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Social Workers Competence in Psychosocial Therapy: A Case Study at the Social Rehabilitation Center for People with Mental Disabilities Phala Martha Sukabumi, West Java

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Abstract

This study reports the social worker's competency in psychosocial therapy for people with mental disabilities at the Social Rehabilitation Center for People with Mental Disabilities (BRSPDM) Phala Martha, Sukabumi, West Java, Indonesia. The objective of this study is to describe and analyse the competency of social workers in psychosocial therapy dealing with people with mental disabilities. Social workers' competency is described into three components of social work competency, which include; knowledge, values and skills in carrying out the psychosocial therapy with clients. Six social workers working in the rehabilitation centre were studied. The results of the study show that the competency of social workers in terms of knowledge includes knowledge about people with a mental problem, psychiatric problem, psychotic cause-and-effect, the risk of drugs, and knowledge regarding types of therapy, which include cognitive therapy (reality therapy, rational emotive therapy, counselling, cognitive behaviour therapy), behaviour therapy (social skills training, relaxation, modelling, positive and negative reinforcement, economic tokens, assertiveness, rewards, and punishments), emotive therapy (catharsis technique, emotional freedom technique, etc.). In terms of values, social workers are competence in the principles and ethics of the social work profession, including confidentiality, acceptance, individualization, and participation. The said values are related to the culture and norms inherent in the informant and the ones developed by the institution. The entire study shows that social workers have a variety of skills that support the implementation of therapy, such as communication, empathy, and assessment. Their skills are tailored to the stages of the intervention. The implications of these findings also discussed in the context of strengthening and developing social workers' competence through further education, training, seminar, workshop, attachment or internship in the field of micro social work.

Keywords: *social workers' competency, psychosocial therapy, social rehabilitation.*

1. Introduction

The Social Rehabilitation Center for People with Mental Disabilities (BRSPDM) Phala Martha Sukabumi, an institution owned by the Indonesian Ministry of Social Affairs under the Directorate General of Social Rehabilitation has a function to carry out further social rehabilitation services for people with problems/clients (hereinafter referred to as clients) especially mental disabilities including Therapy (Physical, psychosocial, mental/spiritual, livelihood), Cure and Care (Social Care) and family support. BRSPDM Phala Martha provides services to people with mental illness or psychiatric problems. According to Indonesian Law Number 18 the Year 2014 concerning Mental Health, people with psychiatric problems are people who have physical problems, mental, social, growth and development, and or quality of life, so that they have the risk of experiencing mental disorders. Furthermore, people with mental disorders are people who experience disturbances in thoughts, behaviors, and feelings that are manifested in the form of a

collection of symptoms and meaningful behavioral changes, and can cause suffering and obstacles in carrying out its functions as a human being[1]-[2]. Many factors cause a person to experience psychotic disorders such as; biological, psychosocial stress and cognitive disorders, economic difficulties as well as social and spiritual[3]-[4]. All of these factors influence one another, causing a person who experiences psychotic disorders to fall into the category of person with mental disorder category[1], [5]. Mental disorder needs comprehensive intervention such as counselling, psychotherapy services, family services of clients, helping families, mental health education for supportive and preventive services, aftercare services, and health care insurance [6].

BRSPDM Phala Martha is very complicated in service as it deals with youth and adult, male and female clients with various characteristics. This rehabilitation centre uses a multi-dimensional approach and provides services with an interdisciplinary model. Therefore, the role of social workers is very important[7]. Social work is the main profession that provides social work services in order to help individuals, groups, or communities to improve their social functioning abilities and create social conditions that enable them to achieve their goals[8]. One of the services given by social workers in this centre is psychosocial therapy toward clients. Based on the research background, this study aims to analyse social workers' competence (knowledge, values and skills) in providing psychosocial therapy services to the clients.

Based on the research background described on above, the researcher formulated the research problem, "How Social Workers Competence in Psychosocial Therapy at the Social Rehabilitation Center for People with Mental Disabilities Phala Martha Sukabumi, West Java?" The main purpose of this study is to describe and analysis of the social worker's competency in psychosocial therapy with people with mental disabilities. The research purposed divided into three domains; to describe and analyze the social worker's knowledge implementation in psychosocial therapy, to describe and analyze the social work values implementation in psychosocial therapy, and to describe and analyze the social worker skills implementation in psychosocial therapy to the peoples with mental disabilities.

2. Literature Review

In contemporary social work linguistics and several other occupational fields, the words 'competence' and 'competency' are always used interchangeably, in the form of plural and singular. The word 'competency' is an old term used as early as in 1594, but with a different understanding from the present [9]. In the UK, in the context of competency-based training (competence) by the National Vocational Qualification (NVC), competence is defined as "the ability to perform activities within an occupation"; the ability to carry out activities related to a job. In the context of social work, a more detailed understanding as: *"A competence comprises the specifications of knowledge and skills, and the application of that knowledge and skills, within an occupation or industry to the standard of performance required in employment"*[10]. In the case of social work education and training in the UK, the introduction of a partnership between employers and social work schools became a reality in 1990 with the establishment of the Central Council for Education and Training in Social Work which required competency for Diploma graduates in Social Work [11].

Although this change was rather slow at first, there had been a very large change in the mid-1990s. CCETSW has simultaneously prepared a new prescription for social work education namely the Diploma in Social Work (Dip. SW) as a competency-based model of education and professional training. This model originates from the idea of Zofia Butrym, social work academia from the London School of Economics [12]. Butrym's idea states that the practice of social work is a unique amalgam of knowledge,

skills and values. Calling the competence of 21st-century social workers to embrace the following three aspects; attitudes, knowledge and skills. Therefore, in the education and professional training of social work, the qualifications and competencies of social workers that are produced should be reflected in the competencies of social workers in terms of knowledge, skills and values[13]. Based on the said statement, social work competency is formulated as follows.

$$\text{Knowledge} + \text{Skills} + \text{Values} = \text{Competence}$$

Therefore, the notion of competence as proposed by Cooper (1992) which explains two elements, knowledge and skills, is not appropriate in the context of social work. This is due to the fact that value is one more component in social work [13]. The problem is, of course, to measure value competencies with a clear measure. The reason is that ordinary people often see the size of something lies in what people can do (outcome) rather than how they do (process)[14]. Social worker competence is generally divided into six groupings of competence such as; Communicate and Engage, Promote and Enable, Assess and Plan, Intervene and Provide Services, Work in Organizations and Develop Professional Competence[15]. The task and role of social workers in carrying out psychosocial therapy services are the implementation of the entire group of competencies above, although specifically related to the competence of Assess and Plan, Intervene and Provide Services, and Develop Professional Competence. In conducting psychosocial therapy with clients, social workers need to have knowledge, values and special skills, especially for clients with the mental disorder [16]-[17].

3. Methodology

The research approach is a qualitative study with a descriptive design which tries to understand what competencies (knowledge, values, and skills) are needed by social workers to conduct psychosocial therapy toward people with mental disabilities in BRSPDM Phala Martha Sukabumi, West Java. Data collection technique used is in-depth interviews and Focus Group Discussion (FGD) [18]. Six social workers were selected as informants using purposive sampling techniques. Data analysis techniques are done manually with the following steps; data reduction, data presentation, drawing conclusions and verification.

4. Results and Discussion

The results of this study are divided into two sections. First, characteristics of social workers as informants and the second is descriptive data analysis from the informants. Characteristic of the informant in this study can be seen in Table 1.

Table 1. Informants' Characteristics

No.	Initial	Age (Year)	Education	Social Worker's Criteria	Working Period (Year)
1	PK	50	Bachelor of Education	Associate Social Worker	25
2	DS	40	Master of Social Work	First Social Worker	14
3	AS	39	Bachelor of Social Work	First Social Worker	11
4	CY	35	Master of Social Work	First Social Worker	9
5	RA	26	Bachelor	Candidates for the	2

			of Social Work	First Social Worker	
6	TT	27	Bachelor of Social Work	Candidates for the First Social Worker	1

Table 1 shows that informants' characteristics vary in education and tenure, along with educational background differences in the field and level of study among social workers; undergraduate and postgraduate degree. Table 1 also displays social workers' working period, from one year to 25 years, from new social workers to experienced social workers.

In the second section, the result of this study shows the competency held by informants in implementing psychosocial therapy especially in terms of knowledge, values and skills [8]. Below are the results of the research on each of these aspects respectively.

4.1. Knowledge

Knowledge is the first competency framework in addition to values and skills that must be mastered by social workers. Knowledge is the result of research and practice that has proven its accuracy and correctness. In providing services to clients, including when providing psychosocial therapy, the social worker must use scientific knowledge which validity has been proven [19]. The research in terms of knowledge gets the following results.

Relating to psychosocial problems experienced by clients. The first knowledge that needs to be mastered by the informant / social worker is psychosocial problems faced by the client. It deals with several aspects namely cognitive, affective/feeling, behavior and emotional aspects as stated by Turner (1978) that there are several types of changes experienced by clients through psychosocial therapy, namely: cognitive, emotional, and behavior changes, change in the environment and reduction of suffering. Turner assumed that psychosocial problems will indeed involve the said aspects. Psychosocial problems from various aspects have an impact on the client as a failure in dealing with the closest person like spouse and family. It has also an impact on the socio-economic condition of the clients whom they no longer able to work and become the backbone of the family [21].

According to the informant, there are several examples of problems faced by clients related to the aspects above. For cognitive aspects, including reverse mindset, there are assumptions that something is actually wrong but considered right by the client, or vice versa, and they cannot distinguish between what they should be doing and what they should not be doing. In addition to other cognitive problems relating to the client's background/past (trauma, victims of violence, discrimination) and so forth, the client's low ability to think or difficulty in remembering a material or other simple things is another examples. The problems faced by clients relating to emotive aspects include: feeling sad about the mental disability they experience, worrying about whether or not they can return to their family, fearing the future and so on. This also creates behaviour problems, such as lack of self-confidence, not wanting to get along, difficulty in making friends, withdrawing from the environment, other than just being lazy, not wanting to take care of themselves and so forth. Aspects related to psychosocial problems experienced by clients are generally related to each other. Therefore, psychosocial assessment becomes an important thing to do to determine the focus of the problems experienced by clients [22].

Relating to Physical Symptoms felt by the client. According to informants, the knowledge that they must be master is also related to psychiatric or psychotic problems experienced by the client. Many things that need to be understood by social workers/informants relate to the type of psychiatric illness experienced by clients who generally suffer from Schizophrenia. However, the causes and consequences of the

disease, in addition to the types and categories, also need to be known, such as disintegration, depersonalization, division of personality structure, and severe regression. In line with this, in [23] states that schizophrenia causes, consequences, and types must be understood by the people who work with people with schizophrenia.

Besides psychiatric/psychotic knowledge, there are also relations to other physical illnesses, perhaps because of the psychiatric influence that they experience or because of other things. Physical symptoms that are often experienced by clients include abdominal pain, faster heartbeat and also cold sweat and other health or physical problems.

Type of Psychosocial therapy conducted. According to social workers, other knowledge about psychosocial therapy is related to the type of therapy given to the client. Although some informants do not really remember the approach taken, the accuracy of the therapy is deemed appropriate because it is related to the results of the assessment. Based on the classification, therapy is divided into Cognitive approach, the type of therapy carried out which includes Rational Emotive (RET) therapy, Reality Therapy, and Cognitive Behavioral Therapy (CBT).

Behavior therapy includes behavioral change techniques such as shaping, thoughts to stop, Social Skills Training, economic tokens, modelling, Reinforcement Reward and Punishment, and relaxation, which are the techniques used by most informants. Meanwhile, techniques in emotive approaches that are often used by informants include rational emotional freedom (EFT) techniques and catharsis techniques, such as empty chairs, visualizations, or light discussions in "sharing sessions" [24]. The results show that the informants knew the various therapeutic goals of each approach. They knew that the cognitive approach/therapy aims to improve and change attitudes, perceptions, ways of thinking, beliefs and views that are irrational and illogical into rational and logical ones that clients can develop themselves. They also knew that it aims to increase self-actualization as optimal as possible through positive cognitive and affective behavior. On the other hand, the behavioral approach/therapy is a therapy that aims to change negative behaviors that can endanger themselves or others around them. The emotive approach/therapy according to the informant is a therapeutic technique used to cleanse negative emotions through the process of harmonizing the body's energy with awareness and acceptance of emotions.

Informants also use various methods in conducting treatments, such as individual methods, because they are considered more effective in overcoming problems that are individual in nature. Individual approaches are also considered easier. In addition, there is a group approach method which assumes that the client does not feel alone and is aware that healing can be sought through group media. This is in line with the opinion that changing one's behavior through groups is more effective than individually [24]-[25]. However, the informant did not use the family and community methods because based on the principle of separation of policies outlined in the progress of People with Disabilities that this method exists in activities which are actually the work of social workers as well.

The procedure/stages of therapy also become an important part obtained from the results of this study, according to the informants. Basically, each type of therapy also has its respective stages, starting from the stage of initiating therapy, the stage of the therapeutic process to the end of therapy. Each stage has its own difficulties/uniqueness, but some informants said that ending therapy must be an important part to do especially with regard to success, the benefit of the therapy process, as well as appreciation for clients who have successfully participated in the therapy sessions well. From this termination process, hopefully, clients can get out of the problem and follow up on the therapeutic process that has been followed to overcome other problems that may arise in the future. As experts say, the endowment/observation section is a reinforcement on the client for

what has been learned in therapy including what they like and dislike during therapy sessions [22], [8].

This research also shows that psychosocial therapy given to clients is often closely related to other therapies, especially physical therapy and mental-spiritual therapy. Although both of these therapies are the duties and responsibilities of instructors / other fields, in practice they often collaborate or become discussions between instructors and social workers. In other words, in dealing with clients with mental disabilities, there need to be good teamwork between social workers, psychiatrists, psychologists, and instructors, or in other words, one teamwork is needed.

How informants increase knowledge. All informants acknowledged that their knowledge must continue to be improved. It is intended that the services provided to clients in psychosocial therapy services will be maximized. There are many ways in which they can improve their knowledge, including through reading various references in the form of books, journals, via video or other sources, attending training or seminars, workshops or sharing experiences of colleagues or fellow social workers who have the higher educational background or more experience [6].

They also consider the learning process could come from any sources, including themselves. Making oneself as a medium for learning means that each social worker can learn from experience with clients who have been dealt with previously. In addition, they can also learn from students who practice at the Social Rehabilitation Center for People with Mental Disabilities (BRSPDM) Phala Martha Sukabumi.

4.2. Values

In general, the values of informants / Social Workers contained in the social work profession are held by social workers themselves in providing Psychosocial Therapy to clients. These values include values related to the social work profession, clients, organizations/institutions that protect social workers, as well as values related to society[26]. These values such as dignity (human dignity), social responsibility, and equal opportunity are also in line [8].

In developing these values, the informants agreed to establish good communication with clients as the application of values held by social workers. Given that the client has uniqueness in communication, communication becomes one of the tools that must be mastered in approaching clients. In addition, almost all informants stated that they always applied confidentiality, acceptance, individualization, and self-awareness. This is in line with many social work scholars who said that working together with clients must hold the basic principles of social work which include acceptance, communication, individualization, confidentiality, participation and self-awareness of workers so the six basic principles above become the foundation of practitioners, especially those who move at the micro-level [1], [25].

Based on various expressions from the informants, it can be concluded that the values shared by social workers/informants are all available and in accordance with the code of ethics of the Social Work profession, which aims to provide the best intervention services for clients. These values are the things that are believed to be true by social workers at BRSPDM Phala Martha Sukabumi to become a guide in providing Psychosocial Therapy services for clients with mental disabilities.

Furthermore, there are several things related to the values adopted by the informants that were found in this research as follows. Experience Related to Value. Experience related to values meant that it is either the value that is in the social worker or the value that is in the client. Various experiences are intended, one of which is about ethical dilemmas, if there is a difference between the spiritual values that are believed by social

workers and the spiritual values that are believed by clients. In addition, there are also experiences relating to the value of honesty, holding the value of honesty also happens during the process of intervention, including in therapy[1], [25]. This is implemented because of the resolution of the problems that the client's experience will be more targeted when they honestly convey what they feel. Another experience related to values is the patience of social workers in dealing with clients who are mentally disabled, who must have more patience with clients and all the problems that accompany them[27]-[28]. The experiences experienced by social workers at BRSPDM Phala Martha Sukabumi, about values should be able to provide lessons to hone the competencies of every social worker.

Cultural and Language Limitations. Cultural and language limitations are generally one of the considerations of social workers in providing interventions to clients. This also involves a multicultural approach when intervening, so that they are more accustomed to and comfortable using local languages[27]-[28]. Another limitation is also related to the economic condition of the clients, who most commonly come from the middle to lower class, causing them to not be able to get a higher education, so they are lacking in terms of communication. In other words, they have to understand the manner of delivery and approach to clients. Other limitations felt by some informants as relating to gender differences between social workers and clients, maybe also for certain cases psychiatric problems experienced by clients resulting in hormonal aspects that allow excessive response to both men and women. This sometimes affects the intervention/service that is being done. But this can still be dealt with by various strategies and methods mastered by social workers.

How to Overcome Obstacles in Value Systems. In general, social workers have ways to overcome obstacles with the existing value system. One of them is to build communication, tolerance and cooperation. Not only that, but an early way that can be done to anticipate these obstacles is also to finalize the existing assessment so that later any value that might be feared does not cause problems in the future.

4.3. Skills

Skills are the ability to use the knowledge and values that a person has. Skills are used as a tool to combine knowledge framework and value framework, to be able to practice responsibly[29]-[30]. Skills are closely related to one's art in practicing theory and values. From the results of the study, the informants / social workers use skills as a tool to support the implementation of Psychosocial Therapy, which is in the form of communication skills. These communication skills consist of good listening, relationship building in the initial approach, interviews, and observation. These skills can accelerate and expedite the relief process, so it should be owned by each social worker.

Relationship Building Skills. Relationships are one of the main forms of skill in intervening with clients, one of which is when conducting therapy. Social workers basically agree that this skill is indeed important to use because having good relations also means building trust between social workers and clients, to facilitate the next stage of intervention.

Empathy Skills. Empathy skills mean that the social worker can feel what is felt by the client. Social workers have their own knowledge and views in interpreting these skills. Empathy skills essentially assume social worker themselves as clients so they can comprehend the position of the clients that they better handled. This skill is also interpreted as positioning themselves as a client, sharing what is also felt by the client, so that social workers will understand and appreciate the client better and completely without the need to judge. In practice, empathy must not be over-done. It should be quite appropriate or done proportionally.

Skills relating to the implementation of therapy. Stages or therapeutic procedures in addition to the knowledge that must be known by social workers are also skills because each stage also requires its own art in its implementation, usually associated with the background of the problem and the characteristics of the client[1],[3]. These skills include: digging information through assessments, providing motivation, lobbying with various parties, conducting advocacy, using various tools used in psycho-social therapy, as well as all other verbal and non-verbal skills that can expedite Psychosocial Therapy services. All informants said that these various skills were used to support and expedite the process of providing therapy as well as to facilitate each stage of the intervention.

How informants /social workers improve skills. Just like knowledge, improvement of skills performance in psychosocial therapy by social workers must be done. Various ways include reading books or references, attending training, learning by doing, sharing with peers, and so on. Some informants said that honing skills can be done every day when providing therapy services to clients. The term is learning by doing because this method is considered easier to do.

Informant's Hope and Expectation. The competence of social workers is an important thing as a tool and provision for providing relief interventions in conducting psychosocial therapy to clients. The informants, in this case, social workers, tried to give the best they could, so that the intervention's objectives could be maximally achieved. Therefore, they in this study expressed their expectations related to the competencies they possessed, namely:

Related to Knowledge.the expectations of social workers in terms of aspects of knowledge in the competence of social workers. They want an increase in capacity in terms of knowledge of social workers, especially in the knowledge of People with Mental Disorders, People with Psychiatric Problems, and knowledge about various kinds of Psychosocial Therapy, especially when it is associated with further social rehabilitation which is the authority of the Rehabilitation Center. Besides that, what they hope is to be able to increase the references or literature in the form of modules, journals or guidelines / technical guidelines on knowledge about people with mental problems, people with schizophrenia or psychosocial therapy needed by clients. If possible, these informants also hope to be involved in research relevant to their area of work.

Related to Value.the expectations of social workers as informants related to values include increase incompetence in the form of technical guidance, harmonization of several parties/professions, as well as various interests so that they can improve the values they should hold. They realize that these values and principles should be inherent in social workers, but they must always be reminded through various opportunities and activities so that their application becomes accustomed.

Related to skills.In this aspect of skills, the informants are looking for capacity building through various training and practices. If possible, they want to have an opportunity for an internship at another institution that is considered better and has advantages in terms of psychosocial therapy.

5. Conclusion

The results show that the competencies possessed by informants in terms of value are implemented in accordance with the principles of social work, which includes: confidentiality, acceptance, individualization, and participation. Whereas, in terms of knowledge, they provide psychosocial therapy services based on assessment, psychosocial problems (cognitive, emotive and behavioral), types of therapy that are appropriate to the problem and assessment, as well as individual and group methods.Regarding the types of psychosocial therapy, they push the clients to overcome

their cognitive problems using techniques such as reality, RET, CBT, and counselling. Meanwhile, to overcome the clients' behavior problems, many use behavioral change techniques such as economic tokens, reward, and punishment, social skills training, thought stopping, modelling, assertive, etc. To overcome their emotional problems, it is more common to use catharsis and EFT techniques. The procedures and stages of therapy are carried out according to the knowledge and experience they have. In terms of informant skills, in general, they have a variety of skills that support the implementation of therapy such as communication, empathy, assessment, and others. The recommendations proposed in this study are generally aimed at increasing the capacity of social workers that can be done through: exercises, seminars, workshops, and internships as well as adding a variety of necessary literature including journals, modules, manuals, operational and technical guidelines especially in conducting psychosocial therapy. This is intended to provide more reinforcement for social workers regarding aspects of values, knowledge, and skills as a competency framework for them.

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