of which the client perceives the need for help. This is usually only one aspect of the whole. (e.g., Willy Jones comes into juvenile court for breaking the windows of the Garcias' house when bouncing his ball against their wall.)
2. Underlying problems: The overall situation that created and tends to perpetuate the immediate problem. (The high-density population area where Willy lives has inadequate play space for growing children, and Willy has too little supervision from his working parents.)
3. Working problems: Those contributory factors that stand in the way of both remedy and prevention and must be dealt with if change is to take place.
 - The anger and frustration of Willy Jones and the Garcia family.
 - The absence of free space in the neighborhood.
 - The ignorance and apathy of the parents.
 - The inadequacy of service programs such as YMCA/YWCA, park department, and so on.
 - The indifference of city officials and real estate promoters.

It is obvious that each of these working problems involves many similar ones that must be dealt with as the process continues.

Setting of Goals

Definition of the problem should lead logically to the setting of a goal. Actually, one is done in terms of the other. The purpose of a goal is to lend direction to efforts. Without such a focal point, activity tends to become aimless, random, and often ineffectual. This does not mean that a goal is rigid and unchanging. Life being a dynamic process, a fixed goal, except in a large overall sense, can be stultifying. If we define health as the capacity for maximum functioning as well as the absence of disease, the overall goal of human services (a healthy society made up of healthy individuals) is too lofty to be useful pragmatically except in determining a philosophical base.

However, there should be a long-term goal for the particular helping services undertaken so that the expectation of achievement can be met. In addition, progressive subsidiary goals will lend focus to the ongoing work. When one goal has been realized, another will loom ahead. An example of this is the situation of the worker who was dealing with the problems of Willy Jones and his neighborhood. The overall goal would be the provision of adequate recreational facilities in the neighborhood. A subsidiary goal would be the involvement of community members in working toward the solution of their own problems. The immediate goal would be determining the point at which the worker could most effectively intervene in order to start the process that would lead to the achievement of these goals. Each step en route would have its own small goal and be part of the progression toward a larger one.

Goal setting is most effective when it is a shared process, when the client has a major voice in deciding what needs to be achieved and how it is to be done. Motivation and independence are strengthened by this involvement. The goal should always be based on what is realistically attainable. Differences between the goals held by the worker and those held by the client should be based on logical differences in roles and tasks in the working partnership. The overall goals should be held in common.

Sometimes what the client sees as a goal promises no solution to the problem. In marriage counseling, one partner will often want the worker to punish the other, to "straighten him/her out"; this may be more important to the client than working out conflicts in the marriage. The worker's initial task in this instance would be to work toward a redefinition of the problem and the goal.

Selection of Alternative Methods and an Initial Mode of Intervention

When the nature of the problem has been defined and understood, when the goal toward which the work is directed has been set, and when the resources within the overall situation have been assessed, alternative solutions and interventions should become obvious. The most propitious solutions should be indicated by the earlier-mentioned procedures. Final selection should be based on the following criteria:

1. **Maximum feasibility:** The solution that possesses the greatest chance of producing the desired results. The worker must think in terms of what is possible and attainable, which, unfortunately, is not always the most desirable. Compromise is an essential element, as we must deal with things as they are, not as we would like them to be.
2. **Availability of resources to carry out the plan**—either already available or capable of being created: Resources should be considered from various points of view. An important resource is the client's motivation and capacity for carrying out a share of the work in utilizing a particular method of resolution. The question of motivation, that "inner drive, impulse, or retention that causes a person to do something or act in a certain way," can be a puzzling and exasperating one. All too frequently, we see ourselves and others who possess the capacity and opportunity for change as lacking this essential ingredient. Happily, this is an area where much research is under way, and we are beginning to understand better the part that general health, emotional

satisfaction, basic drives, reward and punishment, and self-determination play in determining motivation. Therefore, we can appropriately consider whether it is possible to develop motivation in situations where it appears to be absent or limited.

In addition, there are concrete resources, such as programs and services that exist or can be created, and there are intangible resources, such as emotional support, that are essential during the process of change. The battered wife who is emotionally and physically terrorized; who lacks education, working skills, and financial resources; and who has several small children to care for will need a lot of support if she is to marshal the strength to change her situation. We should be extremely careful not to use "lack of motivation on the part of the client" to cover failure of the society to provide what is necessary or lack of skill on the part of the worker.

The capacities—physical, intellectual, emotional, and spiritual—that clients possess are basic resources. What physical health, strength, and stamina can they summon? What level of intellectual achievement are they capable of? What knowledge and skills do they possess? What can they learn? What capacity do they have for relating to other people in a useful, satisfying way? What stress can they tolerate? What emotional stability do they possess? What spiritual strength can they call on?

In addition, what resources to carry out a particular mode of intervention exist within the worker? What knowledge and skill does the worker possess in the type of service that is needed? Is the worker personally committed and competent to deal with the problem posed by this particular client? Failing this, can a referral be made to some other individual or program that can meet the client's particular needs?

Community resources that can be drawn upon to implement a mode of intervention constitute the final category. Here workers should think broadly and flexibly, as there are both informal and formal sources that may be enlisted. Frequently, that which is most needed cannot be found within the framework of an institutionalized service, but is found within private individuals and groups. In isolated rural areas as well as some urban areas, services may be either nonexistent or inadequate, and workers must resort to their own inventiveness.

Initially, the worker will need to determine the most effective level of intervention—with an individual, a family, a group, or a community. Frequently, all four levels will need to be involved in various combinations.

When deciding on intervention strategy, the decision should be made as to the kind of services that are needed, whether specialized knowledge and skill are required, and if services will be secured through consultation, referral, or teamwork.

On the basis of all of these considerations—feasibility, availability, and workability—the worker will select a mode of intervention designed to meet the needs of a particular client in a particular situation.

Establishment of a Contract

From the selection of a particular alternative for action and a particular mode of intervention arises the need to establish a contract between the worker and the client. A contract is an agreement that is entered into with the understanding that there are reciprocal obligations for the

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parties involved. It may be either oral or written. In a sense, there is an oral contract at the time of engagement: The worker and the client are involved in shared activity toward a particular goal. When the problem has been defined, however, and the mode of intervention selected, it is important to have a specific understanding and commitment, and a written instrument is most useful here. It should be specific, contain an agreement as to goal, spell out procedures involved and roles and tasks of each participant, and specify a time limit for activities. All parties involved should have copies of the contract.

Contracts are useful tools. They create a structure within which the client and worker operate and, when properly used, ensure that the client understands what is involved. They can deepen the transactional nature of the relationship and dignify it by establishing it firmly as a working partnership. When the client—as is often the case with adolescents—tries to manipulate or test the worker, a contract provides a firm point of agreement that can be useful. Contracts, both oral and written, need to be used with a degree of flexibility and with openness for renegotiation or clarification should either become necessary. Contracts may be as diverse as those between foster parents and a caseworker to determine how they should serve the needs of a foster child, between a public health nurse and the volunteer committee that sponsors a geriatric service, between a psychotherapist and the individual or group with whom she is working, between a street worker and a neighborhood gang, between an administrator and his staff, between an employer and employee, or between doctor, nurse, or technician and patient.

However diverse, the basic premise of a contract is always the same—definition and delineation of a working agreement between and among people.

Action Leading to Desired Goal

The direction and manner of action should be laid down in the contract itself along with the tasks and roles of the people involved. These tasks and roles must be coordinated—decisions made as to who does what, when, and under what circumstances. Because each task often depends on what has gone before, there needs to be some agreed-on timetable. When the decision is made to not use a written contract, workers need to be very clear about their responsibility for action.

The tasks involved in working with people can be as many and varied as the problems of the people involved and their social organizations. They can range all the way from such minute details as seeing that a building is unlocked for a meeting, to confrontation of the hidden agenda that separates a divided task force that has been charged with a community responsibility, to helping a frightened, disturbed adolescent face the nature of the sexual problems that are upsetting her.

Workers need to be very careful to make a valid assessment of the capabilities of the clients involved and not to expect more from them than they are capable of achieving. Setting a person, a group, or a community up for failure often results in loss of motivation for working toward any change and in a sense of hopelessness.

For example, a child whose learning problem is related to the presence of an incompetent or psychopathic teacher can do nothing to change his situation. Workers would need to think of interventions at the level of school, perhaps involving parents and teachers, to create an action system comprising all of them.

Equally, the householder whose home is being taken over for urban development without adequate compensation could do little to change her situation by herself. Other systems would have to be involved in order to change the law or to bring pressure to bear on officials or government.

The nursing home administrator who is struggling with problems of staff morale, unhappy patients, and poor relationships with visiting medical staff presents a problem that calls for intervention strategies designed to work inside the system itself as well as with the individuals involved.

The responsibility of workers to carry out their tasks in the agreed-on action is paramount, particularly in working with people who have little experience with trustworthiness. In all relationships there is an element of role modeling, and the example the worker sets is important. When the terms of the action agreement cannot be met, the reason should be carefully explained, but even so, this does not always suffice.

Evaluation

Flexibility is essential in working with people. There is not only constant change in living entities; there is also the fact that interventions sometimes result in unexpected changes, and there is also the possibility of error. It is the worker's responsibility to create a climate where an accepted part of the procedure is objective evaluation or appraisal of what is occurring. In such a climate, worker and client may see the results of what has been done in terms of movement toward immediate and ultimate goals. A continuous and honest review of what has occurred, an analysis of success and failure that attempts to understand the factors involved and the results, should point to continuation, termination, or redesign of the working plan.

Continuation or Termination

Continuation is indicated when the results of the action show movement in the desired direction. Such movement confirms the validity of the original assessment, problem definition, goal, selection of mode of intervention, and contract.

However, the action may not result in progress toward the desired goal. The fault may lie at any point in the process. In engagement, false understanding may have been set up between worker and client. The original data may have been either incorrect or misinterpreted. The problem may have been wrongly defined or an improper aspect selected for initial work. The goals selected may have been incorrect, unreachable, or irrelevant. The alternative selected for action may have been a poor one, and the mode of intervention inappropriate. The contract may have been too demanding, too simple, or invalid, and the action either a failure or inconclusive. A reassessment, then, must take place that involves the familiar process of picking up the pieces and starting over again—not, however, at the beginning. There is the asset of what was learned in the initial phase, and there are the liabilities created by the failure of the chosen problem-solving plan.

Termination takes place when the goal has been achieved and the service completed, when nothing further is to be gained by continuing, when the client requests discontinuance, or when referral is made to another source of help and the original worker will

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no longer be involved. In termination, as in the other steps of the problem-solving process, the client's participation is of maximum importance. If the helping relationship is at all significant, the way it ends will be important for the client's self-image and capacity for future relationships. The reason for termination should be clear in the minds of both client and worker and, whenever possible, feelings about it expressed and understood.

A part of termination is leaving the door open for future contacts. As we have realized that life is a continuous problem-solving process, we have come to know that people may need help many different times with many different concerns. The desired results of a good helping experience involve not only increased knowledge of resources, but also increased readiness to use them as need be.

Using the Problem-Solving Process When Ethnic Differences Are Involved

The basic problem-solving process so commonly used in Western society remains for workers the most useful way to approach members of different ethnic groups as well as other clients. As always, it is important to remember that this is the worker's way of thinking and planning and is not necessarily shared by clients. The rational gathering of data, weighing of alternatives, anticipation of outcomes, and selection of the most desirable may not be the method clients have learned to use in their own cultures. Workers must be sensitive to this and respect different approaches while at the same time using, for themselves, their own disciplined way of looking at problems.

A frequently desired goal of problem-solving work is to teach clients this method through example, but this needs to be done selectively with consideration of the needs and wishes of the particular client and the problem being considered.

The first step in this process, engagement, which involves establishment of communication channels and of the worker as a trustworthy and capable person, is vitally important. Contingent on it is the success of subsequent steps. Clients may have trouble accepting that workers of a differing background and experience can ever understand their problems, and workers must demonstrate willingness to do so and to learn. It is often necessary to go more slowly while this learning takes place.

Language differences are barriers, but not impenetrable ones. While it is the worker's responsibility to ensure that written and verbal content is understood, fundamental attitudes that will open or close communication channels are most often conveyed non-verbally. Workers must listen, observe, and learn as they go, for words and actions have different meanings for different people. Such differences can be worked out, and one of the best ways to do this is by demonstrating a concrete ability to help with immediate problems as the client sees them.

The gathering and analyzing of data, assessment, is a process that begins long before actual contact with clients. All assessment must be made in light of ethnic reality, past and present. Newcomers bear the major burden for adaptation to a different culture, and such adaptation can be viewed as existing on a continuum. Even members of a family group, for example, are often at different places on that continuum. Available resources, too, must be evaluated in light of this continuum in terms of whether they are geared to

meet the perceived and/or actual need or whether they are so geared to the needs of the dominant culture that they are not relevant.

Workers are continually involved in assessment, and with ethnic peoples, as with all clients, it is important that the clients themselves be involved in the assessment process. The establishment of a climate of trust will determine whether clients will feel free to look critically at both the people and systems involved. Newcomers who may not fully understand, who are uncertain of their futures, or for whom previous efforts to use resources have been unsuccessful often have difficulty in looking objectively at what is taking place.

In *problem definition*, it is particularly important to observe the old mandate to start where the client is and to move at his or her speed. Dealing with the immediate problem as perceived by the client is essential, especially if it is a "real" one such as need for food or shelter. If feelings are involved—and they always are—they must be dealt with, and this can be done more easily if workers have established trustworthiness, effectiveness, sensitivity, and respect for differences in dealing with concrete problems. Different cultures mandate different ways of dealing with feelings, with family situations, and with outsiders. If, on the basis of objective assessment, the worker determines that herein lies the problem and success depends on dealing with this, it must be done in light of the cultural determinants.

A particularly delicate problem to define and work with occurs when the client feels that all of the problems exist because of ethnicity—that she or he is unemployed or does not get advancement, is lacking in education, or cannot live in a good neighborhood because of it. There is often an element of truth in this, but it is not the whole story, and if the worker is going to be of help to the client in improving social functioning, it is essential to face and deal with this.

The next three steps in the formal problem-solving process, *setting of goals*, *selection of method*, and *establishment of a contract*, again must be considered in light of both individual or group need and ability, of the existence or possibility of creation of essential resources, and of the ethnic reality. The worker's presence in the situation, however, is predicated on knowing more and better about how to deal with the problem than the clients themselves. As one mother in a multiproblem family commented, "We know things are bad. What we need to know is how to change them."

Workers must have a clear idea about what goals are immediate and doable in achieving the desired results, how to take the steps upon which their achievement depends, and what the necessary roles and tasks of the clients are in this process. These need to be viewed in light of the demands of the ethnic culture, but with awareness that the larger culture will adapt to these differences only so far and slowly. Newcomers to a society often must make major changes in thinking and behavior in order to survive, and the worker's task often is to facilitate such change. It is even more important that clients here have the opportunity to be involved in the steps of the process, in decision making about accepting new ideas, for therein lies much of the secret of motivation to help them succeed. What the worker sees as a problem may not seem a problem to clients who are members of an ethnic group wherein such behavior or experiences are a culturally accepted way of life. The task of the worker is to develop a relationship in

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which the client can be enabled to see the contradiction between what is necessary to allow adaptation to a new way of life and what the past life has dictated.

The final step, *evaluation*, which, as always, should be continuous and ongoing, needs to involve both worker and client. It is both a professional thing for workers to do, and a natural step in the process of solving life's problems, particularly when the decision making and role performance have been shared. It is the worker's responsibility to create a climate in which evaluation can be honest and open.

If evaluation results in termination and if the working relationship is a meaningful one, workers must be sensitive to how the ethnic culture marks such occasions. This is an opportunity to look back, to think and talk about what has happened, and to consider the future. It must leave the door open for future contacts, for life is essentially a problem-solving process and future help may be needed.

Two Case Studies in Use of the Basic Process

Basic Process I

Two illustrations of this helping process serve to demonstrate how it can be used. The first is a so-called multiproblem family, the Kinkaid's. In one sense of the term, every family could be so classified, for certainly life consists of a continuing series of problems for which solutions must be found. However, there are some families for whom the number and severity of their problems are often combined with a lack of coping ability on the part of the individuals and the unit itself or a lack of the essential social resources to make solutions possible. Such problems often cause a breakdown in a family's capacity to function. This breakdown usually shows itself at the family's most vulnerable point, which might be a shaky marital relationship or the incapacity of children to meet the demands placed on them in their life experience.

In the Kinkaid family, Richie, at age 8 the oldest child, was that vulnerable point in his family, and the school nurse was the worker who first perceived his unmet needs. Young Ms. Ishito had become aware in three years' experience in an elementary school that the child who came to her office frequently with colds, headaches, and minor ailments was often in trouble in other aspects of his life—home, school, and community. Richie rarely missed a week without coming. Ms. Ishito became concerned about his pallor, his thinness, his frequent sore throats and colds, and his fatigue, which caused him to fall asleep on the cot in her office and lie there for hours. Mentioning this to his teacher, she learned that Richie was one of the faceless children in class, neither good nor bad enough to be outstanding or remembered—just there, doing minimal work and causing no trouble.

ENGAGEMENT Thus alerted, Ms. Ishito was particularly aware of Richie's tests on the upcoming health screening, and she was not surprised when the examining physician noted swollen tonsils and underweight with possible malnutrition; she recommended a follow-up by the family doctor. Before contacting the Kinkaid's, Ms. Ishito secured as much data as she could from the school records about them as a family.

Mr. and Mrs. Kinkaid had both been born in Caney Creek, Kentucky. Mr. Kinkaid (28) worked as a clerk in a small variety store. Mrs. Kinkaid (27) was a housewife. There were five children: Richie (8); Linda (5), who was in kindergarten; twins, Robert and Phillip (3); and an infant, Peter.

The classroom teacher reported that Mr. and Mrs. Kinkaid came to Parents' Day faithfully but were not active in any of the school organizations. Richie tested a little above average in intellectual ability but with his absences and his passivity, earned the all-too-frequent comment "not achieving up to capacity." Linda's file indicated the same pattern. Both children had all of their required immunizations.

In considering how to approach the Kinkaid's, Ms. Ishito decided that instead of sending the usual form reporting on the health tests and asking the parents to come to the school, she would offer to visit them. She did this for several reasons: the number of young children and the expense of babysitters, the fact that she wanted to talk with both parents together, and her realization that the problem indicated by the children's symptoms might be very broad indeed. Therefore, with the reports she sent a note asking if she might visit in the evening, on a specific date and time. Richie, pleased to be singled out for special attention, faithfully carried the note home and brought back a verbal reply that it would be "all right for her to come." (If the Kinkaid's had rejected her offer and had not visited the school, Ms. Ishito could have dropped in one evening, confronted them with the test results, and attempted to involve them in a discussion of what they meant and what could be done about them.)

ASSESSMENT The Kinkaid's lived in a small and simple house, one in a block of six built in an area of much larger and more expensive homes. Theirs was outstanding for its meticulous appearance. Ms. Ishito commented on this to Mr. Kinkaid when he met her at the door, and he came outside and showed her around, talking about his yard and garden. He was a slender, wiry, tense man, clearly accustomed to meeting the public and putting his best foot forward.

Inside, the house showed considerable contrast to the neat exterior. Clean but cluttered, it presented an air of confusion and disorder that was aggravated by the noise of the television, which Linda and Richie were watching, and the sound of the twins, who were obviously being put to bed against their will. When Mrs. Kinkaid joined them, she was carrying the baby and a bottle. She was a very attractive young woman, but obviously tired and harassed. She attempted, halfheartedly, to send the two older children to bed, and when she met with no success, their father switched off the TV and ordered them out. At this point, Ms. Ishito suggested that if the parents agreed, she would be glad to have the children stay to listen, as they were going to be the subject of the conversation. "Remember how you used to feel when the teacher came to visit?" she asked.

It was agreed that they could stay, and Mr. Kinkaid commented that his school was so different from Cherry Street that it was unbelievable. Both the Kinkaid's had lived "up the hollow" and ridden the bus to a consolidated school. Determined to leave the hopelessness of Appalachia behind them, they had married immediately after graduating from high school and gone to Cincinnati, where Mr. Kinkaid had gotten a job similar to his present one. He stressed that he had always done white-collar work. They

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had moved to their present home five years ago because they wanted to live in a smaller town and to escape the racial tensions and problems in the city, where they felt lost. They wanted better schools for the children, and they had selected this neighborhood because of Cherry Street School.

Initially, Mr. Kinkaid tended to do most of the talking, but as the discussion progressed, his wife became more dominant. While he was inclined to pass over problems lightly, Mrs. Kinkaid, in a petulant voice, complained about the unfriendliness of the town and the neighbors, their limited income, the fact that she never got out, and how hard she had to work. This seemed to embarrass her husband, who at first tried to stop her but finally withdrew from the conversation. The two children sat quietly through this as if it were an old story. Richie, sitting next to Ms. Ishito, who had her arm around him, seemed to have relaxed almost into sleep.

The picture that emerged was of a young family struggling hard to function adequately, but with breakdown in crucial areas that promised severe problems in the future.

DEFINITION OF THE PROBLEM As Ms. Ishito talked with the parents, she was trying to assess what they were saying, to raise questions when her understanding was not clear, and to empathize with the deep feelings that were obvious, albeit mostly under the surface. It was apparent that these problems were causing a strain on the marital relationship and between the parents and the children and that what had begun ten years ago as a fairly strong relationship, with potential for a full life, was fraying around the edges. The problems were numerous and on many different levels:

1. The Kinkaid's income was not adequate to meet the needs of the family. Although Mr. Kinkaid was ashamed of this, the problem lay not in poor management, but in the fact that his salary was too low. The burden of indebtedness was climbing, and it seemed that his marketable skills were so minimal that it would be difficult for him to qualify for a better job.
2. While Mr. Kinkaid seemed to be adapting well to the change in setting, Mrs. Kinkaid, perhaps because of her early cultural experiences (and this is often true of housewives confined to the home by the demands of their job), had been unable to establish an effective and satisfying pattern of living in her new community. Her values, attitudes, and ways of living remained those of the mountain town where she had grown up.
3. The family had too many children too soon. Each family unit has the capacity to deal financially, physically, and emotionally with a certain level of demands, but when the demands become too great, the family breaks down. This was evidenced in part by the fact that the first two children had had good medical and dental care, but the twins and the baby had only the minimum.
4. Each of the family members was adapting to these problems in an individual way, but all in ways that were destructive. Mr. Kinkaid tried to shut his eyes to their seriousness and drove himself harder and harder as he became more desperate. Mrs. Kinkaid adapted by giving up. Meals had become sporadic and inadequately planned. The children were

not given the care they needed nor the opportunity for stimulation so vital in these early years. In her fear, she had become passive, only taking action when forced to, and complaining in a whining way that was destructive to the morale of her husband and children. The two older children had followed her pattern of passivity and showed signs of intellectual, emotional, and physical starvation.

5. Adequate social resources to meet their needs did not exist. Social planners have never dealt adequately with the situation in Appalachia, where the roots of the problem lay. It has become a sore spot and a testimony to inadequate planning and lack of protection for people and resources. In their present setting, the Kinkaid's fell into the category of low-income families for whom medical and dental care is often nonexistent and for whom the only flexible budget item is the money they spend for food. They did not qualify for public welfare programs. Mr. Kinkaid was most reluctant to use what free services did exist because he did not want to be "dependent," and Mrs. Kinkaid's hopelessness presented a strong barrier to learning to deal with the demands of a hard reality.

The immediate problem was where to start. It would be easy to turn away from such a situation, particularly in light of all the other problems involving severe antisocial behavior that demanded Ms. Ishito's attention. Yet the consequences of this kind of situation can be great not only in terms of human suffering but also in financial cost to the overall society. Although she realized all this, Ms. Ishito could not, at this point, share all of her understanding with her clients. They saw the problem as the children needing healthcare that they could not afford, and it was here that all efforts had to start. Because they saw this need as "respectable" and divorced from welfare, they could probably accept help with it.

SETTING OF GOALS The overall goal of both Ms. Ishito and the Kinkaid's coincided, which was a strength that the worker could use. Also there was basic affection and trust between the Kinkaid's, and they wanted a good life for themselves and their children.

The immediate goal, securing further examination and medical care for Richie and Linda and preventive care for the younger children, was one on which, again, everyone agreed, and when they had talked about the school examination, Mr. Kinkaid said they would call their own doctor.

SELECTION OF ALTERNATIVE METHODS AND AN INITIAL MODE OF INTERVENTION Ms. Ishito replied that of course they could do this, and in the final analysis, they might decide to do so, but she wanted them to know what else was available. They had told her and she knew how hard it was to stretch a salary to cover all of the young family's needs. The town was fortunate in that the health department had a good well-child clinic, where examinations were free and shots were given at a minimum cost. Many of the parents of Cherry School District used it and found it helpful. Ms. Ishito had brought several brochures on the clinic, which she gave to the Kinkaid's.

Ms. Ishito did not add that this clinic afforded a broad range of services, including a mothers' group to discuss nutrition and how to feed a family well and inexpensively,

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specialists who worked on both an individual and group basis in helping parents meet the emotional needs of children, and family planning clinics. She saw the mothers' group as possibly providing the opening that Mrs. Kinkaid needed to begin developing a social experience similar to the one her husband found with his fellow employees at work. However, she did not want the Kinkaid's to feel that she was taking over their lives, as this would quickly alienate the independent Mr. Kinkaid.

ESTABLISHMENT OF A CONTRACT After considerable discussion and many questions about the nature and financing of the service (Mr. Kinkaid talked about his horror of welfare as he had known it during his childhood in their little mountain town), the parents decided that they would try it. It was agreed that Ms. Ishito would make known the results of the school tests to the clinic worker. Unfortunately, the clinic hours coincided with Mr. Kinkaid's working hours, and so he could neither accompany his wife nor babysit the younger children. Ms. Ishito offered to go with Mrs. Kinkaid for the first trip and watch the younger children while she and the older ones saw the doctor, if no other arrangement could be made. If they decided to continue, Mrs. Kinkaid felt that her neighbor might agree to babysit when needed. They discussed the kinds of information the doctor required and the questions they wanted to ask.

ACTION Ms. Ishito called the clinic, referred the Kinkaid children, and sent the school reports to the clinic. She phoned Mrs. Kinkaid the day before the clinic visit. As she had anticipated, Mrs. Kinkaid had second thoughts and was dwelling on the problems involved in getting there. Ms. Ishito recognized how hard it was for her to mobilize the impetus and energy for her undertakings but encouraged and supported her real desire to give the children the care that they needed.

When they arrived at the clinic, Ms. Ishito remained only long enough to get her client through the first stages and then excused herself to do some errands elsewhere in the building. She did this intentionally. The clinic waiting room was friendly and cheerful, with a coffee urn and a volunteer worker who worked with the younger children as they waited. The twins gravitated very naturally to this group. Other young mothers were there, and Ms. Ishito hoped that without her presence, Mrs. Kinkaid would begin to interact with them. If this did not occur naturally, it was the clinic worker's job to attempt to facilitate it.

On the way home, Mrs. Kinkaid talked about how she had enjoyed being out. The doctor had prescribed vitamins for both the older children, had complimented her on how well they behaved, and seemed particularly interested in their eating and sleeping patterns. He had suggested that Mrs. Kinkaid might want to talk with the nutritionist about how to serve more balanced meals and had said an aide would come to the house if she could not get down to the clinic. He had started shots for the twins and the baby and made an appointment for follow-up care.

EVALUATION Mrs. Kinkaid felt that, on the whole, the clinic was a good resource that she and her family could use. She wanted to take her husband with her the next time. Ms. Ishito, recognizing the sometimes transitory ebullience that results from

doing something about a problem and knowing how difficult it was going to be for the Kinkaid's to maintain the motivation to act, supported and encouraged Mrs. Kinkaid as much as she could, and she agreed to keep in touch.

In looking at her initial intervention, Ms. Ishito decided that it had been a good beginning. In addition to providing vital medical care, the clinic offered opportunities for learning and for meaningful relationships that could help to ease the pressures on the family—provided the workers in the various areas involved were skillful enough to keep the Kinkaid's involved, and the Kinkaid's were sufficiently motivated to use the service.

This intervention, however, left the broader and more basic social problems untouched. Society faces the clear choice of guaranteeing an adequate income to families such as the Kinkaid's whose earnings are too small and providing free the essential services necessary to meet their basic human needs, or of dealing with the endless series of problems of increasing severity that result from their semipoverty. In the final analysis, the economic cost of the latter alternative is much greater than that of the first two, to say nothing of the human suffering involved. Where, then, does the responsibility of the individual worker lie? How can Ms. Ishito intervene effectively to help deal with these basic problems, to do more than merely palliative work, and to bring about the changes in the total social system that are essential to ensure that families such as the Kinkaid's become and remain healthy units in the total society?

Social change on so broad a scale cannot be effected by one individual working alone. It requires the strength of many people working together and utilizing the tools that a democratic system provides. In her role as a social changer, Ms. Ishito can use specialized knowledge and experience with the inadequacies of the total system and their effect on both individuals and the society. She has recourse to the various groups she belongs to by virtue of her work, to organizations of teachers or health workers, to groups she belongs to by virtue of her role as a citizen, and to those that she helps create with her clients and colleagues to deal with specialized situations.

The first categories are ones through which she might work for the necessary legislation and the enforcement of that legislation. The two areas of basic need in this family—adequate wages and healthcare—are areas to which the population as a whole is already committed, and the questions that currently need resolution deal with how these goals can be achieved. Ms. Ishito can contribute knowledge and strength to the resolution of these problems.

One of the major problems the Kinkaid's faced was their feeling of helplessness and hopelessness. An excellent tool in overcoming this problem was involving the clients in ways to change their own situation—in the struggle for self-realization. The parents' group at the clinic, developed out of a common interest in the needs of families and children, need only take one further step to start moving actively to secure the resources to meet these needs. Opportunity for personal growth as well as necessary social action can be achieved through use of this medium. We can see concrete evidence of results achieved through group action—for example, the vastly changed attitudes toward, and improved care for, retarded children, through group efforts of both lay and professional people; for the elderly, through their own group efforts; for children in foster care,

through foster parents' groups; and for a multitude of various special-interest groups. When individuals band together with a common interest and acquire the knowledge of how to tackle the system, they can develop the necessary power to effect change. The worker, by virtue of specialized knowledge and skill, can provide the catalytic action often needed to get this process started and serve as consultant, resource person, enabler, and, when necessary, advocate.

CONTINUATION The outcome of Ms. Ishito's evaluation with the Kinkaid's of the results of their initial clinic visit would be a continuation of the process well begun. The worker's efforts would focus on providing the essential personal support to keep their courage high and to work toward changing the basic social conditions that create problems for this family.

Basic Process 2

The problem-solving process is equally applicable in dealing with larger units such as a troubled neighborhood, which Southeast was becoming, and in working with groups of people.

Southeast is an older section of the city, where big homes had been turned into apartments and some low-income housing had been introduced. To the few older white families who remained in their homes and the African American families who had lived there since World War II were added two new groups, the Asian Americans, predominantly Vietnamese, and the Mexican immigrants who were brought into town to work at the meat-packing plant. Both of these newer groups were in search of inexpensive housing. Although the older residents complained about the newcomers taking jobs from them and using too much welfare, these diverse people had managed fairly well together; gradually, though, it became increasingly obvious the young people were in trouble and, hence, so was the entire community.

Complaints increased of teenagers congregating in the parking lots of the small businesses, driving away customers and leaving garbage; of frequent loud, late parties; and of weekend cruising around the streets at high speed. There also began to be problems with vandalism, violence, and drugs in the schools. Gang symbols began to appear on public buildings, and membership in these gangs was apparently based on ethnic background.

There was concern among people in the neighborhood, but no action was taken until an afterschool fight erupted into a minor riot. Then the board of the family service agency, which operated a satellite office in Southeast and included some local residents among its members, voted to hire a worker whose specialty was community organization to help develop a plan for dealing with these growing concerns.

After taking time to know the community (the beginning of *engagement*) based on *assessment* of what was taking place and what resources were available, the worker, Leon Howard, *defined the immediate problem* of getting the residents involved in planning and action. His *mode of intervention* was to develop an initial planning committee made up of representatives from each of the four ethnic groups in the neighborhood, including members of the various social organizations responsible for dealing with such problems. He also wanted to involve parents of school children of all ages.

Accordingly, from the church he had attended he enlisted Margaret Niles, a parent and a real estate agent who would represent the African American group; Juan Garcia, a lawyer who was considered one of the leaders of the Hispanic American community; Thang Bieu, who kept a variety store in "Little Asia" and was known to most of the Asian Americans; and John Ramy, a volunteer for family service who had lived in the neighborhood for most of his life and knew most of the white families. Sergeant Shelley, the police department's representative in the schools, and Maria Lopez, the city council member from the district, agreed to serve. The health department designated Jane Fister, a visiting nurse, and Linda Ramirez, president of the PTA, as members of the committee. Father Minelli of Saint Stephen's Church and Reverend Charles Federson of the Unitarian Church, whose congregation was known for the diverse people it included, volunteered. Leon also wanted some representatives of the young people, and Shawanda and George, seniors from the high school, were enlisted.

The first meeting was held in the conference room at the family service agency. Because many of the dozen or so people were not acquainted, it began with coffee and cookies and general introductions. Leon presided at the meeting and began by outlining what he had learned about the community, pausing now and then to ask individuals to supplement his report with their own experiences. He concluded by mentioning the strengths of the neighborhood—the absence of pockets of extreme poverty, the good balance of small businesses and residential property, the two small parks, the branch library, the schools, and the churches. The challenge as he presented it was to look at the situation, consider its seriousness, and decide where, how, and whether to intervene. He then opened the meeting for general discussion.

This started slowly with the professionals there holding back somewhat, but finally Margaret Niles spoke of her concern about her children at the school and her worries when they played in the park near their house. She was supported by Thang Bieu, who told of the groups of teenagers who came into her store and disrupted business.

Shawanda and George agreed that the problems after school and in the parks centered around older boys and girls who just took over. Some of them were school dropouts, and many of them were not even from the neighborhood. Sergeant Shelley seconded this, and he told how the police and park departments were cooperating in trying to cope with this. Maria Lopez's major concern was that something be done to keep drugs from coming into the community—was anything being attempted?

There was considerable discussion of these separate concerns, and then Charles Federson questioned whether the separateness of the four groups in the neighborhood contributed to the creation of a climate that tended to foster the development of such social problems. There was general response to the idea, both pro and con, but the feeling emerged that this was a total community situation and that everybody needed to pull together.

Leon then took over and summarized their discussion. He said that, in addition to the specific problems with which they must deal, it seemed that the group generally felt that an underlying contributing factor was the divisiveness of the groups within the community—perhaps this was where they should start. There appeared to be general consensus to have a meeting to which all interested people in Southeast would be invited to discuss these concerns. There would be reports on what was presently being done,

and an effort would be made to enlist ideas and support for further action. This was accepted as the first step, and members volunteered individually to undertake the tasks required to implement this—publicity, program, and talking it up to ensure attendance.

Throughout this meeting, the basic process for planning change was taking place. The members of the planning committee had *engaged themselves individually* with the situation at the point when they agreed to serve. In the meeting they *engaged themselves as a group* with all the strengths that arise from such a coalition. *Assessing* the situation, they arrived at *definition of an overall problem and goal* as well *subsidiary problems and goals*. In so doing they established priorities and *selected modes of intervention* from the various alternatives available to them, arriving at a series of (in this case unwritten) *contracts* or *actions*. Obvious in their deliberations and actions were provisions for *evaluation* and either continuing or changing the process depending on subsequent results of their interventions.

Major responsibility for keeping this process going rested with Leon, and in so doing he was using the process himself. Although the meeting was a success in the sense that some people became involved and felt that something was being done, Leon had no illusions about the difficulty of the work that remained. Coalitions can present special problems because of all the different interests involved, and Southeast's problems were representative of some of the most severe ones facing current society as people try to learn to live together in a changing world.

Summary

In summary, the basic problem-solving process that underlies all human service tends to look unwieldy, cumbersome, and somewhat rigid. It also seems obvious, because it is the process by which we naturally adapt to the demands of living. To the neophyte human service worker, it may seem awkward to attempt to be consciously aware of the steps in such a natural process, but only as we are aware of it, of what we are doing, and of how and why it is succeeding or failing can we hope to control it.

It is a simple, continuous process, one step growing out of another. It can be short term or extensive, depending on the requirements of the situation. One of its great advantages is that the user of this process learns a way to approach problem solving that can be used over and over again. Workers are teachers of an orderly process of dealing with the demands of living. Its very familiarity as a natural process of adaptation may create problems for workers who need to use it consciously with full awareness of its progressive steps. However, such a disciplined way of practice can be learned, even though initially workers may be confused as to which step to take first.

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Assess Your Knowledge

Assess your knowledge with a variety of topical and chapter assessment. Conclude your assessment by completing the chapter exam.

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