Task Centred Model

What is Task centred?

Explanation or role, purpose and treatment

- Explanation or role, purpose and treatment procedures that will be used
- An explanation of the treatment approach is given as a basis for involving the client
- Providing the client with an overview of the activities that are central to the treatment process

Time Limits

- Six to twelve sessions on average

Identifying Problems and Assessment

- How the client perceives their problem/difficulties?
- To elicit relevant information about them, to formulate problems in a way that clients find understandable and acceptable

Task Centered is a short-term, problem-solving approach to social work practice. It is a major approach in clinical social work. It consists of three phrases;

- Initial phase
- Middle phase
- Termination phase

Initial phase

- Normally takes from one to two interviews although some cases may require more. It ends with setting up initial tasks:
- Negotiating specific goals and if these can be time-limited
- Encouraging the client to articulate their problems
- Allowing feelings to be discussed or vented in an appropriate manner
- Assist the client to take responsibility for their goals

Middle phase
Changes in the problems and the outcome of the tasks are reviewed at the beginning of each meeting.

If tasks have been accomplished, new tasks are developed. If tasks have not been attained, an effort is made to identify obstacles to task accomplishment.

Some obstacles may be resolved in the meeting others may require tasks in their own right. Still others might prove insurmountable, in which case a different task strategy may be adopted.

Termination phase

- The process of terminating is actually begun in the initial phase when the duration of treatment is set.
- Reminders of number of sessions left as well as discussion of modifications of the original limits keep termination alive throughout the course of service.
- The final session is designed to emphasis what clients have learnt and accomplished.

Crisis Intervention Theory

Introduction

- CI shares much in common with task centred model; Time limited; Focuses on problems of living; Oriented to the here and now; High level of activity; Employs tasks as a primary tactic

What is a crisis?

- Has different usage in lay terminology than when used clinically
- Often used colloquially to mean; urgent, a drama, panic, chaos...

- An upset in a steady state (state of equilibrium) that poses an obstacle, usually important to the fulfillment of important life goals or to vital need satisfaction, and that the individual (or family) cannot overcome through usual methods of problem solving.

Subjectivity of crises

- Crises are defined by the perceiver
- What is a crisis for one person may not be for another

Examples of crises

- Novel situations, too many life events, overwhelm with unresolved conflicts such a
  1. Death or loss
  2. Sudden traumatic events (i.e.; shell shock, rape, assault, an accident, witnessing an accident/death/event)
  3. Major changes(i.e.; losing a job, home, status
  4. Getting AIDS
  5. Unwanted pregnancy or abortion
6. Culturally frowned upon outcomes

- Different to stress, which carries a sense of longer term pressures, although there is a relationship

Aspects of Crisis Intervention Theory

- People strive for a sense of balance, equilibrium or homeostasis in their lives
- When people experience a crisis they will either cope in adaptive or maladaptive ways, returning to this balance or being in disequilibrium
- Life crises are thus either potential threats to functioning or painful challenges allowing opportunities for growth in personal strength and ability to cope
- A crisis may occur to an individual or a group of individuals
- Immediate intervention after the crisis is most beneficial. This prevents deterioration in functioning and allows therapeutic work with the individual when they are most receptive.

Stages of reaction to crises

1. An initial rise in tension accompanied by shock and perhaps even denial of the crisis provoking event. Usual problem solving skills are resorted to however they fail to resolve the situation and thus further tension ensues.
2. Severe tension resulting in confusion, overwhelm, helplessness, anger or depression. The length of this phase varies according to the nature and severity of the event, the coping skills and strength of the individual and the support around them.
3. New coping tactics are applied. Either this resolves the conflict and the individual regains equilibrium, or it escalates into more extreme symptoms such as mental breakdown, attempted suicide.

Principles of Interventions

- Intervention is time limited (6 – 8 weeks)
- May require intensive sessions over this period
- Purpose is to restore functioning to pre-crisis levels or better
- The temporal focus is the here and now
- Goals are to alleviate distress and restore functioning (i.e. does not deal with personality dysfunctions or intrapsychic conflict)
- Involves delineating tasks for the clients to perform to achieve new states of equilibrium
- Practitioners are active and directive in prescribing tasks, although clients should be involved as much as possible in defining them.
- The final stage is assisting clients to anticipate future crises and plan coping strategies.
Phases of Crisis Intervention

- Relieving emotional distress
- Assessing
- Contracting and planning
- Task implementation
- Anticipatory guidance

Relieving emotional distress

- Drawing out emotions and allowing clients to unburden themselves of painful and overwhelming feelings
- Reassurance that their emotions are a natural reaction to an extremely distressing situation
- In extreme cases medication for anxiety or depression may be necessary
- Encouraging the use of social support systems to ameliorate emotional distress

Assessment

- Often happens concurrently with relieving emotional distress
- Assessment of:
  1. The nature of the crisis situation
  2. It’s significance to and impact on the client
  3. Events influencing the crisis
  4. Coping mechanisms and support network of the client
  5. Risk factors
  6. Resources available to the client
  7. Level of pre-crisis functioning

- Determining the meaning and significance of precipitating events can be highly therapeutic, enabling clients to view their situation from a new perspective

Contacting and planning

- Set and negotiate goals
- Setting time frames

  1. Beware setting unrealistic limits
  2. The more acute the crisis generally the more time required

Task Implementation

- Practitioners assume an active and directive role
- Advice giving is greater than in other methods
- Tasks differ according to the type of crisis

Anticipatory Guidance

- Assisting clients to anticipate future crises
• Planning effective coping strategies for such future crises

1. These will often be based on the learning from the current crisis
2. Might include; analyzing sources of distress; recalling previous successful efforts to deal with similar problems; identifying and using support systems and strengths