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THERAPEUTIC COMMUNICATION, COMMUNITY HEALTH PROMOTION AND PSYCHOSOCIAL WELL-BEING: IMPLICATIONS FOR SOCIAL CASEWORK PRACTICE IN COMMUNITY DEVELOPMENT SETTINGS

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ABSTRACT

Therapeutic communication is essential to social work practice. It equips the practitioner to create a working relationship with the people to be served, understand the experiences, define the psychosocial needs and apply the right interventions. In community development, it expands beyond individual interactions and includes health education, community participation, social support, advocacy, and promoting inclusion in health services. It acknowledges that individual behaviour and social, cultural, economic and environmental contexts affect health and wellbeing. This paper explores the link between therapeutic communication, community health promotion and psychosocial well-being with particular focus on the implications for social casework practice in community development. The discussion is guided by four objectives: to examine the principles and importance of therapeutic communication; to elucidate its contribution to psychosocial wellbeing; consider its relationship to community–health promotion; and reflect on the implications for social case work practice. The paper is a critical narrative review of relevant literature, theoretical perspectives, and selected policy documents in the African and Nigerian contexts. The theoretical framework is primarily informed by Personal-in-Environment Theory together with person-centered and participatory additions. Sharing such information as health and trying to build trust, reinforce family ties, encourage community participation and provide psychosocial support are their key tools, namely, the therapeutic communication. However, its effectiveness could be limited by language differences, cultural beliefs, stigma, poverty, lack of professional training, staff shortage, weak referral systems and institutional barriers. This paper argues that social casework in community development is the process of therapeutic communication, psychosocial global assessment, health education within the community, involved people and families, advocacy, interprofessional linkage, and coordination of referrals. The Therapeutic Communication and Community Psychosocial Empowerment Framework is proposed to direct practice. Meanwhile, it advocates for greater emphasis on communication skills in social work training, scales up the community health promotion, institutionalises psychosocial support and intensifies the collaboration between social workers, health workers and community-based organisations.

Keywords: Therapeutic Communication, Community Health Promotion, Psychosocial Well-being, Social Casework, Community Development, Social Work Practice.

Introduction

Communication is the core of human relationships, social interaction and helping, while social work communication is an intentional activity where the professional strives to develop relationships, understands people, their experiences and needs, promotes participation, and facilitates change. It is for this reason that therapeutic communication is especially important as it offers a professional means of engaging people and families respectfully, empathetically and without judgement. It provides an opportunity for individuals to express their concerns, share their experiences, and take part in making decisions that may have effects on their lives. Therapeutic communication is relevant in the modern practice of community development because health issues cannot be understood in terms of medical conditions alone (Abraham et al. 2024). While Alemi et al, (2023), and Marchi et. al, (2024) revealed that health and well-being of persons and families are influenced by poverty, unemployment, education, housing, family relations, cultural beliefs, environmental conditions, discrimination, and access to basic services.

These conditions indicate that health is a social and individual concern. According to Ottawa Charter for Health Promotion (WHO, 1986), health education is the process of enabling people to increase control over and to improve their health. Emphasising empowering people, their participation, supportive environments and skills development, this view places these aspects at the center of health promotion. Mulyana (2016), overtly overt that therapeutic communication assists in this process by helping professionals to explore the beliefs, experiences and circumstances that inform people's decisions concerning health. Empathy, clarification, open and closed questions, and feedback could be used by social workers to help naked anything that is impeding access to health care, encourage preventive practices, and change links the individual, the family, and available services.

Communication enables community members to identify health priorities and develop responses that reflect their social and cultural realities (Hassan et. al, 2024; Petursdottir and Syayarsdottir, 2019). The Nigerian experience shows the importance of communication in health promotion at community level. Abah et al. (2025) studied health- information communication practices in Akwa Ibom, Anambra and Kano States. They performed a qualitative study involving interviews and focus group discussions with multiple community and institutional stakeholders. The authors identified community meetings, health worker training, community collaboration, educational institutions, record management and advocacy as communication practices used to improve community health. Additionally, inadequate funding, a shortage of manpower, lack of motivation and cultural beliefs were also seen as challenges to effective health communication. These findings point to the need to understand health communication in the social and institutional conditions in which communities receive and use health information.

Another important dimension of community health is psychosocial well-being (Trudel-Fitzgerald et. a, 2019). It is about how

psychological experiences and social conditions interact to affect people's ability to cope with the challenges of life, to sustain meaningful relationships, to participate in society and experience dignity and personal agency. People dealing with illness, disability, unemployment, family conflict, discrimination, social isolation or economic hardship may require more than clinical intervention. They need emotional support, counseling, family support, social protection, community acceptance and access to appropriate services. Therapeutic communication provides an important base for identifying and responding to these needs (Yuliana and Aulia 2024). In social case work the relation of communication and psycho-social well-being is of particular importance. Social casework is a professional method of social work dealing with the solving of personal, interpersonal and environmental difficulties of individuals and families.

It includes assessment, relationship building, intervention, referral, resource mobilization and evaluation. These processes are highly dependent on the quality of communication between the social worker and the service user. When communication is respectful, empathetic and culturally appropriate, individuals may be more willing to share sensitive information, engage in intervention and seek help. Conversely, poor listening, insensitive communication, discrimination in the workplace and breaches of confidentiality discourage service users from seeking help (Zuchowski, and McLennan, (2023); Mundorf, 2017). The African healthcare context also provides evidence of the importance and challenges of therapeutic communication. A scoping review of therapeutic communication between nurses and patients in Africa by Abraham et al. (2024) revealed that sociodemographic, patient-related, professional, environmental and health-service factors influenced communication. The review pointed out the importance of professional development and culturally competent communication.

Although the study was based on nursing practice, its findings are relevant to social work as both professions rely on effective interpersonal engagement, trust, empathy and appropriate communication. In Nigeria, persistent challenges relating to healthcare accessibility, poverty, health information, cultural differences and uneven distribution of social services reinforce the need for effective therapeutic communication and community health promotion. Community development settings, such as primary healthcare centers, community-based organizations, schools, religious institutions, local government structures and non-governmental organizations provide important opportunities for the integration of communication, health education and psychosocial support. Social workers are uniquely positioned to connect these institutions with individuals and families, particularly those who are vulnerable and face barriers to accessing healthcare and other needed services.

In light of this, this paper discusses therapeutic communication, community health improvement, and psychosocial welfare with emphasis on their significance to social casework in community development settings. It argues that therapeutic communication should be recognized not only as an interpersonal skill

but also as a professional instrument for raising health awareness, strengthening social bonds, promoting community engagement, and improving the psychosocial conditions of individuals and families.

Statement of the problem

Despite the increasing awareness of the relevance of communication in health care and social work, many people and families still have difficulties in accessing understandable health information, in expressing psychosocial problems and in finding appropriate help. Health communication is still predominantly information-driven, with little opportunity for dialog, feedback and meaningful participation in some community settings. This situation leads to misunderstandings, distrust, poor health knowledge and unwillingness to use existing services. Therapeutic communication is purposeful, professional and helping-oriented process of interaction designed for the purpose of establishing a trusting relationship, facilitating understanding, encouraging disclosure and effecting positive change. It consists of the appropriate application of verbal and non-verbal communication skills in order to assess the experiences, concerns, and needs of individuals. Therapeutic communication is based on professional objectives, ethical principles and for the health, welfare and case of the service user, differing from ordinary social conversation.

Therapeutic communication provides the groundwork for creating a professional helping relationship in social work practice. This form of communication enables social workers to view the world through a service user's eyes and to gain an accurate sense of what is going on in the person's life, rather than rely on preconceived notions and conclusions. It requires not only listening carefully, but demonstrating listening skills, empathy, respect, acceptance, questioning correctly, clarification, feedback and maintaining professional regard. Substantively, this means not giving information but creating an environment where people feel seen, heard and supported. Rogers (1957) highlighted the importance of empathy, congruence, and unconditional positive regard as conditions for healthy and successful therapeutic relationships. These character traits continue to be essential to social casework as in their time, as people are more apt to engage in productive intervention when they feel they are being met with acceptance and regard.

Thus, therapeutic communication depends on real interest from the social worker in the situation of the service user while also maintaining professional responsibility and ethical guidelines. Additionally, therapeutic communication is composed of non-verbal expressions such as facial expressions, gestures, eye contact, posture and tone of voice, and mindfully listening. These behaviors communicate acceptance, concern, and disinterest, sometimes more effectively than the spoken word. However, within culturally diverse communities, social workers must read nonverbal expressions with care as eye contact, physical distance, gestures, and expressions of emotions vary from culture to culture. Abraham et al. (2024) points to some factors influencing therapeutic communication between healthcare practitioners and patients within a sub-Saharan African context, including

professional knowledge, patient circumstances, sociodemographic characteristics and health-service environments. The need for continuing professional development in enhancing communication skills and developing responsiveness to cultural needs is illustrated in this review. While this review focuses on nurse - patient relationships, its findings could also offer opportunities for informing social work practice.

Principles of Therapeutic Communication

The practice of therapeutic communication is informed by certain professional principles.

Empathy: to put yourself in another person's shoes, understand how they feel, and not necessarily go through what they have been through. It enables increasingly appropriate social work conduct with individuals going through hard times, illness, loss, poverty, discrimination or family problems.

Active listening: Active listening duty is to listen closely and patiently to what the client says and respond on the basis of this. It means listening without pointless interruptions, asking for clarification of confusing text, and making it clear that one is inspected on what that is being lived through.

Respect and acceptance: Every person deserves respect, especially in terms of age, sex, social status, disability, health, faith or ethnicity. Respectful communication reduces feelings of inferiority which encourages acceptance of professional help.

Confidentiality: The information shared in professional interactions should be safeguarded and shared only as directed by the ethical and legal boundaries. Social workers need to talk about the limits of confidentiality, especially where it is related to safeguarding duties, serious risks or legal obligations.

Nonjudgmental approach: Social workers never use blames, condemn, or shaming service users. It promotes open communication by professionals, allowing them to understand the reasons behind the actions of the people served.

Cultural sensitivity: communication should reflect differences of language, culture, values, history, practice and health practice. Cultural sensitivity means being careful not to use rassenclonistischen Rassismus and for professionals to interact with individuals and families in ways that respect their social realities.

Clarity and feedback: It is best to inform service users in their language. Social workers should ask questions, correct misunderstandings and confirm that information has been received. These principles form the bedrock of good effective social work because they provide the essential framework for a functioning professional relationship and facilitate collaborative intervention.

Concept of Community Health Promotion

Health promotion in communities, is the practiced of organized and participatory processes for influencing social determinants of health in order to improve the health of individuals, families and community through behaviour influence, environment improvement, empowerment, partnership building, and capacity-building. It goes beyond medical information to include empowerment, participation, environmental quality, resources ensure mobilisation and advocacy for community health promotion This is health promotion, through five major

areas of promotion of which Ottawa Charter is one of them health promotion: healthy public policy development, social and physical environment transformation, community participation strengthening, personal skills development and shift in health services (WHO, 1986). The four require an integrated response from individuals, communities, institutions and government structures. Community health promotion includes activities such as health education, immunisation awareness, maternal and child health education, nutrition programmes, sanitation campaigns, mental health awareness, substance-use prevention, health screening, health literacy activities and stigma and discrimination busting campaigns.

Such interventions work best if they are designed around the needs, experiences and realities of the persons they are intended to serve. Participatory health promotion is predicated the fact that information and health interventions are more relevant when community members have a role in defining the problems, establishing priorities and implementing solutions. The WHO (2023) global framework frames high-priority essential directions to promote population well-being as equity, inclusion, social protection, primary healthcare, health promotion and preventive services at the same time. Community level health communication incorporate actions such as meetings, collaboration, training of health workers, involvement of educational institutions, advocacy or information management, (Abah et al. (2025). Their results emphasize that health communication means to be guided by the structural, cultural, religious, societal and economic contexts of communities. These findings further support why we cannot merely promote health through the distribution of information therefore, we must engage in ongoing conversation, instill trust and invite the participation of the community.

Concept of Psychosocial Well-being

Psychosocial well-being is defined as the relationship between the psychological experiences and social conditions impacting an individual's functioning, ability to cope with adversity, maintain relationships, and engage in society in active roles (Alemi, 2023; Trudel-Fitzgerald, 2019; WHO 2023; Pizzi, and Amir, 2024). This includes emotional stability, self-esteem, social support, empowerment, a state of feeling safe, resilience, access to supportive relationships/resources. Psychosocial wellness is affected by a mixture of personal strength and family, market, economic, cultural and institutional environments. For instance, unemployment can have an impact self-confidence as well as family relationships, and social isolation may increase emotional distress. Similarly, discrimination, poverty, violence and limited access to health care can damage people's sense of security and social participation. Psychosocial well-being must be recognized as both an individual and communal concern in community development settings.

Not only do people need to be emotionally cared for and have chances to participate in meaningful ways, but communities rely on supportive social networks, welcoming institutions, services within reach and conditions that encourage dignity and social

cohesion. Mulyana, (2016) and Abraham,et. al., (2025) believes that many communicative methods prevent a psychological load through opportunities to talk to people to get to their feelings, identify what is bothering them, get comfort, start coping skills and know what helps. It also helps social workers pick up situations in cases which need to be investigated further, guidance, referral or protection. Above all, communication cannot break structural reasons for worry. Providing psychosocial support and allowing equality must meet the economic and environmental conditions which have people living upon

Concept of Social Casework in Community Development Settings

Social work Casework is a professional method of social work concerned with helping individuals and families identify, negotiate and overcome a variety of personal, interpersonal and environmental difficulties in their daily lives. These difficulties are identified while systematically evaluating needs, identifying strengths and effective resources, laminated intervention, referral and evaluation. The stages in the casework process have traditionally included engagement, assessment, planning, intervention, evaluation, and sometimes termination, though conceptually, this may also involve follow-up. As communication underpins each part of the process, the social worker collects the necessary information, builds professional relationships, establishes priorities and discusses progress with the service user. Working in a community development context, social casework takes place as a part of a wider social context.

Social workers do not isolate individual problems but recognize the relationship between family relationships, community resources, cultural practices, institutional structures and socioeconomic conditions (Zuchowski, and McLennan, (2023). If a person has a health problem, for example, they may also be dealing with things like the lack of employment, substandard housing, family abuse, lack of transport and social stigma. Intervention, therefore, needs to factor in these connected circumstances. Social casework in community settings also involves helping individuals and families tap into community resources, opening up access to services, bolstering family support, championing contributions to members of the time and collaborating with other professionals. The use of therapeutic communication allows the social worker to serve these functions, but to uphold these roles, it is key to honor the dignity, choices and participation of service users.

Theoretical Framework

Person-in-Environment Theory

This paper uses Person-in-Environment (PIE) Theory as its main way of thinking through the topic. The perspective is based on social work's efforts to think more around what places the individual is in in their social environment. Instead of attributing human issues to individual attributes, PIE looks at how personal experiences and social conditions together influence behaviour, functioning and wellness (Kondrat, 2002). PIE is built around the central affirmation that an individual can only be truly known by their relationships with families, communities, institutions, and with broader social systems. An array of interlocking

circumstances of which a person's health and psychosocial condition might be affected, including income, employment, educational level, housing, relations in the family, social expectations, social support, and access to healthcare.

From this perspective of PIE Theory, social workers should seek to discover not only what a person is saying, but what conditions in the environment of the person shape the experiences of the person. An example of that would be a person who keeps skipping medical appointments. It could be that the person simply has no capacity for treatment, but this may be due to the costs of transportation, poverty mindset, caring responsibilities, lack of accessibility for facilities, fear of being discriminated against or lack of health information. The social worker uses therapeutic communication to learn about these situations and avoid placing a blame on the proponent prematurely. It can be useful in explaining the link between community health promotion and psychosocial well-being.

Health promotion becomes more relevant when it tackles the social and environmental aspects influencing people's health decisions. Likewise, psychosocial intervention should not just focus on changing individual attitudes; it ought to change the environment wherein causes of personal distress may stem from family dynamics, conditions within the community, or the ways in which institutions are organized. PIE Theory in turn justifies a broad and person-centred approach to social casework. It suggests social workers blend interpersonal intervention with environmental assessment, resource mobilisation, advocacy, and community cooperation. Therapeutic communication is the means of access by which the person exists in a social environment, and the realization of appropriate pathways for intervention.

Person-Centred and Participatory Perspectives:

In helping relationships to be produced Rogers (1957) emphasised empathy, congruence and unconditional positive regard. These can, through therapeutic communication, encourage social workers to listen attentively, validate experiences, and never engage in loopholes. Freire (1970)'s participatory point of view may also provide a sound basis for comprehending the stance that needs to be adopted towards community health promotion. It underlines dialogue, critical reflection and the inclusion of people in recognizing and dealing with the challenges that affect them. This concept, when it comes to community health, spheres social workers and health professionals to treat community members as partners, rather than as population groups to passively give information to them. Overall, this combination advocated individuals' dignity, community involvement and consideration given to environmental conditions as a model of practice.

Methodology

This paper implements a critical narrative review approach in order to explore the relationship between therapeutic communication, community health promotion, and psychosocial well-being with specific attention to social casework practice in community development contexts. The

approach is based on a critical examination of relevant theorists' views, familiar social work concepts, the academic literature, and policy documents related to therapeutic communication, health promotion, community participation, and psychosocial support. Foundational works in person-centred practice, Person-in-Environment Theory and health promotion. Therapeutic communication in nurses and communication in community health promotion in the community, as well as recent literature on therapeutic communication and community level health information, were also included in the literature reviewed. African and Nigerian literature, if relevant to the subject, was given special attention. The included sources are the African scoping review on therapeutic communication by Abraham et al. (2024), the Nigerian study on community health communication by Abah et al. (2025), and the research on primary healthcare governance and service availability in Lagos State by Wright et al. (2024) The materials were examined thematically in accordance with the objectives of the paper. Major areas of discussion framed the discussion, and include principles of therapeutic communication, communication and community health promotion, psychosocial well-being, barriers to effective communication and ramifications for social casework practice. The discussion is conceptual and literature-based; it does not involve primary data collection, statistical analysis or a systematic review with a quantified study-selection process. As a result, this paper does not seek to convey original empirical data or a systematic search of all publications available.

Discussion and Results

Therapeutic Communication as a Basis for Professional Helping Relationships

Social casework effectiveness is influenced by the qualities of the relationship between the social worker and the service user. Persons who enjoy trust, acceptance, and respect are more inclined to talk about personal matters, disclose covert information, and have an active role in creating intervention plans. Therapeutic communication therefore provides the basis for meaningful engagement. The application of empathy, active listening and correct questioning allow social workers to understand the service user's experiences as well as find any underlying needs. For instance, a client with emotional pain may react to the questions telling the problem is personal. Through thoughtful communication, the social worker may uncover other issues like family discord, financial insecurity, unemployment, or social isolation. This more holistic view helps professionals execute better assessment and interventions.

In social work literature, communication is especially important for professional helping relationships as demonstrated by the literature of Africa and healthcare (Abraham et al., 2024). They identified sociodemographic, patient-related, professional, environmental and health-service factors that affect therapeutic communication. Inadequate communication knowledge and skills, professional stress, technical language, and negative attitudes were identified as barriers in their review. These findings show that communication challenges stem not just from service users

but they arise from a combination of professional behaviour and institutional conditions. In the context of social casework, this means that communication skills should not be regarded as optional personal attributes. They are vital professional competencies that influence assessment, relationship building, intervention and service-user participation. A social worker who is speaking with lack of empathy or cultural sensitivity may unconsciously reinforce the elimination and power imbalance that social work has developed laws to eliminate.

Therapeutic Communication and Community Health Promotion

The principle of therapeutic communication is guided by the way to promote community health by making health information be shared, communicated, challenged and used in people's own everyday environment. Health education is more effective if professionals understand what issues the audience cares about and speak in an accessible and culturally relevant language. For instance, a particular community health programme portending maternal health is not limited to disseminating information about antenatal services. The programme should also create possible situations for women and families to appreciate transportation issues, money, cultural expectations, family decision making, and concerns about quality of health care. via conversation social workers will identify barriers and connect to services within their respective institution. Kelmu et al. (2025) reveal how community-level communication channels such as community meetings, partnerships, health workers training, educational institutions and advocacy we only illustrate were impacted by limited resources, staff shortages, low morale and cultural beliefs on health communication.

This illustrates that community health promotion requires not only health messages to be reached, but also an appropriate floor for communication and continuous contact with community members. The WHO (2025) describes an integrated primary healthcare as a whole-of-society approach that includes integrated health services, action on wider determinants of health, and the engagement and empowerment of adults, families and communities. In this regard, it only adds to the body of reasoning that Christian social worker directs health education and social support, advocacy and community participation together. Social workers enhance the promotion of health through the facilitation of community discussions, health education, household detection and promotion of participation of preventive health programmes. Health professionals rely on social workers for understanding the social conditions impacting community responses in health interventions. Be upshot of this is that therapeutic communication should be an integrated into community health promotion and treated as a process of ongoing dialogue, listening, information exchange and collaborative problem solving.

Therapeutic Communication and Psychosocial Well-being

Psychosocial well-being is enhanced when individuals have opportunities to voice their feelings, get appropriate support and take part in decisions that shape their lives. It is an important means of therapeutic communication, allowing professionals to

identify emotional difficulties and respond in a way that respects the principles of human dignity and agency. Public health professionals can assist individuals in recognizing their immediate concerns, access to personal strengths who are experiencing chronic illness, loss, disability, unemployment, family conflict, or may face social exclusion or may find themselves with attrition anxiety, loneliness, doubt and a lack of confidence. Active listening and an empathic response from a social worker can assist an individual to identify immediate concerns, discern personal strengths and identify alternative support options available to them. Positive and negative outcomes associated with therapeutic communication in the African healthcare setting are reported after the scoping review by Abraham et al. (2024).

This review underscores the importance of therapeutic communication as it relates to shaping patient experience and emotional states, while also showing that tensions between professionals, patients, and other contextual factors remain a barrier to the efficacy of therapeutic communication. These findings may be considered evidence of communication as an integral part of psychosocial support, though without a direct link to the outcomes of social casework. Similarly, the WHO (2023) global framework on well-being links well-being to various aspects of health, including social protection, equity, inclusion, primary healthcare, and prevention. This is significant because whilst individual counselling can fix psychosocial well-being it cannot be sustained if the circumstances of the psychological issues stem from issues like poverty, low social participation, or lack of access to basic services.

Instead of specialized mental health care this is not a substitute. Social workers should identify clients exhibiting significant psychological distress, risk to self or other, trauma-related symptoms, or other complicated mental health issues should be assessed appropriately and a referral made to the right professionals. This just to say they can provide psychosocial care in their area of competence, coordinate services, and keep individuals from getting left behind in the referral processes. Toward this end, therapeutic communication plays an essential role in the psychosocial well-being through its abilities in reinforcing trust, validating emotional expression, enhancing a sense of self-efficacy and connection, and linking people to relevant services.

Therapeutic Communication, Family Support and Social Relationships

Family relationships and informal social networks are vital sources of emotional, material and practical assistance. But family can also be a focal point of conflict, neglect, abuse, stigma and emotional distress. Social workers, therefore, must have the communication skills to assess family relationships, and also facilitate intervention when it is appropriate. In community development settings social casework can be applied with individuals and their relatives to work on health-related issues, in the areas of caregiving, substance use, disability, child welfare, ageing and family conflict issues. Through therapeutic communication, family members can understand each other, discern issues, recognize shared responsibilities and establish practical support. For example,

when an older person requires long-term care; the social worker may talk with the older person and their relevant family members to establish mutual expectations for caregiving, financial restrictions, emotional support needed, and existing community resources. This help clarify misunderstandings and promote shared responsibility. However, family involvement must consider service user autonomy, privacy and safety. It does not automatically follow that family participation is always desirable, particularly where there is abuse, coercion, neglect or major conflict. The social worker must unpack the situation, and communicate that and interventions are designed to protect the rights and welfare of the person at risk of harm.

Role of Community Participation, Trust, and Health-Seeking in Health Promotion and Community Development

It is community participation the essential principle of community development and health promotion. People will more likely identify themselves with a health programme if they have had chance to take part in the its planning, implementation and evaluation. In a process therapeutic communication fosters dialogue between community members, social workers, health professionals and local institutions. In settings where there is a lot of discrimination, little trustworthy services, misinformation, neglect, trust is of big concern. Slow or a rude response from health institutions, community members might hesitate to look for help or engage in communally-based health programmes. Upright communication works towards bridging the gap between the community and service providers. The importance of community participation is also reflected in the WHO's (2025) definition of primary healthcare, which emphasizes community participation and empowerment as key building blocks of a whole-of-society approach.

This means communities should be empowered to get involved in decisions that affect their health and well-being rather than be treated simply as recipients of services. Evidence from Lagos State also underscores the importance of community structures in primary healthcare. Wright et al. In their assessment of primary healthcare governance and service availability in Lagos (2024), reported the existence of active development committees that were present in many of the facilities studied. The committees were involved in administrative and facility-related activities, but services availability and community involvement still remained problematic. This evidence points to the potential of community structures to act as an institutional basis for participation, however their success depends on resources, responsiveness and consistent engagement. Social workers can facilitate health forums, work with community leaders, collaborate with women's and youth groups, back local health committees working with populations most at risk that struggle to get their voice heard. Such activities link individual casework with beyond to stimulative actions of community development

Barriers to Effective Therapeutic communication for Community health promotion

Despite its importance, effective therapeutic communication may be weakened by several

personal, professional, cultural, economic, and institutional factors. Language and cultural differences: Professionals and users of service who are not of common language have communication challenges, or where service users misinterpret health-related concepts. Cultural beliefs can impact how people experience illness, disability, mental health and professional engagement. The use of interpreters, local languages and culturally appropriate references help to facilitate comprehension. Mental health conditions, HIV-related stigma, disability, drug-use problems, or other socially sensitive conditions: People may feel judged and expected to hide their problems. Using de-stigmatizing language and eliminating discriminatory attitudes leads to enhanced comfort with access to services.

Skill gaps: Low levels of competence in key areas like active listening, counseling, conflict management, cultural competence, and communication lower the quality of professional engagement. Communication knowledge and/skills barriers are not uncommon African healthcare facilities, Abraham et al. (2024).

Workload, understaffing: Backlogs and limited staff who whole hand in great measure into the demand of clinical and community health tasks limit professionals who can even think to do interior assessment, family involvement and follow ups. Functioning communication need focused attention (and time) around the service users' environment.

There are issues with poverty and lack of services: individuals know their health information but are still unable to do anything about it because of financial restraints, lack of transport, lack of proper facilities, no services available. Communication must therefore be paired with practical advocacy and support.

Lack of Institutional Coordination: weak referral systems and lack of collaboration between health facilities, social welfare institutions and community organizations could disrupt continuity of care. Working conditions for social workers include working in environments with functioning referral networks and protocols for interprofessional collaboration.

Confidentiality and privacy issues: The possibility that service users may be hesitant to disclose sensitive information when confidence cannot be given to privacy. These community-based interventions need to come up with suitable communication for confidentiality and appropriate risk management. The existence of such obstacles is proof of the fact that adequate communication depends on more than just on the competency of the social worker but also on the presence of enabling institutions, ample resources and a sympathetic surrounding in the community.

Critical Synthesis and Implication for Community Development

The literature reviewed confirms that therapeutic communication, community health promotion and psychosocial health are interlocked reciprocal concepts but not the same. Therapeutic communication as a core process of relatedness and intentioned interaction is essentially professional. Health

promotion in the community is a much wider, participatory process. Psychosocial well-being represents a crucial outcome dimension for the supportive relationships, accessible services and inclusive settings to encourage. A key distinction here is between precepting knowledge about health and allowing people to do something about it. Abah et al. (2025) found that Nigeria has a number of effective communication practices at the level of the community, limited to structural and cultural barriers though. It appears that just because you have a platform for communication, that does not automatically lead to the improvement of health outcomes.

It must be something that can be understood, reliable, relevant to the cases of the people and linked with services that can be used at all. A second issue relating to the limitations of interpersonal intervention. Although empathy and active listening may improve features in the professionalproductive relationship, they will never be independently solutions to poverty, lack of healthcare infrastructure, unemployment or social exclusion on their own. This is why PIE Theory is so relevant, as it focuses attention on both what the individual is going through and the context in which they have those experiences. Therapeutic engagement must be combined with advocacy, resource mobilisation, family intervention and interinstitutional collaboration by social workers. Another third concern is this: thinking that findings from the nursing profession work in hope of achieving outcomes within social casework too.

Significantly, the African Review on Communication Barriers in Health Care by Abraham et al. (2024) discusses relevant evidence, yet surprisingly it does not measure interventions of social workers in community development settings. The same applies to the Nigerian study by Abah et al. (2025), which explores community health communication, but not closely therapeutic communication and its effect on psychosocial health. Though these studies have contextual and conceptual relevance, the impact of integrated therapeutic communication and social casework strategies upon Nigerian communities remains understudied. The work of social work is framed on integrating the interpersonal aspects of helping with the structural and collective dimensions of community development. It facilitates the community to adapt its participation strategy to the changes in individual experiences; it translates individual experiences into community needs, while community participation informs more responsive individual and family interventions. This reciprocal relationship provides a basis for integrated practice.

Implications of Community Development Settings for Social Casework Practice

There is a link between therapeutic communication, community health promotion and psychosocial well-being, which, in turn, has some implications for social casework practice.

Building Assessment and Recognition of Psychosocial Needs (Interventions): Social workers use therapeutic communication to understand service users' lives. Health conditions, emotions, family relationships, finances, social supports, cultural beliefs and environmental barriers should be covered by assessment. This approach exemplifies

Person-in-Environment Theory in which an individual's problems are not merely a personal challenge but are a product of broader social conditions.

Strengthening Individual and Family Health Education: Social casework should consider appropriate health education within their interactions with individuals and families. You can describe the services you have access to, talk to clients about healthy habits, bust myths and in Triage have them see a qualified health professional for clinical information and treatment. Health education should use language appropriate to the content and the young person's health literacy and needs.

Facilitating Psychosocial Support and Counselling: Communicative Competence. Social workers should use communication skills to deliver emotional support appropriately, train in problem solving, train coping skills. They should respond to the boundaries of professional expertise and refer to professionals for those in need of advanced psychological or psychiatric help.

Facilitating Referral and Service Coordination: Many service users need multiple service institutions. A person who is dealing with health problems may also need social security, financial support, rehabilitation, family counseling or legal action. Social workers should facilitate a referral, contact relevant professionals (with appropriate consent) and advocate for continuity of care.

Family and Community Strengthening Support: It is essential for social casework to identify families, community groups, religious organizations, local associations, and other informal support networks. Social workers can take the initiative in family meetings, finding community aids, and encouraging supportive ties by ensuring service users' rights and independence remain protected.

Using Therapeutic Communication Skills to Enhance Advocacy and Social Justice: By way of revealing this, it is possible for some therapeutic communications to highlight structural hardships of people going to their healthcare or other key services to be used. Social workers must gather information through casework and employ it to lobby for improved services, facilities without barriers, anti-discrimination, social protection and fair resource distribution. There should be an ethical framework of advocacy which incorporates the service-user's consent and confidentiality.

Facilitation of Community Participation and Empowerment: in Social Casework Health needs should be identified and health solutions developed in collaboration with people within community development initiatives, as social casework should be dedicated to being other. Social workers can facilitate community discussions, health committees, peer-support groups and community awareness projects. This system is built on participation, and recognizes active partnership in development among community members, rather than viewing them as passive recipients of such services.

Enhancing Interprofessional Collaboration: Without Losing Your Own Professional

Value As social workers, community health promotion needs the collaboration of nurses, doctors, community health workers, psychologists, counsellors, teachers, local government officials, and community leaders. To be part of interdisciplinary initiatives, social workers should apply their knowledge of psychosocial assessment, family relationships, social welfare, and community resources.

Proposed Therapeutic Communication and Community Psychosocial Empowerment Framework

Considering the previous discussion, this paper introduced the integration of therapeutic communication, community health promotion and psychosocial support into social casework practice using a therapeutic communication and community psychosocial empowerment framework (TCCPEF) making this paper to propose TCCPEF as a work guide for this concept.

This is not an empirical model but a practice framework proposed for consideration, at least, that is derived from the argumentation of theories, critique and concepts discussed in this study.

The framework has five interrelated components:

1. Building relational and therapeutic bonds: Social workers establish professional relationships with empathy, respect, active listening, confidentiality, and cross-cultural communication. This element is the building block for trust and participation.
2. Comprehensive psychosocial assessment: Social workers identify personal and family needs in addition to the effect of social, economic, cultural, environmental, and institutional conditions. Assessment is based on strengths, existing resources, and barriers to services.
3. Health information and community empowerment: Social workers provide appropriate health education, sustain dialogue, spark health literacy and Te equip community by identifying and overcoming health problems.
4. Intervention, referral and resource mobilization: Social workers provide suitable psychosocial support, family access facilitation, referral to eventuality of relevant services access and resources for filling the identified gaps.
5. Evaluation, follow-up and community feedback: Social workers track progress by measuring outcomes of referral, gaps in service and user feedback. Community feedback is employed to make health promotion activities more relevant and accessible.

The framework thus recognises the fact that these five components are linked, not strictly sequential. For example, new psychosocial needs identified during follow-up may emerge and could require re-evaluation and intervention. Change at the level of practice is expected to lead to benefits due to the team work on service users & professionals and strengthening trust, health awareness, family & community support, access to services, participation in health promotion and psychosocial well-being in general. These are

the expected outcomes to be empirically tested in a number of community settings.

Recommendations

Following the discussion, in the tab listed recommendations are made:

Build therapeutic communication on social work education and professional development. Rather, Social work training institutions and professional bodies should enhance instruction in active listening, empathy, counselling skills, cultural competency, conflict management and ethical communication. increasing community health promotion.

Government agencies, health-care institutions and NGOs should foster community health education programmes based on the participation of people who respond to local needs, languages, with customs and social conditions. Enhance collaboration between social workers and health professionals.

Healthcare facilities and community development agencies should adopt functional referral systems and collaborative frameworks for meeting the medical and psychosocial needs of both individuals and families.

Provide psychosocial support within community development programmes. Community Health Initiatives will have to do appropriate psychosocial assessment, family support, counselling referrals, peer-support activities and social inclusion strategies.

Removing health information and service utilisation barriers. Authorities should work towards making health information more accessible, services more affordable, alongside transport and community-based resources for a more inclusive population. Enhancing confidentiality practices and ethical communications.

Social work and healthcare institutions should formulate proper processes for safeguarding client information derived from service-user information, informed consent and sensitive disclosures. Encourage community involvement in health planning.

The community, traditional and religious leaders, women's groups, youth organisations, persons with disabilities, and the community as a whole, has to be sensitive to health priorities and assess the performance of this community health programmes.

Research into therapeutic communication and community well-being. Universities and research institutions should conduct empirical research analyzing the impact of therapeutic communication on health awareness, service utilization, psychosocial health outcomes and social casework outcomes on the Nigerian communities.

Institutional resources and working conditions Improving. The government and other relevant stakeholders need to address staff shortages, lack of funding, training opportunities, and weak coordination that hamper efficient communication to promote community health.

Contribution to Knowledge

Three closely related subjects, therapeutic communication, community health promotion and psychosocial well-being merged in this paper from a social work and community development perspective. The need to view communication as both an interpersonal profession skill and a tool of community empowerment was underscored in this paper. Additionally, this paper demonstrates how therapeutic communication can be used by social workers to set the groundwork for the Person-in-Environment Theory by identifying the intersection of individual experiences and the broader social conditions that impact health and well-being. It also emphasises the relationship between individual social casework and broader community development processes, particularly through family engagement, community participation, advocacy and service coordination. Lastly, the proposed Therapeutic Communication and Community Psychosocial Empowerment Framework renders a conceptual base for combining relationship-building, psychosocial assessment, health education, referred and follow-up as part of community-based social work practice. Its practical relevance and effectiveness should be tested through further empirical research.

Conclusion

As dimensions of sound social work practice in community development settings, therapeutic communication, community health promotion and psychosocial well-being are interconnected. Therapeutic communication offers a powerful tool for social workers to develop relationships, learn about, and support the lived experiences of individuals and families, identifying psychosocial needs and appropriate interventions. Community health promotion provides mechanisms to facilitate health literacy, embrace preventive behaviours, participation and ameliorate social conditions that affect health. Psychosocial well-being, on the other hand, underscores the importance of emotional support, social relationships, autonomy and supportive environments. The discussion illustrates that social casework is not to be confined to individuals alone. It has to take into account the influence of family ties, community resources, socioeconomic conditions, cultural beliefs and institutional arrangements on people's health and well-being. Person in Environment theory is a good fit for this systemic approach, while people-centered and participatory perspectives further underscore the importance of empathy, dialogue, and empowerment of the community. In the context of Nigeria, development of effective therapeutic communication to community health promotion needs sound professional training, culturally appropriate communication, enhanced referral systems, institutional support and active engagement of the community. Social workers by way of assessment – psychosocial support, health education, advocacy, family engagement and interprofessional collaboration play a pivotal role in facilitating these processes. Ultimately, therapeutic communication should be positioned as a central tool to facilitate strengthening of social casework, promote community health and ameliorate psychosocial well-being of individuals and families.

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