3

Practice of Social Casework

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Introduction

So far we have seen that social casework addresses itself to the solution of problems that block or minimize the effectiveness of the individual in various roles. In a society of rapid change and development, the scientific base and the knowledge and philosophical assumptions regarding the worth and value of the individual have not changed. However, new theories and new models of practice have developed in response to the experience of practitioners to the many situations they encounter. As Florence Hollis states in her article, " The Psychosocial Approach to the Practice of Casework"(1972), that casework concepts are dynamic, they change, grow and develop as they are shaped by new experience and knowledge.

Brief History of the Casework Process

Mary Richmond may be thought of as the conceptual founder of casework. In 1917, in her book, "Social Diagnosis", she described the three basic categories in the theory of social work practice. They are (a) Investigation or Fact finding, (b) Diagnosis, and (c) Treatment. The process, according to Richmond began with the gathering of evidence or investigation followed by a critical examination and comparison of evidence. The second category was the diagnosis, wherein an attempt was made to arrive at a definition

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of the social situation, knowledge of the causes and personality of a given client. Last came its interpretation and the definition of the social difficulty. Richmond used the word diagnosis more frequently when describing the whole process; she felt that the word diagnosis was a better word than investigation as the former belonged to the end of the process. However, social work writers like Florence Hollis, Evelyn Davison and several others expressed that the term diagnosis had been borrowed from medicine and therefore gave a false impression of the caseworker. It led to the necessity for discovering the etiology of each "illness" as though it were some internal infection. Then treatment was focused on dealing with some internal bacterium that was causing some symptoms of fever and aches and pains. The caseworker does not diagnose pathology and prescribe a remedy, but working alongside the client, seeks gradually to come to an understanding of the client and his/her problem. Diagnosis in medicine, according to the critics suggests a completed appraisal before treatment, which may not be true in casework. In casework both diagnosis and treatment proceed together. Since client worker relationship is the medium through which help is offered, treatment begins at the moment when the client and the worker first meet, and continues as long as the case remains active. Since clients and problems are ever changing, diagnosis in casework must also be a continuing process. Besides when treatment was used as the almost partner of the term 'diagnosis', it was felt that the worker manipulated the client- doing something to the client rather than with him/her. The idea of partnership was lacking as also the respect for the client's right to direct his/her affairs.

Caseworkers for several years attempted to use the

knowledge about the causes. It served as an aid in understanding the development of behaviour. It was also used as a substitute for intervention knowledge on the assumption that understanding how a problem came about also provides information about how to change that problem. For instance, understanding a body of knowledge such as the Freudian theory was sufficient for carrying out treatment or intervention. Very soon casework critics realized that causal knowledge is not often related to treatment or intervention knowledge rather it cannot be equated with treatment. What was needed was to have a separate and an entirely different set of principles and procedures to carry out an intervention. Several writers like Gordon Hamilton, Hollis, Turner and others evolved various sets of procedures and techniques of intervention for guiding change in clients.

Gradually the approach faced changes as it was influenced by the socio-economic events of the 1920's and 1930's, as well as by the growth of social theory. It redirected its attention to the fact that individuals live in a world of here and now, or in a series of situations. Living in a series of situations means "interaction is going on between an individual and other persons." Subsequently the use of the principle of interaction brought with it the dynamic conception of social casework as a process of helping.

Phases in the Social Casework Process

Study, assessment, intervention, termination and evaluation are the main divisions of the social casework process. They are the threads of the process that will continue to be interwoven throughout the social casework process. We, as social workers would logically place study, assessment, intervention, termination and

evaluation in that order. Actually these steps are not performed in sequence, and as Gordon Hamilton said they are woven in and out, one process paralleling another. She further explained that we made a tentative or temporary diagnosis in the beginning and even planned out a treatment. However, our minds go on drawing inferences and we continue in the preparation of the study to understand the client better. Intervention or treatment begins with the first contact. According to Skidmore the study process is treatment when it helps the client to clarify the problem for him or herself, and to make changes in or her life situation resulting from this understanding. Since our assessment is on 'persons' and not 'problems' and while we are trying to understand the nature of the problem, we are also trying to understand what sort of person has the problem. So understanding the person is a continuous process. As long as the assessment continues the phases of study, intervention, termination and evaluation continue to recur. The phases may overlap and may proceed simultaneously. However, there tends to be an emphasis in time on one or the other. Although, specific stages are not the rule, the processes, though interwoven, should be stated in orderly stages of procedure or the case may lose its focus and may drift.

Study, Assessment, Intervention, Termination, Evaluation and their Applications to Social Casework Practice

In the study phase the client presents the problem. This phase begins with the caseworker involving the client fully in the process. The essential functions of the worker are to facilitate the client to participate and interact in the process.

This stage is crucial because the client makes the important decision of whether to enter into the treatment. Whether to accept or decline a service is the client's decision. The client, not the worker makes the choice. So the initial contact needs to be fruitful and constructive to encourage the client to continue in the service.

Client-Worker Communication

The worker's attitude is an important controlling factor in what the client decides. At this juncture, the worker is guided by the basic values of social work. Showing respect for the worth and dignity of the client profoundly influence the worker's practice with individuals. Worker believes in the 'worth' value which places the individual in a position of 'eminence'. Where a client is placed above objects and institutions, worth caring for because he or she is an individual. While communicating this value, the worker reinforces the problem-solving capacity, worth and self-affirmation in the client. Worker also applies his/her skill and knowledge in helping clients to decide, to express individuality and ambivalence in socially approved ways. This helps the client to achieve social enhancement and personal growth.

It is the first task of the worker to hear the client's description of his problem, catching not only the words but also their meaning — what is said and what is unsaid are important. Mary Richmond described the first interview in the book, 'Social Diagnosis' as an opportunity for a full and patient hearing and for getting an idea of the client's attitude towards life. A sense of leisure, even within the limited time, conveys to the client that the worker regards him as a person of worth to whom the worker wishes to give the time that is needed for

full understanding. A rapport is established where in the worker is natural, outgoing, and at ease. Worker takes definite steps to establish the so called emotional bridge over which factual data regarding the client and his/her problem pass to the worker and back, over which interpretations and guidance pass from worker to the client.

Much of this type of communication takes place through nonverbal or para verbal means—nods, smiles, and an attentive posture. The worker usually tries, by giving the client an empathetic hearing, to lessen anxiety and give the client the feeling that he or she is in a place where help will be given. Remarks such as "You are looking well today" or "I can understand how difficult that must have been" or "Such feelings are natural" are some illustrations.

Two factors are important in this stage --- the client's trust in the worker's competence and his/her trust in the worker's goodwill. The way the client sees the worker depends a great deal on the worker's true interest in helping the client, his/her warmth and his/her acceptance of the client. The worker's way of greeting the client, his/her tone of voice, facial expression, and posture, as well as his/her verbal expression and the actual content of his/her communications will all contribute to how the client feels about the worker. The worker will have to show his/her competence by understanding the client's needs and feelings, by his/her knowledge of resources and by the skill with which he/ she enables the client to communicate. The emphasis during the interaction is on the 'here and now' and on the problem. The problem may not be as what is seen by the worker but as experienced at the moment by the client. This relationship, which is established between the two, is therefore a central

means of help in casework. Perlman describes it as 'an attitude of attentiveness, respect, compassion and steadiness' and adds, "It is this demonstration of sympathetic attitudes and intent that, more than words, encourage the client to begin to tell his/her troubles."

Understanding the Client

Study basically involves three main activities, which will help in understanding the client:

a)　Ascertaining the facts;

b)　Pondering their meaning; and

c)　Deciding upon the means of help.

Ascertaining the Facts

According to the Oxford Dictionary 'a fact is a thing certainly known to have occurred or to be true, a datum of experience.' Facts may be a present fact or fact of history, it may be tangible or intangible. All these facts are important in casework often the intangible ones most of all. The next issue that we need to address ourselves is: What facts do we really need in order to help? Data on the client's feelings and emotions, communicated in the interview are of great relevance and provide important clues regarding the problem. It also helps in understanding the way the client perceives the problem and the way the client has handled the problem in the past. A client cannot be isolated from the family. Study of the family gives a clear insight into the relationship and interactional pattern amongst the family members and more importantly between the client and the family.

There are three aspects on which the worker may focus the study of the client's family:

1) The influences in the family, which shaped the early years.

2) The way the family relates to the problem and the client.

3) The way it reacts to the worker's intervention.

Such data are useful for assessment purposes and for decisions on treatment goals.

The amount of information, which a worker needs in order to help his/her client effectively, varies greatly. In some cases long and detailed exploration may be essential, in others it may be unnecessary. The casework skill here is the ability to determine what each case requires.

To illustrate: For any child care officer, when planning to receive a child into care, particularly if this is likely to be long-term, it is essential to have a thorough understanding of the child's home background and of the kind of life experience he/she has had so far. Worker, therefore, needs to understand what is likely to be relevant in any problem, which falls within a given category.

Tools and Techniques in the Study Process

Interviews with the client and those significantly involved in the situation can motivate, can teach, can secure information and can help the client to bring out things, which are bothering him/her. It is also one of the best ways of observing a person's behaviour. Records and documents also have a special place. Collateral contacts are also helpful as these are contacts other than the client or his or her immediate family, for example, schools, hospitals, employers and relatives.

Assessment

Assessment is the understanding of the psychosocial problem   brought to the worker by the client. Assessment means to 'know through' or recognizing or understanding thoroughly; it attempts to answer the question ' what is the matter". As Hamilton says 'it is a realistic, thoughtful, frank and "scientific" attempt to understand the client's present need. Assessment begins with a further elaboration of the problem by the client giving the worker a better perspective and understanding of the problem. As the case progresses and more information are added, the initial impressions are established, changed or even rejected. There is a circular quality about assessment. It never stops during the casework process. As Skidmore and Thackeray say that it is fluid and dynamic as it is ever changing, beginning at study and continuing to termination.

Drawing of tentative inferences begins with the first interview and observation continues throughout the case. All skills rest in knowing what to look for, what to disregard and how to review the findings in the light of the present data. As one moves along with the client to explore, the meaning of the facts becomes clearer. When one asks relevant questions, helps the client to bring out the necessary data, whether he/she is telling about his/her current situation, his/her life experience, or his/her purposes in using the agency, whether he/she arranges with us for a home or collateral visit or for an interview between the worker and another member of the family, one comes to an understanding of the problem and the person who has the problem.

Tasks of the Worker

One of the tasks of the worker in this phase is to arrive at causes and this means a more precise definition

and a description of the problem. For example, when the client tells the worker that he is not able to get along well with his wife, we note this as an instance of 'marital discord' which need to be further defined and described. However, as a complete definition of the case is not always possible and final, the assessment needs to be reviewed from time to time.

Another task of the worker is to establish causal relationships. Use of causal knowledge focuses on answering the question, Why did a given state of affairs come about? Thus, a caseworker might use such knowledge to understand how and why a particular individual developed as he or she did. For example, the boy runs away from school and does not return home because he is jealous of his younger sibling, or the child's aggressive behaviour was because of his early rejection by his mother. Here we are looking at the interplay between the client and other people and the interactions within them in order to understand how change in one part may affect another part. In other words we are looking at the causes of a specific situation.

We do not seek to know the past because we feel that the past is structured in the present. Failures in adaptation in the past are usually carried over and may be seen in the client's functioning in the present situation even in the interview itself.

The worker is constantly making a review of the strengths and limitations of the client and assessing how the client is coping with the situation. Assessment therefore refers to the analysis of strengths, capacities, limitations, motivation and opportunities of the client. Eventually the net result of assessment guides the worker in planning out the intervention.

Role of the Worker

The role of the worker is essentially that of a knowledgeable person. The worker in a helping role applies his or her knowledge of life situations and understanding of human behaviour. A thorough knowledge of Freud's personality theory may be essential. The functioning of the many aspects of the interacting forces such as id, ego and superego, including how the individual's defences operate is considered of primary importance in assessing the client's capacity to deal with the problem and the extent to which he/she is contributing to his/her own problem. Any body of knowledge that focuses on understanding human behaviour, whether in terms of personality or society becomes essential. This is the reason why we study the subjects in our courses --- dynamics of human behaviour and individual and society.

We also need to understand the nature and dynamics of role expectations as they influence the individual's shaping of his/her own behaviour, his/her expectations of how others will act, his/her interpretations of their actions and consequently his/her response to their actions and their response to his/her.

An assessment does not result in categorization of individuals or in labeling of problems. It further facilitates the worker to use psychosocial classifications say for example, according to socio-economic class, which is often represented by education plus occupation and income or physical disease for which the classification is arrived at by the doctor or breakdowns or inadequacies in social functioning which may be classified into, for instance, parent-child adjustment problem or learning problem. Classifications may be kept flexible keeping in view the dynamic and changing life situation. Questions, comments and in many non-verbal

ways, the worker communicates to the client to further elaborate the problem as may be required for intervention. A mutual agreement is maintained between the worker and the client. Goals are set according to the client's needs and the availability of services.

Intervention

Technical definitions of "intervene" as given in Webster's Dictionary include "to come in or between by way of modification" and "to come between in action". Intervention knowledge would include that knowledge which helps caseworkers bring about change in those situations with which they are concerned. This knowledge focuses on the questions, What can be done to modify this situation, and will it be effective?

Intervention begins with the set of goals as decided together by the client and the worker. Goals, as mentioned earlier are determined by the client's needs and the availability of external resources if the services within the agency are not available. The ultimate objective of the worker is to reduce the client's distress and decrease the malfunctioning in the client's situation or to put it positively as Hollis says it is to enhance the client's comfort, satisfaction and self- realization. Here we must look at client motivation and client strengths and at how the situation can be modified or changed.

According to Skidmore and Thackeray, Intervention is guided by a set of principles, which are as follows:

1) The client's right to decide his or her own course of action. Worker considers the limits of the client's capacity to make sound choices. This is encouraged and respected by the worker, knowing that one small achievement can be a stepping-stone for further development.

2) Acceptance of the client's capacity to change and that he/she can and will utilize his /her resources to improve.

3) Social work relates to strengths rather than sickness or disorder. Limitations are handled and recognized realistically.

4) Knowledge about the client's family and the various situations related to it are used responsibly for the welfare of the family. The worker shares this information appropriately with the knowledge and consent of the client.

5) Worker is responsible not only to the client but to him or herself, the agency, the community and the profession.

Categories of Intervention

Intervention can be of three types: a) Direct, b) Environmental modification, and (c) Administration of a practical service

a) By direct methods of intervention is meant a series of interviews carried out with a purpose of helping the client make constructive decisions, maintain an emotional balance and reinforce attitudes favourable to growth and change. They are called direct as they involve face-to-face interaction. These include counselling, supportive techniques like acceptance, assurance, and facilitation of expression of feelings, accrediting and building of self-confidence, and being with the client. Counselling techniques are inclusive of the supportive techniques as in the beginning phase of the client worker communication, use of supportive techniques is necessary for a professional relationship. However, as Grace Mathew says they need to be

considered as two sets of techniques as supportive techniques and not always followed by counselling techniques even though counselling techniques are always preceded by one or more supportive techniques.

Counselling is intended to help a person in a rational way to sort out the issues in his/her situation, to clarify his/her problems and conflicts, to discuss the various options and help make choices. Counselling, to some extent is an educational process and is used only for individual counselling that calls for professional training, education and experience. Some of the important counselling techniques are reflective discussion, giving advice, motivation, clarification, correcting perception, modeling, anticipatory guidance, role playing, reality orientation, partialisation, interpretation, universalisation and confrontation. (For more details of these counselling techniques read the book, "An Introduction to Social Casework" by Grace Mathew.)

Supportive techniques : Acceptance, which is a basic technique of helping, is conveyed through words and the overall behaviour is visible to the client. Further, it is characterized by the way the worker demonstrates warmth and genuineness to the client. The way the client is received and listened to, is important in creating a feeling of being accepted. One way to accept the client is to empathize rather than sympathize. Sympathy is the feeling of concern, compassion or sorrow, while empathy refers to the ability of entering into another person's 'shoes' or mental state and to feel the latter's feelings. Worker has to guard himself or herself from sympathizing with a client.

Assurance is a technique used by the worker to help the client understand that his/her feelings are not judged and that the worker is not shocked at hearing the client expresses feelings of hatred, jealousy, resentment and anger. The worker can make statements that are assuring like "I can understand how you feel" or "it is natural to have such feelings in such circumstances".

Facilitation of expression of feelings is a technique of helping the client to vent his/her feelings. Strong feelings that are bottled up can create blocks in thinking. In such cases it is essential for the worker to help the client to express and the worker acts as a prodder and prompter.

Accrediting and building of self-confidence refers to the worker pointing out to the client his/her strengths and giving him/her due credit for the tasks performed. This helps the client build up his/her confidence.

Being with the client is a technique that is essential when the client loses confidence or is weighed down with anxiety and is unable to make decision or carry out his/her tasks. In such instances the presence of the worker will serve as a support.

b) According to Hamilton environmental modification refers to all attempts to correct or improve the situation in order to reduce strain and pressure. The emphasis here is on modifying the situation. This method is often referred to as an indirect method of intervention as the focus is on the change of physical environment, or an alteration of any of the social systems, which may be essential for the client for better functioning. For example, the client

may be encouraged to join a recreational or other group, so that he/she may be able to function better, or arranging programmes to reduce strain for the slow learners for whom competitive situations are to be avoided.

c) Administration of a practical service as Hamilton says is one of the oldest and best known of the casework methods of intervention. In this method the worker helps the client to choose and to use a social resource or service provided by the agency. Many times the client knows what he/she wants, but does not know where or how to get it. The client is served in one's own agency or sent to another agency where he/she is best served. Providing material help, legal aid, medical care and arranging for camps are examples of practical services. The worker needs to have a thorough knowledge of community resources, use them selectively and economically.

Termination

Termination as used in social work means the ending of a process that began when the agency agreed to enter into the interventive process. The processes of study, assessment and intervention do not continue forever. The worker and the client together understand and plan out termination.

Termination is also the stage when the client can look back with satisfaction on what has been accomplished. Worker takes the initiative, outlines realistic goals, confirms the importance of what the client can do and is expected to do in resolving the problem. Termination in other words is the signal that the worker uses to confirm that the worker has confidence in the client's

ability to learn to cope with situations and to grow. The role of the worker is of an enabler and also as a resource for the client in the present situation.

Termination planning removes certain wrong notions that arise in the client about shifting the responsibility to the agency or to the worker, thus avoiding the feeling of dependency and false hope by some clients. As the relationship gradually comes to a close, the worker reviews the total number of gains made in the interventive process. This review, based on worker's observations and client's contributions will also include a self-assessment by the client. This phase is basically highlighted by the reassurance of the client in his / her readiness and willingness to function more effectively.

Evaluation

Evaluation is the process of attaching a value to the social work practice. It is a method of knowing what the outcomes are.

Evaluation is done for three important purposes, which are:

1)   To let the agency and the worker know if their efforts have brought fruitful results in the service provided.

2)   For public relations.

3)   To build a case for promoting funds.

Casework practices need to be evaluated from time to time. This subject needs to be tested and researched and most importantly needs ongoing validation. They need to be proved to the public that they are effective and beneficial to the clients. Casework practice should be subjected to critical review. Workers need to be held

accountable for what they do and for their social work competence. Workers need to win approval from the public for their programmes. They may sometimes have to be told that their services are overlapping and ineffective. Workers have to enhance their own image and also of the agency to develop public relations. The clients need to give a feedback on the effectiveness of the services.

Recording

Recording is important as it publicizes to the public about the efficiency of the services. Facts have to be gathered, organized and recorded for measurement of results.

Case Illustration

Study

Suresh was a twelve-year-old boy who had problems of lying, stealing and cheating in examinations. His overall performance in school and particularly in class was far from satisfactory. He also had a behaviour problem, which involved hitting other children, kicking various objects in the classroom, and swearing when other children hit back, or when the teacher corrected him.

Suresh belonged to a middle class family, which consisted of his father, Ramesh, mother Saundarya and one sister Seema, two years younger to him. Ramesh worked as a driver in a private firm and his job seemed demanding. The children rarely saw their father, leave alone talk to him. Saundarya, his mother was sick most of the time, looked weak and lethargic. She could barely manage the home and take care of the children. As a result the home and the children were badly neglected.

Suresh found it difficult to relate to his mother as she was in bed most of the time. He spent a lot of his time

with his friends in the neighbourhood and was hardly seen at home. From his talk and behaviour it could be inferred that he was greatly influenced by his peer group.

Assessment

The worker tried to look for the underlying causes of Suresh's behaviour or try to get at the why's of it. Taking a 'social history' was the purpose of the worker's efforts. What was also important was to look at 'here and now' and on the present problem. Saundarya's ill health, consequently leading to Suresh being neglected were partially some of the causes contributing to the problem. Ramesh's indifference to the responsibility of taking care and showing love to the children were also the other factors. The teacher in school did not make efforts to provide the right kind of emotional support that he was craving for. He had confidence only in his friends and that was the solace that he looked forward to.

Intervention

First and foremost the worker tried to communicate to Suresh in a warm and non-threatening manner. She demonstrated a genuine concern to his problems in school and towards his mother's ill health. Gradually a rapport was established with Suresh. Worker talked about his friends in school and in the neighbourhood, which made Suresh feel relaxed and free. He started to talk more, gradually expressing some of his likes and dislikes. He expressed dissatisfaction about his father not being around, not taking him out like other fathers did. He said he was unhappy about his mother's illness and that his mother never looked happy. He felt that his little sister was always stuck to his mother – 'never would leave her'.

The meetings with Suresh increased in frequency and the relationship between the worker and Suresh grew stronger. Suresh seemed to enjoy worker's company and would want to spend more time with the worker than before. It was apparent that Suresh had developed a confidence in the worker. Suresh did not hesitate on worker's suggestion to meet his teacher and even his father. Suresh on his own arranged a meeting of the worker with the family.

On meeting the family, the worker realized that it was not an easy task for the worker to relate to Ramesh the father, on Suresh's problems. It would take at least two to three meetings for Ramesh to change his attitudes towards Suresh. Saundarya the mother seemed forthcoming and she assured the worker that she would spend more time with Suresh. Worker's meeting with the teacher did not show immediate results. The teacher expressed her inability to help at first as she said she had so many children to look at and so would not have much time to mind Suresh. But then she said she would try.

Termination

Worker planned out a termination once she learned that Suresh was showing improvement. Since Ramesh, Suresh's father needed more counselling, it was necessary for the worker to work more towards changing the father's attitude and outlook. Worker regularly met the mother to pursue the treatment for her illness. Worker used supportive techniques with the teacher in school like for example giving advice, anticipatory guidance, motivating and encouraging.

Evaluation

There was a definite improvement in Suresh's behaviour. His attitude towards other children in class

had changed for the better. He was not misbehaving in class. The two to three meetings with Ramesh had made some impact as worker felt that Ramesh was showing some interest in Suresh. The teacher in class enquired and showed concern about Suresh. Complaints about Suresh in the school reduced. Suresh certainly looked better and the worker feels, even felt well.

Conclusion

In this chapter we have studied the various phases of the casework process. The history of social casework process saw the gradual changes and developments in the various approaches of the process. The phases of the casework process, the study, assessment, intervention, termination and evaluation are considered as the threads interwoven throughout the process.

In the study phase the worker makes the initial contact constructively and fruitfully. Showing respect and warmth influence the worker client communication. Worker shows his/her competence by understanding the client's needs and feelings and by his/her knowledge of resources. The tools in this phase include interviews, records and documents and collateral contacts.

Assessment, which is the understanding of the psychosocial problem, is circular in nature. As the case moves on, more information is added or even rejected. Assessment involves arriving at causes, establishing causal relationships and reviewing the strengths and weaknesses of the client.

Intervention knowledge focuses on the questions, What can be done to modify the situation? This phase begins with a set of goals as decided together by the client and the worker. The ultimate objective is to reduce the client's distress and decrease the malfunctioning of the

client's situation. It also includes that knowledge which helps caseworkers to bring forth changes in those situations with which they are concerned. Intervention is guided by a set of principles. Intervention can be of three types: Direct intervention, environmental modification and administration of a practical service.

Termination refers to the end of the process. At this juncture, the client looks back with satisfaction on what has been accomplished. It also gives the signal that the worker uses to confirm that the worker has the confidence in the client's ability to cope.

Evaluation is a method of knowing what the outcomes are. Casework practices need to be evaluated from time to time. Caseworkers need to be held accountable for what they do and for their social competence.

Finally facts have to be gathered, organised and recorded for the purpose of measurement of results.

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