

Assuming that you have some basic information about the client and the presenting problem (what the client described as the reason he or she is there) via the intake form or interview, you may already have some knowledge about his or her particular issues or concerns. Smiling at clients and welcoming them with a caring tone of voice and a hand shake are ways to help put clients at ease (review session 1 of each of the six case studies for examples of these attending behaviors). Ask the client how he or she or would like to be addressed, as this begins the process of self-determination (Ragge, 2011). If the client is in a waiting area, you may have to walk a long hall together or ride up in an elevator. Small talk about traffic or the weather may help you both feel more at ease. Once in the office, motioning or asking the client where he or she would like to sit is a good way to get started. As much as possible, given the many configurations of offices, be sure that your space is private as possible.

You may share your role with your client and how you became involved in the case. This is also a good place for client introduction. The social worker's opening statements should affirm the client's experience as they relate to the helping situation. The social worker also needs to normalize the client's feelings by acknowledging that this can be a difficult and uncomfortable process. Finally, it is important for clients to feel a sense of hope that change is possible through the helping relationship. Once you have covered the introductory topics, it is helpful to ask if the client has any questions (Ragge, 2011). Discussing the parameters of client confidentiality and informed consent should also be included in the introductory segment of the session.

An open-ended question, such as "Can you tell me what brought you in?" "I have read the reports, can you tell me how you see the situation?" or "What do you see as the problem?" can help begin the first session. These open-ended questions invite the client to tell you his or her story. Of course, not all clients are willing to (or interested in) jump right into the problem, so be patient. You may need to ask a series of related questions, trying each one out until one finally hits a note for the client. But be careful not to come across as an interrogator, as the client will likely feel defensive and frustrated. During this early stage of the relationship, building trust and developing an atmosphere of care and concern is essential if the helping relationship is to move forward. Sometimes a statement as simple as "How can I help you today?" can give the client hope that help is here and prompt him or her to tell the story.

The First Home Visit and Beyond

Social workers have been making home visits since the days of "friendly visitors." Given our commitment to the person-in-environment perspective, a social worker can best understand a client's life situation by viewing, participating, and joining in it. Many helping professionals see clients only in their office and never have the opportunity to witness what day-to-day life is like for their clients. The benefits of a home visit often outweigh the limitations. For example, one of the authors experienced visiting a teenage client's home, taking note that there was not a single picture of the client anywhere. The client's sense of lack of place and belonging was confirmed by this glaring omission in her home and life. There were no markers of her presence in the house. Although the client had talked about her feelings of isolation and being unwanted, observing how the family

interacted with her and one another spoke volumes about her day-to-day life. This home visit gave the author/social worker a new appreciation for her client's sadness and sense of desperation to leave home.

Clients come from a wide range of socioeconomic backgrounds. For example, you may make a home visit to a very wealthy family with poor parenting skills or a family in which drugs and alcohol are pervasive and the home situation is chaotic. Given that social workers are committed to working with the vulnerable populations, you will visit families living in housing projects, trailer parks, rooming houses, group homes, and so on. In fact, you can never fully anticipate what you will see on the other side of the door. It is important to understand that many of your clients may live in ways or circumstances that do not meet your standards of hygiene. Be careful not to communicate your displeasure or discomfort. This is your client's home.

With time and commitment, you may eventually be able to assist in helping your client to develop better housekeeping skills, but unless the situation is deemed a public health hazard, try to relax. Take time to observe the surroundings and learn about how your client lives. Always seek information on acceptable behaviors, customs, and expectations that are unique to the clients of specific cultures, religions, and ethnic groups (Goode, 1999). Always think to yourself, what are some of the societal obstacles and barriers that contribute to this client's life difficulties?

In reality, most clients you will see on a home visit are not dangerous and are often glad to see a social worker. For example, the client Mrs. Anderson is relieved to see Nicole. Because Mrs. Anderson has multiple sclerosis, her mobility is limited. Having a social worker come to her home is more convenient for the client, and Nicole also has the opportunity to see how Mrs. Anderson is managing. Mrs. Anderson also refers to case aides who visit as well as a homemaker who assists her with some of her more physically challenging chores. Because several people a week are visiting Mrs. Anderson, she feels supported (and maybe a bit intruded on), but the workers are able to keep a pulse on how she is managing given her medical condition. Any changes or imitations in her ability to manage independently because of her multiple sclerosis, age, energy level, ability to get up and down stairs, driving, and caring for Maria's daily needs can be assessed during the visits.

If you have a concern about your safety, talk with your supervisor, take advantage of self-defense classes, and always pay attention to environmental cues, such as poor street lighting, large groups of people congregating, high bushes and shrubbery, loose animals, or an individual carrying a weapon. Wear a name tag and carry a business card or another form of identification as a way of assuming the client that you are a worker from a social service agency. Generally speaking, don't enter a client's home if you suspect drugs or alcohol are in use. (Of course, if you are a child protection worker, you may have to enter potentially dangerous situations. It is a good idea to ask for a police escort if you anticipate the threat of violence.) Once in a client's home, remember you are a guest. Attend to the family customs, religious beliefs and folk beliefs, and cultural courtesies, such as acknowledging first the oldest member of the household when visiting an Asian American family. In some cultures, such as African American, small talk may be perceived as unprofessional. Don't appear hurried during the visit. You want to convey your full and undivided attention. Ask where to sit; if offered food or drink, it is polite to accept.