

# International Korner

Center for International Social Work Studies

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## CASEWORK

*The next few weeks will be dedicated to illustrating how an international perspective can be applied to the various methods; casework, group work, community organization, policy and planning and administration. I hope that this will be helpful in determining how international social work fits into your professional interests. Enjoy!*

The term global community has been used to describe the connection between nations throughout the world. This includes the individuals of these nations and their needs. Within the United States and across the world, social workers are working with individuals in crisis and/or non-crisis situations. The following are two case studies, one study takes place in refugee camp in Thailand and the other in a Department of Child and Family Services setting in the U.S..

### **CASE STUDY #1**

*A social worker, herself a Cambodian refugee, received a small grant to improve mental health service in Site II, a large refugee camp in Thailand. The social worker did not intend to do counseling herself, as seeking counseling for personal problems from a professional is unknown and culturally inappropriate to most Cambodians. Therefore, the initial goal of the project was to improve casework services by training Buddhist monks on mental health assessment and referral, assuming that they were a main source of help to camp residents. During the study phase of the project, the social worker discovered in her interviews of Buddhist monks that women in the camps were more likely to go to Buddhist nuns for help with personal and relationship crises and that the nuns had longer relationships with people in need. Cultural taboos prevented the refugees especially women, from discussing sexuality or relationship problems with the monks. The monks' role was primarily to perform rituals to deal with the spirits causing the illness or depression. Support and "counseling" were done by the nuns.*

*The second phase of the project, the training of natural helpers, therefore shifted to a different target group – the Buddhist nuns. The social worker reported that training was actually mutual training. She provided the nuns with knowledge on the causes and symptoms of depression, on mind/body links, on assessment techniques, and on when and how to refer (after discovering that there were few links between the temples and the formal mental health service in the camp). The nuns taught her meditation techniques and their role in alleviating stress and Buddhist concepts of health and illness. She was able to apply these in her work in the United States with Cambodian refugees, especially older and more traditionally religious refugees. (Case study taken from Dr. Lynne Healy's book **International Social Work: Professional Action in an Interdependent World** pg. 175, provided by Vichhyka Ngy, MSW, Director of Asian Family Services)*

## **CASE STUDY #2**

*A child welfare supervisor, herself an immigrant from Peru, relates this case. A 6 year-old Hispanic girl was referred by her school to our child protection agency as at risk of medical neglect. The child had a rash; although the mother had been advised by the school nurse to take the child to a doctor, she had not. The social worker tried to interview the child, but the child seemed afraid and would not answer questions. The social worker then visited the mother with an interpreter and provided a list of doctors. The mother promised to take the child the next day; however, when the social worker visited the mother a week later, she had not followed through. The social worker told me that she was planning to recommend a protective services follow-up for medical and emotional neglect. During her visits, she had become concerned that the mother was always sleeping, could never find her medical or Social Security cards, and provided very little information. In addition, the worker suspected that the child could be developmentally delayed because she would not engage with the worker. I decided to accompany the social worker on a home visit. As soon as the mother opened the door, and her mouth, I realized she was from South America. Everything suddenly made sense to me. The mother and father were illegal residents. Mother worked third shift so that she could be home with her child and the father could work during the day. They had no insurance and no money to pay for medical care. The mother was putting money aside so that she could take the child to a private doctor. The child was quite intelligent, but knew she was forbidden to talk about her family situation. I was able to offer some services, including a local pediatrician who was willing to see the child without charging. I also put the mother in touch with local churches who could be of assistance. I took this opportunity to train my social work supervisees about illegal immigration and ways to help. The case was closed. (Case study taken from Dr. Lynne Healy's book **International Social Work: Professional Action in an Interdependent World**, pg. 195, case study provided by Ada Sanchez, Department of Child and Family Services).*

As illustrated in these scenarios, social work is a profession in which cultural understanding is essential. Acknowledging this understanding will inevitably assist the social work profession in better serving their clients. Other social services settings that provide social work with an international perspective are:

- ❖ International Adoption
- ❖ Refugee resettlement
- ❖ School social work

Casework is not limited to these settings. The global community opens a door for the social work profession to learn and acknowledge the diversity that surrounds us everyday. With this knowledge, social work can pave the way by including culture in the holistic approach.