Caregiver

Helping professionals may also assume the role of **caregiver.** In this role, they offer ongoing support of some kind that reflects "a genuine concern for and interest in others and their well-being" (Gladding, 2001, p. 20). A key to providing care to the client is expressing unconditional positive regard and empathy (Rogers, 1980). One way to develop unconditional positive regard is to view all individuals in a positive light and to assume their behavior centers around making a better life for themselves and those around them (Cochran & Cochran, 2006). This means that the helper finds the positive motivation for each individual client. Rogers indicated that equally as important as seeing each client in a positive light is developing and communicating empathy. Empathy is "the helper's ability to see, be aware of, conceptualize, understand, and effectively communicate back to a client the client's feelings, thoughts, and frame of reference in regard to a situation or point of view" (Gladding, 2001, p. 50). When we respond in an empathetic way to clients, we mirror who they are, or at least the way we experience them. For some, this indicates we understand them and accept them for who they are, increasing their trust in us and in the helping relationship. A helper working in a Brooklyn shelter stated, "I think the biggest challenge for me is to see each individual client from a fresh start. Not using past experiences such as when I've met someone last month who reminds me of the client. Taking each person as an individual and giving them the benefit of the doubt." Relationships are important and this helper indicates how careful she must be to treat each client with care and attention.

Caregiving occurs throughout the helping process in three ways: building the relationship, being with the client, and doing for the client. Relationship building and tending occurs throughout the helping process; it includes attitudes and responses that indicate unconditional positive regard and empathy. Skills introduced in Chapter Four such as listening, attending, questioning, responding, and demonstrating respect for client culture, all support caregiving. In addition, an ethical attitude that values acceptance, respect, self-determination, beneficance, and confidentiality all say to the client, "I respect you and your rights" in the helping process.

Sometimes helpers focus on the client by just "being with" them. They are present to them either in person, by phone, or, more recently, by e-mail. Available 24/7, many helpers provide assurances to clients that they can be there for them in a moment's notice. "Doing for" represents the actions of helping such as assessing, developing a plan, making a referral, counseling, teaching a skill, or coordinating services. The relationship remains key to these types of caregiving services. Caregiving occurs in a variety of settings; for example, day care, residential helper, hospice, and group leader. Below are two examples of caregiving as it occurs within the helping process.

> In the past year, the students at a local middle school have experienced a number of losses. A favorite school counselor died suddenly, a math and science teacher lost her battle with cancer, and the husband of another teacher was killed in a car accident. The remaining school counselor has identified eight students who would benefit from a grief group with an experienced bereavement counselor. There are also some students who have requested an individual appointment.

These students need help coping with their grief, support for their feelings, and a time and place for the expression of thoughts and feelings.

> Families receive services from the Memory and Aging Project Satellite (MAPS) of the Washington University Alzheimer's Disease Research Center. This program was developed to meet the multiple needs of the underserved elderly with cognitive impairments. Many of these clients had no formal diagnosis of dementia. Members of the home-based services interview both clients and caregivers living in and outside of the home. One difficult problem encountered in this program is that often multiple caregivers do

not provide the same advice when assessing needs and making recommendations (Edwards, Baum, & Meisel, 1999).

Caregiving in this setting includes relationship building, being with, and doing for. In this case, there are individual clients and the family is also the client. The multiple needs of individuals and families and the difficulties and complexities faced by the families mean that relationships are critical to effective helping.

During the helping process with which Suzanne was engaged described earlier in this chapter, the helper's role included caregiving. Let's look at Suzanne's reflections on the support she received. Suzanne also includes some comments about her friend as an informal helper.

I told my friend how grateful I was to her for helping me with my frustrations and my ill-treatment of my children. Not only did she understand what I was going through, she recommended that I seek help in the family clinic down the street. What a good decision that turned out to be! It is too late to know if I can really change, but I think I can and my helper thinks that I can. From the first time I saw the helper, I knew that she believed in me. She listened to me talk and asked me questions so she could better understand my situation. She didn't talk too much, but the way she responded to me, I knew that she understood how frustrated I was. And she was there for me every step of the way; she still is. She gave me some extra help by giving me things to read, helping me think about different ways I could respond to my children, and she helped me make a plan.

Crisis Intervener

Crises seem to be a part of all our lives today. Perhaps because "breaking news" on television, text messages, and weather alarms are the norm, there is still anxiety about events that occur both near and far away. In the past year, one community has experienced a church shooting that left three people dead, five suicides in the middle and high schools, and a car hijacking that ended in the torture and death of a young couple. On a national and international scale, hurricanes, tsunamis, terrorist acts, war, and nuclear threats create a different kind of crisis.

The role of **crisis intervener** is a demanding one both emotionally and physically. A case-worker in a rural area says, "We have 24 hours to make contact with the family and 48 hours to make a 'face-to-face.' So we are on the road hitting it." This particular role demands an immediate focus on the needs of another person, family, and/or community who are experiencing a disruption in their lives with which they cannot cope. This intervention is short term, focused, and concrete. One crisis intervention professional shared the following example:

> This happened a lot—fleeing an abusive husband with three kids, two boys and one girl. One of the boys is 14 or 15, so he's too old to go to the shelter, because boys can't be over 12 or 13 at a lot of women's and children's shelters. So you have a family that could be placed but you can't place them because one kid can't go.

At this moment, the worker is facing several challenges. The most immediate crisis is food and shelter that very night. Unfortunately, shelter rules create an additional crisis, one that both frustrates and tests the resources of the worker.

Knowing and understanding the life cycle of a crisis are necessary for effective crisis intervention. The helper's role and the skills and guidelines necessary to support those in crisis guide plan development and action that is short term and focused. The next section reviews the phases of a disaster life cycle and provides an example of crisis intervention from the perspective of a first-responder to Hurricane Katrina victims.

Evaluation of Direct Services

Evaluating direct services is an ongoing process. Helping professionals do not wait until a service ends to ascertain its effectiveness. Rather, they evaluate services throughout the process. What is working? Are there barriers? Can we make changes in services? Perhaps the more important concern is how we know what is working or not working.

This makes evaluation particularly challenging in the helping arena. In many professions, the results of service delivery are obvious. An individual no longer has a cough or a fever, a pipe or a leak is repaired, or a student graduates. In each of these examples, an observable outcome indicates that a change has occurred. In the helping professions, the observable outcome is not always so obvious or clear. Instead, we rely on other indicators. For example, we monitor progress throughout the process by seeking feedback from a client, a family member, the court, or an employer—with the client's permission, of course. This feedback directs any adjustments that might be necessary. Being alert to behavior changes is another way we receive feedback. Have interpersonal relations improved? Is a client making healthier food choices? Has the client followed up with homework assignments? Is the client abiding by probation or parole restrictions? Feedback from the client that indicates an increased understanding of behaviors of self or others is another way we assess progress. What has the client learned that has increased self-awareness, led to alternative ways of behaving, or enabled the client to move forward?

Feedback is critical to answering these questions that in turn, helps us determine if the client is on track or if some other service, action, or direction is necessary. A head residency helper at an emergency shelter in St. Louis, Missouri, has the responsibility of finding children and youth who live on the streets and providing them with temporary shelter. For those under 18, the helper must track down parents or guardians to provide permission to stay in the shelter. One indication of a successful outcome is admission to the shelter. Unfortunately, the helper says, "There is a reason they are not staying with their guardians in the first place," so they do not always receive permission for children and youth to stay; some head back to the streets. Once they do enter the shelter there is an additional challenge. "We have kids who are coming in off the street from no structure and putting them into a very structured environment … a lot of the kids don't quite take to that so well at first. They do kind of get used to it … there can be a lot of resistance."

Another practice that contributes to ongoing evaluation is a continual review of plan goals and objectives. This action keeps service delivery on track and minimizes tendencies to get sidetracked as other issues or concerns arise. Remember though that goals are statements of intent, and as Chapter Six points out, assessment is an ongoing process. Plans are living documents and can be revised as needed. Circumstances change, and a client's intention in seeking help may change. For example, a young woman deaf since birth believed that her hearing would be restored at age 21, so she refused to try any job that she could easily perform with no hearing. Without destroying her beliefs, talking with a helper over time helped her accept her situation now and move forward with realistic career exploration consistent with her strengths and interests. This is a client who began the helping process with a goal that was modified over time.