

DIFFICULTIES FOR CASE MANAGERS WORKING WITH FAMILIES FACING SOCIAL RISK

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Abstract

Social work has its roots in life itself. The profession of social worker is a creative combination of knowledge, values and skills. In recent years, social work with families facing social risk has received more and more attention in the country, and it can be said that social work with these families has become one of the priority areas. The article discusses the difficulties experienced by case managers when working with families facing social risk. The analysis of the problems faced by the case managers will help to improve the quality of social work, and, accordingly, to develop and expand social services for families facing social risk. Four case managers participated in the study. The results of the study revealed that a common phenomenon in families facing social risk by not having a job and not looking for one is low self-esteem. Many families facing social risk live in poverty, and this determines their further life, development and improvement. The study revealed that case managers working with families facing social risk had the following difficulties: alcoholism, a lack of social skills, violence against children, neglect of children, and lack of motivation. A close, trusting relationship between case managers and families improves the quality of the services provided, and helps to address the problems faced by the family more effectively. Case managers empower the family to be proactive in dealing with difficulties. Cooperation enables families to meet their needs for security, self-esteem and social support.

KEY WORDS: families facing social risk, case managers, difficulties.

Anotacija

Socialinio darbo ištakos yra pats gyvenimas. Socialinio darbuotojo profesija yra kūrybiškas žinių, vertybių ir įgūdžių derinimas. Pastaruoju metu šalyje vis daugiau dėmesio skiriama socialiniam darbui su socialinę riziką patiriančiomis šeimomis, galima teigti, kad darbas su šiomis šeimomis tapo viena prioritetinių sričių. Straipsnyje aptariami atvejo vadybininkų sunkumai dirbant su socialinę riziką patiriančiomis šeimomis. Siekiama išsiaiškinti problemų atsiradimo ir šeimų (ne) reagavimo į jas priežastis. Išanalizavus atvejo vadybininkams kylančius sunkumus, būtų galima siekti gerinti socialinio darbo kokybę ir atitinkamai plėtoti teikiamas socialines paslaugas socialinę riziką patiriančioms šeimoms. Tyrime dalyvavo keturi atvejo vadybininkai. Atlikto tyrimo rezultatai atskleidė, kad dažnas reiškinys socialinę riziką patiriančiose šeimose yra menka asmenų savivertė. Daugelis socialinę riziką patiriančių šeimų gyvena skurdžiai ir tai lemia tolesnį jų gyvenimą, vystymąsi bei tobulėjimą. Tyrimas atskleidė, kad atvejo vadybininkams, dirbantiems su socialinę riziką patiriančiomis šeimomis, kyla šių sunkumų: alkoholio vartojimas, socialinių įgūdžių stoka, smurtas prieš vaikus, vaikų nepriežiūra, motyvacijos neturėjimas. Artimi, pasitikėjimu pagrįsti atvejo vadybininkų bei šeimų puoselėjami santykiai gerina teikiamų paslaugų kokybę, veiksmingiau sprendžiamos ir šeimoje kylančios problemos. Atvejo vadybininkai įgalina šeimą būti aktyvia įveikiant iškilusius sunkumus. Bendradarbiavimas leidžia šeimai tenkinti savo saugumo, savigarbos ir socialinės pagalbos poreikius.

PAGRINDINIAI ŽODŽIAI: socialinę riziką patirianti šeima, atvejo vadybininkas, sunkumai.

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Introduction

Since ancient times, there has been a need to care for members of society who are exposed to various risk factors in order to reintegrate them into society. For this reason, states have sought to develop a stable social protection system that includes a range of measures to promote human well-being (Johnson, 2003).

The country's rapidly changing economic and political situation has affected families. According to Trask (2021), the family is the most important socialisation institution. Families are often in crisis situations or faced with social risk factors that upset the balance of family relationships and disrupt the successful functioning of the family. Once the family has overcome a crisis, it enters a new phase of quality functioning. However, a family that is unable to overcome the problems it has encountered becomes vulnerable, fails to fulfil its functions, and is more affected by social risk factors (Mynarska et al., 2015).

As of 1 July 2018, following the entry into force of new case management introduced in the new version of the Framework Law on the Protection of the Rights of the Child, case managers can be social workers appointed by local social services or another institution. The difference between a social worker and a case manager is that a case manager coordinates and plans the assistance process and ensures the involvement of the authorities in the provision of assistance and cooperation (Vaiko teisių apsaugos pagrindų įstatymas [The Framework Law on the Protection of the Rights of the Child], 1996).

The article discusses the difficulties experienced by case managers working with families facing social risk. The aim is to find out the reasons for the emergence of problems, and the families' (non-) responsiveness to the problems. The analysis of problems faced by the case managers could help to improve the quality of social work, and, accordingly, to develop and expand social services for families experiencing social exclusion. Five case managers participated in the study.

Research methods: analysis and overview of methodical literature and sources, semi-standardised interview, qualified topic analysis.

1. Theoretical background

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and a family's comprehensive health needs through communication and available resources, to promote patient safety, quality of care, and cost-effective outcomes (Standards of Practice for Case Management, 2016).

According to Harkey (2017), case management is defined as the application of values, principles and methods to help people access social services.

Vourlekis and Green (2017) define case management as the process of ensuring that clients with problems, or at-risk groups, receive effective, supportive and appropriate services through a specific service delivery system. Pivorienė (2007) describes case management as an approach to service delivery, which aims to ensure that clients with complex multiple problems receive all the services they need in a timely and appropriate manner.

Lukersmith et al. (2016) view case management as an approach that emphasises the individual and community dimensions of working with a client, highlighting the internal capacities and competences of the social worker and the client, and the relationship with social networks. The aim of case management is defined as optimising the client's functioning in the most efficient way, meeting complex and multidimensional needs, and providing the highest-quality services.

According to Vaičekauskaitė (2018), case management is introduced as complex activities coordinated by a case manager's assistance to the child and his/her legal representatives and to help them overcome their social difficulties, the successful resolution of which would lead to the avoidance of possible harm to the child and violations of the rights of the child, and to enable the child to assert his or her rights and legitimate interests independently.

In a description of the case management procedure (in Lithuanian *Atvejo vadybos tvarkos aprašas*, 2020), case management is guided by the following principles:

- a) family empowerment: it is necessary to help the family and the child to identify and make appropriate use of the available resources, to identify not only the social risk factors facing the family and the child, but also their strengths that can help to solve the family's and/or the child's problems, and to improve the family's situation. The family and the child must be actively involved in the process of providing assistance to them;
- b) non-duplication of services: it is necessary to assess what services the family and/or child is already receiving in other service settings, to assess whether the family want to continue to use these services, and not to provide the same or similar services to the family. When planning and organising services for the family and the child, it is also necessary to ensure that the services and assistance do not worsen the situation of the family and/or the child;
- c) relevance of the assistance and services to the individual needs of the family and child: all services, forms of assistance and modalities chosen must be in line with the individual needs of the family and the child, and the specific problems they are trying to solve.

2. Data and methods

To investigate the difficulties experienced by case managers, a qualitative study was chosen, in order to understand and evaluate the subjective experiences of the participants in the study. The aim of the study is to empirically verify the difficulties experienced by case managers when working with families facing social risk. Qualitative research was carried out using a structured interview method with case managers. A survey questionnaire was developed for the study. The case managers were interviewed in face-to-face interviews. The survey data were analysed by the content analysis method. The structured interview method provides a predetermined set of questions, and a predetermined procedure, so that there is little variation in the interview process.

The study participants were four case managers working directly with families facing social risk. The selection criteria for informants were education and work experience (at least three years of work experience). The interviewing of case managers in face-to-face interviews was carried out in accordance with the ethical principles of voluntariness, privacy, confidentiality, anonymity, and respect for the individual.

3. Discussion of the results

The study revealed the problems that case managers face when working with families facing social risk.

According to Zoabi and Gal (2020), motivation is a set of factors that determine a person's behaviour. The case manager tries to inspire the family, to motivate them, to involve them in training, to respect and value themselves, but it takes a lot of time, patience and effort. Informant Vilma said: 'Clients are very unmotivated, unhappy, and unhappy with everything in their lives. They have no goals and no desire to change or live differently. Therefore, when we come to the family, we must try to motivate the client, to give them hope that life can be better; but it takes a bit of effort on their part, which takes a lot of time. We try to talk and empower the client.' According to informant Rima: 'You come to the family and talk to the family members, you try to motivate them, and you do it with a smile, so that the client wants to change and does not think negative thoughts. The family seem to understand, and look at you with a smile and nod their heads. You agree on what to do, and how. The next day comes, and it's the same again, because they don't want to change or do anything. Then you sit and talk again, and try to motivate the family again.'

Social services are provided to families facing social risk, helping to develop the social skills and motivation of family members to create a safe, healthy and cohesive environment at home, and to maintain social ties with society. It also aims to strengthen the capacity and ability of families to address their social problems and overcome social risk. The lack of motivation is confirmed by informant Laura, who said: ‘Family members are not willing to change, and live the same routine, which is frustrating and increases the lack of motivation. They are totally unmotivated, they don’t want to do anything, act or change; they just feel that nothing can change, and it will be like this for ever, or worse.’ Informant Roma said: ‘Not all families are motivated. They need a lot of effort to change and improve their quality of life. Unmotivated families tend to stay at home, they don’t want to interact with anyone or leave the house, so it takes a lot of work to motivate them. I just sign the family up for training so that they feel motivated.’

In summary, the case manager helps the family, motivates, inspires, encourages change, and empowers the family to make decisions on their own, but it is very time-consuming and demanding. Because not all families take this seriously and responsibly, they live the way they think is best, and this reduces the motivation of the clients, which leads to negativity, an inability to adapt to the environment, and reduced communication skills.

According to Delyse (2014), alcoholism is a disease that spreads within a family. It is initially contracted by a few members of one family, and then passed on from one generation to the next. If there is one person in the family who is ill, the other family members suffer psychologically, and are in a way dependent on that person. The family members themselves were often dependent on others with the disease before the onset of the illness, as they usually come from families with a history of the social disease. Drinking is one of the causes of violence and family breakdown. The personality of the drunkard is characterised by immoral traits and the destruction of value orientations. When the drunk returns home, he terrorises his wife and children, fights and brawls.

The study participant Roma said: ‘Families facing social risk misuse alcohol. When you come to a client’s house, you smell, for example, the smell of beer in the house, because they have been drinking the night before. And you can see on their faces that they have been drinking, but they deny it.’ Informant Laura declared: ‘Drunkenness in families is very high. Children see their parents drinking, and they start drinking themselves. First on holidays, then with friends, without realising that it is wrong. They try to relax, but then they become addicted to alcohol.’ Informant Rima confirmed: ‘Alcohol and substance abuse are very common in families. Drinking and substance abuse are the main problems. Clients who use drugs are often angry, unhappy and embarrassed.’

Everyone wants to have a family where everyone loves and understands each other. However, in a family with drinking or substance abuse, tensions and conflicts arise at home. Most of the time, everyone blames each other for everything. The father blames the mother for bringing up the children badly, spending too much, spending too much money, etc, but it is difficult to give up drugs. Informant Vilma said: ‘The biggest problem in working with families, in my opinion, is alcohol. It is hard to see the children, and it is hard to help families, because they don’t want or don’t accept help.’

If the parents have a problem with alcohol consumption, inappropriate or criminal behaviour, behavioural and emotional problems, persistent tension in the family, or physical or sexual abuse, these are signs that the likelihood of alcohol abuse is increased. In summary, alcohol and substance abuse undermine the quality of family life, because families blame each other.

Some families facing social risk are violent against children. The Framework Law on the Protection of the Rights of the Child (1996) states that violence against children is also child neglect. Physical punishment leads to feelings of inferiority, helplessness, insecurity and increased fearfulness, and disrupts the child’s psychophysical development. Insecure living conditions for children, such as poverty, parental unemployment and alcoholism in the family, limit and damage the right to a normal life, education and development. Violence against children is applied more by those with lower education and without regular employment, physical abuse is more common in families where alcohol is consumed, and poverty also contributes to parental aggression towards children. Informant Vilma said: ‘Families are violent if the child does not listen, if he wants something, if he cries. When parents are violent towards their children, they think this will calm them down, but they don’t think about the consequences of their children seeing that behaviour and behaving in that way themselves.’ According to informant Rima: ‘In families, violence is often perpetrated not only against the other half, but also against the children. Children witness violence and learn to be violent themselves. This goes on from generation to generation, because children see the lives of abusive parents.’

Abusive parents often apply physical punishment to their children. They do not realise that this parenting method is not appropriate, and that the child does not change, the child is simply afraid of his parents. This behaviour limits the child’s potential, as the children underestimate and undervalue themselves. They are ostracised not only by their abusive parents but also by those around them. According to informant Laura: ‘Violence is often used against children. You come to a family and you see a child who has been abused by a parent.’

So it can be said that violence is one of the most painful and pressing problems in families facing social risk. Violence against women, against men, and against children, is a violation of human rights that cannot be tolerated. Violence depends on culture, values and social norms, and it lowers self-esteem and induces self-distrust and the inability to adapt to a different environment.

Children in families facing social risk are very often neglected and uncared for, and their needs are not met. Children are not educated, and this contributes to a lack of social skills. Informant Rima stated: 'Children are neglected, their needs are not met or cannot be met, and there is a lack of social skills.' In such families, parents often do not know how to calculate how much money they have, or they spend it inappropriately. This leaves no money to meet their children's basic needs, and they are neglected. As informant Laura said: 'Neglecting children, not being able to manage money properly, leaves children without basic necessities. Often there is a shortage of food, clothes and school supplies.'

The neglect of children is a common phenomenon in families facing social risk. Neglected children are minors who do not have parental or state support, a stable place to live, activities appropriate to their age, care, a systematic education, and a proper upbringing (Simões et al., 2022). This state of affairs can lead to a child developing an inappropriate lifestyle. According to informant Vilma: 'Children not only walk around dirty or shabby at home, but also at school. Children are not taught by their parents to dress properly, or that they have to. If parents don't have social skills, the children suffer.' Informant Roma confirmed: 'There is child neglect in families facing social risk. When working with marginalised families, I encounter problems such as a lack of skills and child neglect. Parents do not have hygiene skills; they do not always cut their children's nails or wash them at bedtime. Children walk around with dirty or torn clothes.'

In summary, almost every family facing social risk has a problem with addictions, which is what drives the maltreatment in the family, the neglect of the children, and the failure to meet their basic needs.

It is important to build relationships with families facing social risk, so that the social worker is trusted. To achieve this, the social worker must empower the client, be consistent, flexible, open, responsible, and honest with the family. A non-judgmental attitude and empathy are essential. These families often need help in setting priorities and acquiring social-function skills. Their communication skills may be very limited (Johnson, 2003).

'The most difficult problems are when the family does not want to communicate with the case manager, and we need to find different methods, different ways of accessing the case manager, so that they can communicate with us, so that they can come into contact with us, so that we can help them' (Vilma).

Families receiving social assistance are often not motivated enough to change and solve their problems independently (Navaitis, 2002). According to informant Laura: 'Often families do not want to communicate with us, to talk to us, or to accept a different way of life. Although they do not know how to solve problems on their own, they do not want to cooperate with us, either.'

Informant Rima confirmed that families are not always willing to communicate: 'Sometimes it is difficult when families are unwilling to communicate with us and unwilling to cooperate.'

In summary, families facing social risk are not always willing to participate, cooperate and communicate with case managers. They are afraid of change and the unknown, and prefer to keep the lifestyle they prefer, and that does not require much effort.

Sousa et al. (2015) point out that social workers are exposed to customer violence. Members of families facing social risk show aggression because they do not like the intrusion into their personal lives, and visiting those families is often perceived by the client as a violation of their personal space, so they express their dissatisfaction through aggression. According to Roma: 'Often families are aggressive and hostile. The case manager wants to help the family move towards change, but the client is aggressive, angry and resistant. Informant Vilma said: 'They don't want us to come to their home, so sometimes we have to deal with very unpleasant behaviour from clients.'

According to Ferguson (2018), social workers see their work as a high-risk activity when visiting clients' homes. Clients may push or even hit the worker in anger, making it clear that working with families is not only dangerous for health but also for life. 'Sometimes clients are aggressive, uncooperative, unwilling to talk; and there are also cases of threats' (Laura). It can be said that staff working with such families are constantly under stress and tension when they go to the client's home. Families are often faced with crisis situations and are more vulnerable, which leads to damaged family relationships and disrupted family functioning. Families facing social risk are sometimes unable to solve their problems, and case managers perceive their resentment for coming to their homes. According to Rima: 'There are cases when you come to a family and they say "Why did you come here again, you were here the other day. Aren't you tired of hanging around here?"' The clients want us to leave their home as soon as possible.' According to informant Laura: 'Staff working with families are often threatened, sworn at, and called all sorts of things.'

Malesa and Pillay (2020) state that aggression against social workers is usually manifested when family members are under the influence of alcohol, and when families do not seek help themselves but are forced to let a social worker into their

home. Informant Roma shared her opinion: 'There are also cases when you hear families calling you ugly names and insulting you.'

In conclusion, families facing social risk have problems and are often unable to solve them without help from others, and the case manager tries to help them. Because the clients are in a crisis and do not realise that they need help, they can be angry, aggressive and insulting, swearing and threatening. Clients may push or hit the social worker when angry. Such activities are very difficult and stressful.

Vaičekauskaitė (2018) argues that families facing social risk are often characterised by a passive coping style, neglecting the implementation of essential family functions and the satisfaction of the needs of its members, and without other skills necessary for the formation of autonomy. Often they accept the situation and do not want to change anything. The coping styles of these families can be a barrier to providing them with assistance to develop their independence. A stressful event may not become a crisis if the family perceives and describes the situation as manageable, if help is given to the whole family. 'There are families who avoid solving problems, lie, evade, and do not acknowledge' (Rima). Informant Laura confirmed that clients are evasive: 'They lie all the time, about all sorts of things. You can see that they are really lying, but you can't do anything about it.' Often members of families facing social risk resist the help of the case manager. According to informant Roma: 'Families avoid communication, do not fulfil their obligations, and do not want to continue what they promised. They even listen and agree with you, but still do their own thing.' Many families do not recognise or understand that they have problems and that they are unable to solve them by themselves. A social worker working with such families has to put in a lot of work and effort to make the family understand their problems and move towards change. 'Most of the time they don't acknowledge their problems, and it takes a lot of work to acknowledge their problems and solve them' (Vilma). The family is the system that most influences the functioning of the individual, the primary system responsible for meeting the needs of the individual. 'Some families do not respond at all, they live their lives like this, and they can't imagine it any other way, because most of them have been living their lives like this for generations, and they can't even imagine that maybe it should be different somehow' (Roma). These families lack social skills, and their functioning is impaired, so they don't understand what they are doing wrong, and they think that it should be like this. As informant Laura said: 'They don't recognise it because they are doing everything right.'

A case manager working with families facing social risk needs to understand the non-verbal body language. Bergstrom (2008) states that one of the most easily interpreted elements of visual information is the facial expression. The face is usually clearly visible during a conversation, and is therefore an important sender

of signals. Facial expressions are one of the most important sources of emotional attitudes towards the interlocutor. Eye contact is a very important element of visual information. Eyes are one of the most important elements of facial expression. They are like a 'mirror of the soul', showing surprise, confusion, fear, anger, upset, falsehood and unhappiness. As Vilma said: 'Clients often lie, they don't tell the truth, you can see in their eyes that they are not telling the truth.' Informants Roma and Laura said almost the same: 'Family members turn away or lower their eyes when they don't want to tell the truth.' Informant Rima stated: 'Clients can't stand in one place, they keep walking, and if they sit, they rub their hands or shake their legs.'

To sum up, families facing social risk do not admit to their problems, they lie, evade and avoid direct contact with the case manager. These families are unwilling to, unable to, or find it difficult to change, because they feel that their way of life is appropriate. They live their lives from one generation to the next, and do not understand, accept, or are even afraid, that life can be different.

Conclusions

The results of the study revealed that case managers help a family, they motivate, inspire, encourage change, and empower the family to take decisions on their own. A family facing social risk has a problem with addictions, which is what drives mistreatment in the family, the neglect of the children, and the failure to meet their basic needs. For case managers, it is important to build relationships with families facing social risk, so that they are trusted. To achieve this, the case managers must be consistent, flexible, open, responsible, and honest with the family. A non-judgmental attitude and empathy are essential. Families facing social risk are not always willing to participate, cooperate and communicate with case managers. These families have problems, and are often not able to solve them without help from others, and the case manager tries to help them. The study revealed that families facing social risk had the following difficulties: alcoholism, lack of social skills, violence against children, neglect of children, lack of motivation.

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DIFFICULTIES FOR CASE MANAGERS WORKING WITH FAMILIES FACING SOCIAL RISK

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