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Qualitative Research Methods and Clinical Practice Techniques for Social Work

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Abstract

It was noted recently that the professional practice of social work with clinical micro-units (individual, family, and group) approach uses qualitative research methods in the process of data collection, analysis and interpretation to achieve the desired change. Qualitative research methods seek to examine the intrinsic nature of human phenomena as they are, so that they are based on the subjective dimension of human experience which is constantly changing according to the facts of time and space. This research indicates that when the clinical social work begins in terms of the client, it looks at the client as part of the environmental context in which he exists, and this corresponds to the qualitative research approach which is based on understanding the human phenomena (psychological and social) in their normal environment. This study is also trying to clarify by comparing the similarities and differences between the methods of qualitative research and the professional techniques used by the social worker in the professional practice of clinical social work. As well as, the results of this study can contribute to the provision of alternative criteria for the standards of quantitative approach and more effective in studying the psycho-social phenomena.

Keywords: qualitative research methods, clinical professional practice techniques, clinical social work, characteristics of qualitative research, naturalistic inquiry.

Introduction

The qualitative method in its different cognitive dimensions is an empirical and historical approach, based on studying of human and social reality in its various dimensions. It is a method that involves a methodical imagination that is capable of predicting reality, reading the future and studying man. After the 19th century saw the emergence and evolution of qualitative research methods, however, it declined during the twentieth century until the end of the seventies, and then began the stage of change since the beginning of eighties of the same century. After we are having witnessed the infertility of quantitative approach and a theoretical and methodological lacking for social sciences, the 1980s and 1990s were the stage of reviving and teaching qualitative curricula in almost all European universities, that the pioneers of this approach began to emphasize the distinctiveness of the qualitative approach in terms of its ability to open direct contact with human without limping and camouflage and without spaces, in contrast to the quantitative approach that deepens the gap between the social researcher and his applied fields.

Means such as the interview, focus group, observation, and the case study enable the researcher to collect, analyze and interpret the data to formulate theoretical frameworks that can explain the human reality. Despite the importance of quantitative research methods in human research in relying on statistical data and quantitative analysis to reach interpretations that can be generalized in understanding human phenomena, however, these quantitative approaches take the approach of the natural sciences as the only method in studying human phenomena without taking into account the unique privacy of these phenomena and the relationship with the social researcher.

Thus the qualitative approach has unique features and characteristics that take into account the characteristics of human phenomena characterized by continuous change, multiple reality, and circular causality, to give new perspectives to the social researcher that enables him to integrate with the human phenomenon and interact with them in order to understand the social reality which associated with it.

The professional practice of social work with micro-units (individual - family - group) used the scientific research to support the efficiency and effectiveness of their outputs through some data collection methods such as observation, interview, content analysis, and focus groups. It thus uses the same methods as qualitative research in data collection, analysis and interpretation, taking into account diversity issues, uniqueness, complexity, and culture (Al-Qarni, 2009). Where the practitioners of humanitarian assistance professions should reduce reliance on experimental research and move towards more realistic approaches to dealing with human phenomena such as case studies, naturalistic investigation, and Content analysis. These methods will help the professional clinical social worker to provide assistance process efficiently and effectively as they contribute to the in-depth understanding of the dimensions of the problems experienced by clients (Nye, 2012).

So, this scientific study seeks to answer the following question: What are the similarities and differences aspects between the characteristics of qualitative research and the practice of clinical social work? What are the motives of the reluctance of clinical social worker to use qualitative methods of scientific research? How to activate their use by them?

Study Objectives

This study aims to achieve the following objectives:

1. To identify the similarities and differences between qualitative research characteristics and the practice of clinical social work
2. To identify the motives of the reluctance of clinical social workers to use qualitative methods in scientific research, and how to activate using them.

Study Importance

The importance of this study stems from being one of the few scientific studies - according to the researcher - that dealt with the relationship between qualitative research methods and clinical professional practice techniques of social work. Although it is important to find that relationship for clinical social workers or the researchers, but, there is a trend of practitioners of clinical social work towards using of quantitative research approaches in studies and researches. Hence, the importance of this study, that it highlights the need to use different qualitative research methods in developing the professional practice of the clinical social work. As well as, the importance of this study is that it contributes to helping clinical social work practitioners use qualitative research methods rather than quantitative research methods in carrying out applied research due to the nature of human phenomena which characterized by individual, continuous change and relativity.

Methodology

The current study is a theoretical study based on what the researcher provides from scientific sources about the clinical social work and qualitative research methodology to describe and analyze it in order to answer the questions of the study and its objectives.

Qualitative Research

Qualitative research is one type of research that is used to obtain an in-depth understanding and a holistic description of the human phenomenon. The concept of qualitative research can be defined as the search for the intrinsic nature of phenomena as they are in fact (Ho, 2006). Hence, qualitative research is based on the subjective dimension of human experience which is constantly changing according to the facts of time and place. The researcher through this approach cannot neutralize the professional self, it is part of the phenomenon studied, and it affects and is affected by it. In qualitative research, the researcher usually provides an in-depth understanding and a comprehensive interpretation of the field of substantive research. It is not possible to interpret the data and results in digital and statistical ways, but in terms of natural language and explanatory sentences.

If the quantitative approach seeks to predict and test hypotheses and apply theory to reality, the qualitative approach is not limited to just describe the phenomenon, but beyond to build scientific theories through the views and experiences experienced by the researcher in his study. The historical origins of the qualitative approach are due to the contributions of Anthropology, Ethnography, Human Ethology, and grounded theory which despite the different hotbeds of interest each of them, but in its entirety concerns in researcher's observation of the phenomenon and recording it over a long period of time (Clarke, 2005). Anthropology studies a human as a knowledgeable and discernible being. This means that the human being can be determined biologically, socially, culturally and politically. Therefore, Anthropology studies, analyzes and interprets aspects of human being on the basis of systematic tendencies and doctrines, such as saying social Anthropology that specializes in social construction, cultural Anthropology, which has specialized in human culture, and political Anthropology, which has made human political activity a field to be studied and analyzed in the search for political structure in societies.

Ethnographic science is the science that pays attention to civilization in all its dimensions and activities from prevailing techniques, legacies and inherited habits, that is, everything related to what is prevalent within any entity or field that researcher can study. Ethnography seeks to dissect the daily life of the local community and find its meanings, patterns and everything related to it, using a variety of research means during an appropriate period of time in which the researcher integrates into the daily life of the studied group (Clarke, 2005). Haviland (1994) points out that Ethnography is the systematic description of human culture derived from the initial observation, which is the trend of human cultures description. Ethnographers have differed in how to study human culture, some of them are dealt with from the positive physical aspect (White, 1959), (Singer, 1989), others focused on the ideological side of culture as structuralists (Levi- Strauss, 1963). Ejimabo (2015) points to the need to distinguish descriptive research from ethnographic research, the former depends on the study of social phenomena as they are in fact by providing a precise description and expressed in quantitative and qualitative manner, and the other is associated with the reality of a research tool represented in the participatory observation. This research tool has extended its applications to many fields of educational, social and human sciences as a result of the dissatisfaction with traditional methods in studying of human phenomena, because its use requires a deeper understanding and a broader analysis of these phenomena (Ejimabo, 2015). Human Ethology is concerned with the organic aspect of human behavior through studying it in its natural framework over a specific period of time by recording successive patterns of behavior in order to arrive at a general rule of behavior and human interaction (Clarke, 2005). This science was developed by Tinbergen (1951) and Lorenz (1966). Environmental psychology was concerned with the study of human behavior and the use of Darwinian evolutionary theory in studying the nature and evolution of behavioral patterns. While theologians focus on studying the same behavior, environmental psychologists are interested in the behavior and environment around them (Al-Qarni, 2009).

In an attempt by the pioneers of the qualitative approach to get out of the circle of presuppositions and related research questions, which are considered as fundamentals of quantitative approach, the grounded theory approach has emerged, whose philosophical roots extend from the phenomenological approach, and seeks to build a valid theory to be formulated in an inductive way from those phenomena intended for study (Clarke, 2005). In 1967, Strauss and Glaser developed this theory and opened new prospects for scientific research in all scientific knowledge branches, including social work. The essence of this theory depends on the systematic collection and analysis of data to study a phenomenon and then formulate a theory through it, this means that there is a reciprocal relationship between data collection and analysis and the theory-building process (Al-Qarni, 2009). In this direction, Padgett (1998) points to the importance of the contributions of Glaser and Strauss during the 1970s and 1980s to the development of qualitative approach through their development of the grounded theory, as well as the contributions of Guba and Lincoln during the 1980s and 1990s to rooting the qualitative approach. It also refers to the emergence of a structural perspective that deals with the human phenomenon through the multifaceted reality associated with it through the work of Denzin (1987) in sociology, and Guba & Lincoln (1981) in Education.

It is clear, depending on above, that qualitative research methods believe that human behavior is linked to specific historical, social, temporal and cultural content, therefore, the interpretation associated with reasoning - as in quantitative research - does not provide in-depth understanding and realistic analysis of that behavior. So, Qualitative research seeks to interpret human phenomena by extrapolating the reality in its surrounding various aspects, to look to the complex pattern of what is studied in depth and detail through: Building models through analysis and composition of constituent parts, interpreting the social meaning of events, and analyzing relationships between events and external factors (Ejimabo, 2015).

Characteristics of qualitative research

Perhaps the most important characteristic of qualitative research methodology is the dialectality of authenticity, authenticity in approaching the respondent and reality, the authenticity means that the researcher understands the subject in his own structures and in his privacy, and there is structure, or construction, which means understanding of the event or field from a theoretical perspective, general and comparative. The qualitative research includes several methods and designs; each method has a target, a unique field of focus and method for collecting data, and a different analysis method for these data. The case study as a qualitative research method is used in order to gain an in-depth understanding the case (individual, situation, micro group), where the focus area on one case or several cases, and be the method of data collection through observations, interviews, documents and audio-visual material, then these data are analyzed by classification, interpreting data and providing an integrated picture of the case (Yin, 2003). As well as the method of ethnography in qualitative research, as it aims to understand the behavior in relation to culture, where the focus is on a specific field in which people share a common cultural characteristics, and the data is collected in this design through participatory observation, planned and unplanned interviews, documents and written materials, these data and information are analyzed by characterizing a specific phenomenon, and to identify structures, beliefs and cultural representation of the studied model (Ho, 2006).

Regarding to phenomenology as one of a qualitative research designs, that aims at understanding the experiences and relationships from the participants' views, focusing on specific human lived phenomena, and data are collected through unscheduled details interviews in advance, and the adoption of a purposive sample of 25 - 50 individuals at most, where the analysis of these data by searching for meaningful units that reflect the experiences of people in the targeted research issues (Crepe, 1999).

The method of theory study through reality, which seeks to extract the theory through the collection of data and information, and focusing on behaviors, attitudes and human interaction, that data is collected through interviews and different ways, where it is analyzed through the encoding of such information and data and to identify intersections and building theoretical framework (Creswell, 2013). According to the fifth method or design of qualitative research, which is called content analysis, where it seeks to characterize and derive specific characteristics in the body of a subject, and the focus is on any material element or behavior stemming from human communication, where the data and information collected through the identification and representation of substance for analysis, coding units and their characteristics, and therefore it analyzed by classifying the content characteristics, showing the results of the content, and enhancing that by necessary statistical data (Creswell, 2013).

Characteristics and elements of clinical social work

Clinical social work is one of the two levels of professional practice concerned with working with micro-level (individual - family - group), the content of this practice is to provide preventive and curative services to individuals, families and groups in different institutions through the application of principles, processes and methods of professional practice. Thus, clinical social work is a combination of joint efforts with those seeking help in order to help them to adapt psychologically and socially with themselves and with the environment in which they are. This is done through a variety of therapeutic methods; each of them has professional skills practiced by the social worker to provide efficient and effective assistance (Al-Qarni, 2009).

The clinical social worker as one of the elements of clinical social work profession is who practice the profession in its direct way by conducting professional interventions based on theoretical principles with clients, whether they are individuals or groups. The clinical social worker usually has a scientific qualification in the field of social work which allows him to practice the profession, along with the availability of some personal qualities and psychological readiness, in addition to having many skills that help him to carry out professional assistance efficiently (Barker, 2003). The clinical social worker acts as a therapist who helps individuals overcome the problem, or reduce their effects on them or those around them, and has the knowledge, experience and skills to help him doing his work, and uses specific tools, methods and resources to achieve his objectives (Thyer, 2007). The National Association of Social Workers (NASW) defines a clinical social worker as “a practitioner whose preparation requires education and experience to enable him providing direct preventive and curative services to individuals, families and groups who suffering from the impact of social and psychological pressure and bad health”, most of them consider their professional responsibilities include attention and intervention with the client’s environment, as well as dealing with the internal effects of the individual (Oliver, 2013).

There is a difference between the social worker and the professional practitioner. The professional practitioner: A person, who works in one of the areas of social work profession, because he is practicing social work, regardless of the field and the level of practice, whether was directly with individuals, families, groups or communities (Thyer, 2007), or indirect practice by working with major communities, organizations and institutions through management, planning and social policy-making. It requires from professional practitioner has a knowledge and to be familiar with social work profession in order to do his professional role. Lack of adequate theoretical knowledge will lead to a defect in his expected professional performance, that's what makes there are some weaknesses in the performance of social work profession and what is expected of him in many areas of practice in our societies.

Where there are non-specialists practitioners of social work profession, there may also be social workers working in areas other than social work, and therefore, cannot be named a

professional practitioner. From all this we conclude that the term professional practitioner is linked to the practice of social work more than the actual specialization of the practitioner, thus, every social worker practicing social work is a professional practitioner. While not every social worker is a professional practitioner, at the same time, everyone who practices the profession of social work even if he is not a specialist who can be called a professional practitioner (Oliver, 2013).

Many social workers believe that the clinical social work aims to bring about changes to achieve personal compatibility; therefore, it deals with problems such as emotional disorders, mental illness, and social maladjustment as psychosocial pressures (Payne, 2006).

Processes of the clinical social work profession

It means the application of the medical model during professional practice based on three main processes: Study – Diagnosis - Treatment, in order to help the client in the situation he is suffering from. Each of the previous processes represents a stage of professional intervention, these processes are based on specific scientific grounds (Barker, 2003), these processes complement each other, and the success of any process depends on the one that precedes it, these processes begin since the first interviews (Woods & Hollis: 2000). Clinical social work processes are the evolution of case work processes, which is defined as the steps or method of work followed by the professional practitioner to help the client to cope with the situation he is suffering from through professional intervention to influence the problematic situation (NASW, 2004).

Many of the pioneers of clinical social work have tried to present a perception of the nature of practice. For example, Schwartz (1961) assumes that professional practice is aimed at settling the desires of individuals with available sources in environment. Gordon (1969) believes that professional practice is to meet the needs of individuals for the needs of environment. Bartlett (1970) argues that practice means balancing the capacity of individuals to adapt with environmental requirements, also, Baer and Federico (1978) argue that professional practice means linking individuals to service providers (Al-Qarni, 2009).

Despite the multiplicity of these theoretical basis of offered treatises, but in essence does not exceed the emphasis on the concept of human study in the environment (Person - in - Environment), or human study in the situation (Person-in-Situation). This includes an in-depth understanding and a comprehensive interpretation of the study unity with surrounding environment, in order to provide the assistance process efficiently and effectively. In this, Oliver (2013) pointing to that all of the therapeutic techniques resulting from this perception attempted to eliminate a uni-focus on individuals or on environment by highlighting the two together in the process of providing assistance.

Clinical social work processes are what are referred to as "practice processes", and sometimes "assistance processes" are the basis for professional practice aimed at providing professional assistance. In this study, clinical social work processes will be referred to as "practice processes", or "assistance processes" as the context requires. The following will clarify the concept of each clinical practice of social work:

Clinical Study: The study process from the clinical perspective includes the data collection of the case, then study and analysis it to reach a better understanding of the client to help identifying and diagnose his problem with the aim of planning therapeutic and necessary advisory services, taking into account that this information is important in the diagnosis process and access to the treatment process, that is to be specific for certain regions and those regions vary depending on the nature of the problem and function of the institution (Shukir 2002: 60; Senhoury, 2003: 362).

Clinical Diagnosis: The diagnosis indicates to understanding of the client problem by carefully identifying his problem, by categorizing and identifying the symptoms that describe a problem, based on relatively specific and consistent criteria, to be able to regulate and categorize symptoms or problems into classifications and groups, and classifying of similar cases according to them, taking into account the level, severity or degree of the problem according to the presence of its symptoms. The diagnostic process also identifies the factors that led to the problem, in order to arrive at a report and honest judgment of the client's situation and problem which helps to choose the best therapeutic methods to suit the problem nature (Goldberg et al, 2010). The diagnosis is also defined as "a comprehensive scientific assessment of a specific case, which includes information and symptoms by both types of quantitative and qualitative which done by multiple methods". Clinical diagnosis starts from the concepts or hypotheses of scientific theories, or based on empirical results of similar cases (Goldberg et al., 2010), or based on results demonstrated by applying measures or tests to measure a specific problem, where it is in accordance with scientific steps and stages in order to reach a clear definition of the problem. Clinical diagnosis aims to create a clear picture of the individual or client, with the intention of providing assistance to him based on what is reached during the process of diagnosis, not just describing the symptoms, but also exceeding them to prepare the way for appropriate and applicable treatment and implementation (Horwitz, 2011). Thus, two main objectives can be identified for the diagnostic process: The first objective is a scientific goal, which is the collection of scattered partial diagnoses reached during the study process, so as to be integrated into the overview or college, to reach a complete diagnosis of the problem through the represented symptoms. The second objective, a practical goal, as the goal of practical diagnosis is to provide a work plan (treatment plan), as a proper diagnosis helps identify the appropriate procedures and treatment methods with the nature of the problem and client, it is in this way helps to save time and effort, and helps to focus attention on the problem after it identified (Goldberg et al, 2010).

Clinical Therapy: Harouni defined the therapy as "working to improve the social role of the client through a professional relationship and access to services, which indicated by proper diagnosis by controlling the environment and influencing behavior" (Harouni, 1976: 362). Therapy is also defined as "an organized process involving a range of activities and procedures which aims to solve problems or reduce their effects, whether they are health, psychological or social problems", so; therapy is the goal that a social worker seeks to reach when studying and diagnosing client problems (NASW, 2015). There are multiple methods, techniques and trends for the therapeutic process, and is heavily influenced by theories and theoretical models adopted by the social worker, as each theoretical direction contains techniques and methods of treatment are different from others. The nature of the problem and client; the philosophy and objectives of the institution influence in determining how to provide therapeutic services. As well as, the social worker skills and experiences determine the success of therapeutic process, and which methods are more appropriate to the nature of problem they are dealing with (Buchan et al., 2004).

Mansour (2003) points out that the basic assumptions on which clinical social work depends, is that the maturity of individuals and their growth and behavior depends on the complex interaction that arises between them and their internal and external environments, and that individuals are exposed to a series of complex pressures that affect their social and psychological adaptation. Thus, individuals vary in the extent of their responses to environmental pressures, some are unable to achieve the appropriate response, and then it shows the importance of professional intervention to restore balance in social performance. If we look at these assumptions it can be noted that the clinical social work seeks to bring about the desired change according to two pillars: The first relates to study the interaction between human and his environment and the impact of each on other. The second concern is the need to distinguish between individuals in their responses and adoption of the principle of individual differences between them during the process of professional intervention.

If there is difficult to create a clear vision of the concept of clinical social work as a result of their multiple interests and overlapping concepts with many other humanitarian assistance professions, such as psychiatry, clinical psychology, and psychological counseling, the attempt to stand up for its characteristics is worthy of research. Some of these characteristics are presented below: (Al-Qarni, 2009)

1. Starting where the client is: This principle refers to directing the social worker to begin in terms of client interest. It is the client who sets out his or her therapeutic goals, and sets priority among them. He is the one who feels the problem and is more able to express it. The role of social worker becomes instructive by increasing the client's perception of the reality. Thus, the relationship between the two parties is reciprocal, taking account of integration and empathy with the client, as well as building professional relationship based on respect. Starting from where the client is that his understanding is verified in the psychological, social and cultural context surrounding it. Abdul Khaliq (1990) points out that although clients may express their problems in subjective ways, but giving them an opportunity to express what they feel and think about meets some of their needs for self-affirmation and self-confidence.
2. Consider the situation as unique and distinct from the others (Individualized Case): This characteristic refers to the consideration of each case dealt with by the social worker is unique in their psychological, social, cultural and environmental characteristics, as well as the specificity of the factors causing the problems they face. This unique view of each case leads to an in-depth understanding of the situation and of all aspects of it; and provides an interpretation that consistent with the social and cultural context of environment that surrounds the situation and the degree of influence of each other. The interpretation here includes helping individuals to connect their lives' events and their responses to those events in ways that express them intellectually, behaviorally and emotionally (Mansour, 2003).
3. Verify the data through the meditation process (Reflexivity): This process refers to the social worker skill in meditating the data issued by the client and analyzing and interpreting them in light of all self and environmental variables. Padgett (1998) notes, that this process continues during assistance process and contributes to self-awareness and self-correction, but at the same time is not an easy task for both the client and the social worker. While the client seeks to get out of the stress by choosing between available alternatives, the social worker seeks to create a positive atmosphere for the flow of data from the client and to create an in-depth understanding and a comprehensive interpretation of those data.
4. Responding to new data through eclectic approach: This characteristic indicates that the social worker does not adhere to one therapeutic model during assistance process. Traditional therapies methods, such as psychological analysis and classical behavioral therapy, proved through the complexity and diversity of humanitarian problems and the impact of cultural and social developments such as globalization and cultural diversity, its inability to make the desired change because of the long time it takes to build a professional relationship between the client and the social worker. In this, Corey (1996) points out that many practitioners of psychosocial therapy do not use one therapeutic approach in providing assistance, but use more than a therapeutic method as required by situation and needs of the client. Al-Qarni and Rashwan (2004) emphasize the importance of formulating advanced therapeutic approaches that combine professional skills derived from more than one therapeutic approach and testing them in the local environment to determine their efficiency in providing assistance.
5. Helping Process is not Value-free: The assistance process is based on a standardization of ethics that regulates the interaction between the social worker and the client. Acceptance, self-responsibility, and confidentiality are valuable determinants which guide assistance process. Since the National Association of Social Workers (NASW) introduced the Professional Values System in 1958, the professional practice of social work has become more effective and credible among other humanitarian professions (Jumaili, 2002).

These values seek to achieve a set of objectives, including: Determining the values and principles that underpin the social work profession; identify the procedural steps that guide the practice process; help practitioners overcome the ethical problems as they arise; reinforcement of the status of social work in the society as an accounting work; attracting competent practitioners to address social work; and facilitate the process of discovering any violation of professional values and principles and how to confront them (NASW, 2015). These goals in their ethical content represent a framework for professional work that takes into account to introduce efficient and effective assistance process with all clients in all institutions.

The similarity between the qualitative approach and the clinical social work

By reviewing the characteristics of both the qualitative approach and the clinical social work, the similarity is somewhat evident. In this, Gilgun (1994) points out that the relationship between them is more like a hand in glove fit, he indicates that search methods match each other in the data collection process. The clinical social work, when it begins in terms of the client, considers the client as part of the environmental context in which it is located, this matches with a qualitative research approach which based on understanding human phenomena in their natural environment. The similarities also the methodology used in the research thinking, that both of which follow the inductive methodology that relies on the critical survey, which allows the researcher or practitioner the possibility to find the relationship between the interaction and events in indeed reality, and how to understand them all to the ultimate goal of satisfying their needs. And in their use of the inductive approach, they rely on the contemplative practice that allows the qualitative researcher - and also the practitioner – to use the output of data collection tools such as interview and observation to interpret and analyze reality in depth and comprehensiveness. This can be clarified by the fact that the social data, whether human phenomenon or the problem suffered by the client, is that parts are scattered and varied, and the task of the researcher or practitioner to find the relationship between these parts through self-reflection; direct observation; accuracy; interview; and coexistence with reality (Al-Qarni, 2009).

Gilgun (1994) emphasizes that the basic methods of data collection in qualitative research such as in-depth interviewing; observation; and document review are used by social workers in clinical social work field. He adds that recording process; documentation; and case reporting are similar to used data analysis in qualitative research. Weiss (1994) points out the great similarity between the research interview in qualitative method and the therapeutic interview in clinical social work. He adds that both seek to get ideas; feelings; and behavior as they are in fact and in a way that does not affect the respondents or clients to express freely their personal experiences; their perception; and their consciousness of their dimensions.

We conclude from this that the qualitative approach and the clinical social work seek in-depth description and access to understanding and meaning through coexistence as a means and by using recording in data collection process and analysis.

The differences between qualitative method and clinical social work

Despite the similarities between qualitative method and clinical social work in the inductive methodology; in the methods of data collection through various tools; and how to analyze and interpret the data, but there are fundamental differences between them. Padgett (1998), after reviewing the works of psychologist Schein (1987) and sociologist Weiss (1994), attempted to present a set of differences between the two that can be seen in Table 1:

Table 1:

Contrasts between Clinical Social Work Practice and Qualitative Research

Domains	Clinical Practice	Qualitative Research
Paradigm assignment	Theory and model driven Normative	Theory generation Nonnormative
Goals	Clinical mandate Helping	Knowledge Scholarship
Education and training	Course work Supervised practice	Course work Little or no supervision in the field
Disciplinary influences	Social work Psychology Social sciences Initiated by client Problem solving Terminated by client improvement	Anthropology Sociology Humanities Initiated by researcher Terminated by researcher
Client-respondent-clinician relationship	Time is scheduled (for example, "50-minute hour") Client improvement	Time is unscheduled and prolonged Scholarship Rigor
Criteria for success	Recognition of peers Nonstandardized criteria	Recognition of peers Nonstandardized criteria

NOTE: Contrasts in this table are based on work by Schein (1987), Weiss (1994), and Padgett (1998). Qualitative research starts from a different methodological perspective, based on the human nature of the phenomenon, which is characterized by relativism; constant change; and instability. Therefore, it requires a different target in the survey and a variety of research methods. Although quantitative and qualitative research approaches seek scientific explanation that includes the disclosure of laws control human behavior in the natural world (Abu Allam, 1999), however, each has a different methodology in how to reach this goal. The nature of the human phenomenon contributed to the formulation of new prospects for social research to enable the study of this phenomenon as it is in reality. Therefore, the qualitative research attempt to exit the quantitative pattern in the research, which is directed through ready-made theoretical frameworks and the research questions emanating from them (Al-Qarni, 2009).

Qualitative research has attempted to present a research methodology that takes the natural reality of the studied phenomena as an area of analysis and interpretation, by connecting the parts to reach theoretical frameworks that can explain the existence of the phenomenon at present and in future whenever circumstances are similar. A qualitative approach to this research approach rejects the normative approach of starting from standardized criteria before beginning the survey and data collection process. A qualitative researcher enters the field without prior hypotheses or scientific theories that guide it and specify its procedural steps (Riessman, 1994).

In contrast, clinical social work follows a normative approach derived from theories of psychology and social psychology. Through these theories, many therapeutic approaches have been developed, which are used for professional intervention in the client's and environmental systems that influence the studied problem. Thus, the clinical social work is guided by theories and therapeutic approaches, that is, the social worker or therapist has an initial perception of how to deal with the problem through specific criteria. For example, each therapeutic entry into professional practice has specific skills and the practitioner must acquire and apply it with the case, all of this and the practitioner seeks to reach the client to an acceptable level of mental health and psycho-social compatibility with himself and with environment in where he lives (Al-Qarni, 2009).

With regard to general objectives, qualitative research aims to develop scientific knowledge through data collection and formulation in the form of hypotheses to formulate the scientific theories.

It is noteworthy here that the researcher seeks to reach the basic theory about the studied phenomena, so that the theory is radically related to these phenomena and is derived from the data associated with it (Abu Allam, 1999).

In contrast, the overall goal of clinical social work is to provide assistance to the case study (individual - family - group) through bringing about partially or completely desired change in social systems. The assistance process is a professional step that achieves the objectives of professional practice through the provision of therapeutic and preventive services help to restore psychological and social compatibility. With regard to the element of relationship with other party, we find that the relationship between qualitative researcher and respondents begin from the researcher and ends with his will. In the view of Kandari (2006) that the researcher is a research tool who talking with people in a situation; notes their activities; read their documents and written records; and records these data in field notes. Researcher here is subject to emerging variables during the implementation of the study and adjusts to them, and the researcher is the one who ends the relationship whenever he felt that the collected data is sufficient to achieve the goals of the research.

In clinical social work, it is the client who initiates the professional relationship because he is requesting help and the termination of the relationship depends on the extent of improvement in situation. This does not mean that the social worker has adjunct role in ending the professional relationship, the social worker with his knowledge and skills can employ this while the client helps to achieve the objectives of help process. The relationship in clinical social work is a therapeutic relationship; it is a dynamic interaction of the attitudes and feelings of both the therapist and the client in order to achieve the objectives of help process of achieving self-adaptation and with surrounding environment (Biestek, 1957). In the view of Padgett (1998) that in view of the element of time, we find that the time is not scheduled in qualitative research, where the researcher conducts his observations and research interviews and is not controlled to a specific time to stop the process of data collection, but depends on the extent to which he feels that he achieves his research goals. There are those who believe that the qualitative researcher begins his work by spending a period of time in identifying the location, to be familiar with the place, and study its members, and then focuses his research on the development of temporary hypotheses or questions that are constantly rephrased according to collected; analyzed; and explained data (Kandari, 2006).

In the clinical social work, time is scheduled and the social worker provides assistance through time-limited therapy sessions, Padgett (1998) points to 30-50 minutes. Despite the differences between clinical social work practitioners about the specified time for the therapeutic session due to the variety of human problems; the type of clients; and the extent of achieving the therapeutic and preventive goals, however, an important factor has begun to affect the allotted time for the assistance process, namely the impact of health insurance companies, and the role it plays in validation of assistance process (Al-Qarni & Rashwan, 2004). Health insurance companies as the third party in the process of providing assistance have recently begun in western countries to impose rules and regulations which control the time of the provision of assistance by specifying sessions for each problem, the social worker or therapist must commit to a specific number of sessions for each problem. Regarding to the element of success and criteria on which it is based, we find that the level of success in clinical social work is measured by achieving the therapeutic goals and provide the process of assistance efficiently and effectively. There are several criteria that can measure the level of success which are: The client's ability to psychological and social adjustment with itself and with the surrounding environment; the level of change in thoughts, feelings and behavior of the client; the institution's ability to provide services that satisfy clients' needs; and the ability of practitioners and therapists to assist clients (Al-Qarni, 2009).

In contrast Denzin & Lincoln (2002) sees that the level of success in qualitative research is determined by the researcher's ability to enrich scientific knowledge and access to theoretical frameworks that can explain human phenomena and behavior as it is in reality. However, researchers

in the qualitative approach find it difficult to know the criteria for success as the level of success is intangible as in clinical social work. Criteria for success: The researcher's ability to achieve accuracy in data collection process through research tools such as interview and observation; and the researcher ability to achieve the honesty and consistency conditions, such as interpretive validity which means the accuracy in the representation of the meanings of the studied phenomena; descriptive validity which means the degree of accuracy in describing facts about the population study; and researcher's ability to provide theoretical frameworks able to interpret human phenomena in the future (Al-Qarni, 2009).

It is clear from above that there are differences between the clinical social work and the qualitative approach, which focused on their methodological nature rather than on how to access; interpret; and analyze data. Both are seeking to access data in-depth by multiple data collection sources, as the in-depth description gives both the processor and qualitative researcher a quantity of data to enable him to access the meanings behind the existence of human phenomenon or human behavior.

Unwillingness of clinical social worker to use qualitative methods in scientific research

Most studies indicate a reluctance to use qualitative research methods in clinical social work research. Although these methods are based on the emergence of some professional practice theories, however, the number of qualitative studies in clinical practice is only a small percentage of what is published in scientific journals and periodicals. For example, Ghannami (2017) noted the reluctance of postgraduate students in educational research on qualitative research in Saudi universities. Although there have been studies written on qualitative research such as Hajar study (2009), where his study aimed to identify the ethics of research Anthropology - a kind of qualitative research - in terms of its nature and objectives, the most important difficulties, and how you can avoid those difficulties. And his study on the conditions of objectivity and validity criteria in qualitative research (Hajar, 2003), And studies used qualitative research such as Zubun study (2015) were designed to evaluate the interactive national curriculum; the general framework document; and the general and special outcomes of children with hearing disabilities curriculum. However, the number is still very few and this is confirmed by the study of Al-Hanoo (2016), which aimed to identify the use of qualitative research methodology, through the analysis of published researches in ten Arab journals over a period of ten years (from 2005 to 2014), where the results of the study revealed that the use of qualitative research methodology in (3) studies only at a rate of (0.86%), while the quantitative research methodology was used in (322) study (92.52%). The results of this study showed that qualitative research is rarely used by Arab researchers.

We find Freud (1925), the founder of analytical theory in psychology, used the case management approach in the formulation of Psychoanalytic Theory, by studying some of psychological cases. Also Piaget (1929) has used direct observation and in-depth interview in the formulation of Human Mental Development Theory. Valliant (1977) also used qualitative methods in the formulation of Masculine Development Theory. One of the studies that have addressed the lack of qualitative studies in the field of practice clinical was Ambert, Adler & Detzner (1995) study; they reviewed 527 scientific articles published in the marriage and family magazines between 1989 and 1994. The results showed that only 10 articles (less than 2%) used the qualitative approach compared to using the quantitative approach. In the Sexton study (1996), he reviewed 344 scientific articles on counseling - a field of clinical practice - of various types published between 1988 and 1994; the results showed that 5% of those studies used only one approach of qualitative methods.

In Kleist & Gompertz study (1997) where they reviewed the articles which has published in the journals of marriage and the family between 1994 -1996, the results showed that 7 studies used only one of qualitative method tools. In the latest studies, Berrios & Lucca (2006) reviewed 593

articles published in 4 scientific journals specializing in psychotherapy and counseling between 1997 and 2002. The results revealed that only 98 articles used one of the qualitative methods (Al-Qarni, 2009). All of these studies confirm the scarcity of qualitative studies in the field of clinical social work. The question that comes to mind in this regard: What are the factors that prevent clinical social workers from applying qualitative research methods in clinical practice researches?

The simple answer to such a question is an unaccountable risk-taking, given its multiple aspects. There are many factors, including the nature of the complex human phenomenon; some of which relate to practitioner himself; others relate to educational and academic institutions; and some of which relate to the prevailing culture in society, which tends towards language of numbers (which is achieved in the quantitative approach) as more scientific and trustworthiness to many people.

Al-Qarni (2009) presented a number of reasons for the reluctance of clinical social work specialists to use qualitative methods in scientific research:

1. Lack of knowledge of how qualitative research and its applications: Conducting qualitative research requires many research skills that the researcher must acquire before proceeding with the research, these skills include: observation; interview; analysis and interpretation; analytical criticism skills; and others.
2. Lack of knowledge of nature and privacy of social phenomenon: The social phenomenon has distinct privacy; that is in contrast to the natural phenomenon which characterized by continuous change and absolute relativity. Hence, the need for equality between social phenomenon and natural phenomenon in scientific research is contaminate with a lot of arbitrariness (Zoubi, 1991). The social phenomenon is almost without a pattern of systematic repetition, and it is difficult to separate its complex elements from one another. This means that the research of the social phenomenon requires a method that consistent with this privacy.
3. The fear of not achieve objectivity in qualitative research: Many researchers move away from the use of qualitative research for fear of not achieving the objectivity which used in quantitative research methods. A Qansua (1980) points out that scientific objectivity is attitude and a judgment, and cannot be reluctant to take an attitude, or stopped passing judgment, and he added that objectivity means commitment to the sentenced subject. Therefore, fear of not achieving objectivity denies the specificity of social phenomenon and its changing reality and the interaction of individuals with it.
4. The fear of not generalizing the results that are reached, as a result of research in the nature of qualitative research methods, which is characterized by the contemplation of the researcher in events that associated with the studied phenomenon. As well as non-matching of the research methodology criteria which used in quantitative method such as, the theory matching with observations; generalizable; consistency; accuracy and rigor, and the possibility of validation.
5. The belief that quantitative research methods are to ensure scientific achievement as a result of the researcher's ability to control the dimensions of his study. The researcher in quantitative research follows a research methodology and previously expected procedural steps; he begins from theoretical frameworks and research questions in which the results are expected. In contrast, Hajar (2003) points out that qualitative research is innovative, where it is the ability of the researcher to overcome the postulates and be able to reflect and discover the relations; links; and reasons, that leads to a distinct theoretical formulation.
6. Qualitative research methods drain time and effort from the researcher: Conducting qualitative research requires a lot of effort and time by the researcher as a result of living the studied reality for a long period of time.

The researcher needs to provide an in-depth understanding, logical analysis and a comprehensive interpretation of studied phenomenon and the respondents. As a result, many clinical practice researchers are moving away from qualitative research to save time and effort.

How to activate the use of qualitative research methods in clinical social work studies

Qualitative research in social work research throughout its long history has not received as much attention as it has received over the last few years, not only because of its complex nature and its interrelated components, but also to the sense of social researchers of its importance in understanding the reality and human phenomena deeply and sincerely, because it provides the researcher with means to enable him to use his skills; knowledge; and his views in facts clarification and realities interpretation. And qualitative research, although not commonly used in Arab world, if it compared to quantitative research methodology, but today there has been a tendency to it in the Arab world, where researchers were interested in qualitative research and the studies and researches began using qualitative research in social work research, although it started a few.

The nature of the social and psychological problems faced by clients are complicated by multiple causative factors, hence, there is a need for an in-depth understanding of these problems and how to find suitable research tools for their nature that will lead to analysis; interpretation; and awareness of their impact. Corey (1996) argues that the development of therapeutic methods that are mechanisms for the practice of clinical social work requires studies on the use of qualitative research tools such as interview; observation; and case study to provide an in-depth understanding of the efficiency and effectiveness of such methods in providing humanitarian assistance, taking into account the cultural and social context of the application community. As a result of the paucity of qualitative studies in the area of clinical social work, there is an urgent need to activate the use of qualitative research methodology in clinical practice, and this can be done - from the point of the researcher view - through the following:

- Universities should publish a specialized journal to publish qualitative researches in social work.
- Encouraging the joint publication in scientific journals between the research students and the supervising professors in this kind of researches.
- Provide training programs for social work students in qualitative research skills: The practice of qualitative research requires acquiring many research skills, such as interview, observation, case study, collection, analysis and interpretation of data.
- Supporting qualitative research and motivating students to select qualitative researches.
- formatting of research teams to conduct qualitative research of social work students under the supervision of specialized professors for consulting, and propose titles for qualitative research as a collaboration with students of specialization and facilitate their task.
- Increasing the interest in teaching qualitative research methodologies for postgraduate students in social work. It is necessary for students to have knowledge of qualitative and quantitative research skills and skills to use either.
- Training of faculty members on the skills of conducting qualitative researches and encouraging them to carry out such researches to be followed by their students.
- Allocation of intensive courses within the scientific program to provide students of social work with qualitative research skills in the professional practice of specialization.
- Encourage and support qualitative research in the field of humanitarian assistance: Research grants from donor institutions should encourage qualitative research in the field of humanitarian assistance and clinical social work. This will enrich and develop qualitative research.

Conclusion

In this study, the researcher shows how qualitative methods can contribute to the development and evaluation of clinical social work assessment tools that are responsive to contemporary pressures. He also shows that evaluations of clinical tools are incomplete if they do not

include a qualitative component. It was clarified that qualitative method has unique features and characteristics that take into account the characteristics of human phenomena which characterized by continuous change, multiple reality, and circular causality, to give new perspectives to the social researcher that enables him to integrate with the human phenomenon and interact with them in order to understand the social reality which associated with it.

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