An Introduction to Social Work and the Helping Process

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There are few things that get social work students more enthused than learning how to work with clients in direct practice and mastering the necessary skills for becoming an effective practitioner. This chapter reviews the mission of the social work profession and introduces the six stages of the helping process. Using case studies to demonstrate the roles of social workers in the helping process, students can experience the complexity of the human condition and come to understand the breadth of knowledge needed to competently enter into direct social work practice. The scenarios demonstrate the variety of roles that social workers can play in improving the lives of clients, families, and communities. This chapter sets the stage for a more in-depth look at the many dimensions of direct practice and the application of basic and advanced interviewing skills.

LEARNING OUTCOMES

- Compare the two founding mothers of social work and their contributions to the profession.
- Define social work in terms of mission, educational requirements, and fundamental principles.
- Illustrate each stage of the helping process.
- Describe at least two roles that social workers fill at each level of practice (micro, mezzo and macro).

CHAPTER OUTLINE

HISTORY OF SOCIAL WORK

Since its inception, social work has developed along two parallel practice philosophies; one focused on working with individuals and families, while the other centered on social reform and community and policy practice. The two founding members of the profession, Mary Richmond and Jane Addams, spearheaded these two areas of practice, respectively. Mary Richmond, in alignment with the charity organizations, developed theories of interpersonal intervention (now called micro, or direct practice), while Jane Addams, in her work with Hull House and the settlement house movement, focused on helping poor immigrants and was involved in social reform and political activism (now called community practice and policy practice, or macro practice) (Dinerman, 1984; Ehrenreich, 1985; Richmond, 1930; Stern & Axinn, 2012; Trattner, 1999).

During the late nineteenth century, volunteer "friendly visitors" from charitable organizations visited the poor and determined their eligibility for services (Ehrenreich, 1985). In their work with the poor, early social workers began to develop skills and techniques to enhance the quality of life for the poor. By 1897, pioneer Mary Richmond was advocating a university-based training program in "applied philanthropy," and by 1904, three schools had been opened (Dinerman, 1984). Mary Richmond's 500-page book *Social Diagnosis*, originally published in 1917, was the first effort to document the theory and practice of social work. "Almost overnight, social diagnosis or casework became the method of social work and the badge of professionalism" (Trattner, 1999, p. 258). Since these humble beginnings, social work has evolved into a knowledge-based profession, drawing on empirical research, theoretical frameworks, and practical wisdom to advance practice. A growing body of expert knowledge of helping professionals has proven vital in leading effective helping initiatives, in creating and maintaining social service agencies, and in supporting the well-being of the most vulnerable in society (Cummins, Byers, & Pedrick, 2011).

Assess your understanding of the history of social work by taking this brief quiz.

DEFINING SOCIAL WORK

Fundamentally, **social work** is the art and science of helping others. The field has a long tradition of helping the disadvantaged and disenfranchised and influencing social policy to meet the dynamic continuum of human needs. Social workers are represented in an array of professional settings and positions; the clinical social worker, case manager, school social worker, community educator, agency administrator, program planner, and legislator are just a few career choices available to social workers. Professional social workers hold an earned degree from an accredited school of social work. With a minimum of a bachelor's degree in social work (BSW), social workers can work under supervision to perform tasks that assist in evaluating client psychological needs or providing services that help people meet their physical, emotional, and environmental needs. Common positions for BSW social workers include intake worker at a substance abuse center, group home counselor, case manager for the chronically mentally ill, and caseworker for foster care, adoption, and child protective services. Jobs in management, supervision, and clinical social work require a master's degree in social work (MSW). In most states, social workers must pass a state licensing exam in order to practice and call themselves

social workers. Beyond the MSW level, the **National Association of Social Workers** (NASW), the oldest and most prestigious professional organization for social workers, provides credentialing for specialization in social work practice. These specializations include leadership, military, clinical, hospice and palliative care, gerontology, youth and family, health care, addiction, case management, and school social work. With additional credentials beyond the MSW, social work practitioners gain access to increased autonomy in their practice. For more information on credentialing, see the NASW credentialing center on the NASW website (NASW, 2015a).

Regardless of the level of social work preparation, the profession is bound by common values and ethics that are grounded in client self-determination, respect for the individual, and helping individuals reach their potential by helping them function within the context of their environment. Whether it is a homeless person looking for shelter, an HIV/AIDS patient needing government assistance, a married couple addressing their differences, a group advocating for the legalization of same-sex marriage, or a community in need of after-school care, social workers fulfill a variety of functions that meet the needs of individuals, families, organizations, communities, and society at large.

The National Association of Social Workers has put forward this defining statement:

> The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. (NASW, 2015b, preamble, para 1)

Social workers bring the mission of the profession to life through the art of social work practice that requires the professional application of social work values, principles, knowledge, skills, and techniques to individuals, families, groups, organizations, and communities. For example, social workers help people obtain a wide variety of tangible services, such as counseling, housing, employment and training, child care, health care, and so on. Social workers help communities or groups provide or improve social and health services, assess community needs, run community agencies, and advocate for those in need through advocacy and legislative processes. The practice of social work requires knowledge of human development and behavior; emotional, psychological, and spiritual functioning; social, economic, and political systems (local, state, and national); and diverse cultural norms. Social workers understand the interactions among life and societal factors and the impact they can have on client groups and communities. Social workers are highly trained professionals who care about people, who see what is possible in people, and who want to make a difference. There are over 650,000 professional social workers in the United States who are working to make a difference in the lives of people, in communities, and in the world (NASW, 2015b). Of these, over 250,000 are licensed social workers, and the profession continues to grow. The Bureau of Labor Statistics (2014) projects that the need for social workers will increase by 19 percent between 2012 and 2022, with the greatest growth in child, family, and school social work.

Fundamental social work principles are based on the assumption that people aspire to reach their full potential. The aim of social work is to create enriched environments that support individuals' optimal personal development, allowing them to hone their innate abilities within their social setting. When people are confronted with problems in life, their levels of coping and ability to adapt to current circumstances can change

Box 1 Case Study: Elisa

Elisa is a 30-year-old Latina. She and her two sons moved from Mexico to New York City two years ago. She and her children are now living with her sister and her three children in a small apartment. Last week, Elisa's 14-year-old son, Antonio, was arrested for drug possession. This incident with Antonio has caused Elisa to question whether she wants to remain in New York. In addition to Antonio's involvement with the legal system, Elisa has just been laid off from her position as a housekeeper at a Manhattan hotel. She anticipates going back to work but in the meantime has been receiving a very small unemployment check. She is now feeling hopeless and overwhelmed and is unable to figure out what she needs to do next. She made a comment to the court services social worker that she has thought about running away and never coming back.

Points for reflection

When considering the level of strength and perseverance Elisa had to amass when she moved her family to the United States (leaving behind her community, country, and family; learning a new language; navigating in a completely unknown environment; getting a job; and enrolling her children in school), the current "small" series of life events do not appear to be insurmountable from a social worker's perspective. However, to effectively engage Elisa, the social worker must be able to understand how Elisa is experiencing these events. From Elisa's perspective, what do you believe makes the current situation seem overwhelming to the point of wanting to run away?

Assessment

Behavior: Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.

Critical Thinking Question: In the case study of Elisa (Box 1), what environmental factors have contributed to her state of "overwhelm" and consequently feeling like she wants to "run away"?

Evaluate your understanding of defining social work by taking this brief quiz.

their perceptions of reality. How individuals interpret reality is influenced by the level of stress they experience in any given situation. For example, consider Elisa in the case study provided in Box 1.

THE HELPING PROCESS

Skovholt (2005) described the work of counselors in the helping process as a "**cycle of caring**" that involved three distinct phases: 1) empathetic attachment, 2) active involvement, and 3) felt separation. Social workers experience this cycle of caring over and over again with each new client. This is the work that is at the core of the **helping process**. Social workers create optimal professional attachments to their clients, actively engage the client throughout the helping process, and then end in separation when the professional relationship is terminated, hopefully having achieved client goals. Central to the helping process is the ability to form professional attachments that are grounded in the fundamental ability to care.

When doing direct practice, the social worker helps clients distinguish between healthy and maladaptive behaviors and ways of being. This can be a complex process since many client problems and behaviors are long term and have developed through the individual's interactions with multiple subsystems. For example, consider Trevor, a 12-year-old boy with attention-deficit/hyperactivity disorder (ADHD). He presents with coping deficits at home (yelling and tantrums) and in school (inability to complete work and follow directions, fights with other children), demonstrating impaired academic performance, social isolation, and low self-esteem. At the individual level, there are biological influences that affect Trevor's coping challenges that may need to be treated with medication. At home and at school, the consequences of his undiagnosed and untreated ADHD, over time, has caused him to

be isolated from peers and to feel high levels of frustration in the family unit at home. In addition, Trevor has been labeled as a "difficult child and student." At school, his ADHD has interfered with his learning process, and consequently he is lagging behind his peers academically. All of these limiting outcomes collectively, over time, have led Trevor to conclude that he is in some way inadequate, which has contributed to his low self-esteem. Sorting out the multiple influences in his life and deciding on appropriate interventions require a significant amount of knowledge and skill on the part of the social worker.

Multiple interventions are often required to sufficiently alleviate the presenting and interconnected problems of clients. Social workers use the helping process (a problem-solving process) to guide them in structuring a plan of action aimed at improving the quality of life for clients. Many common factors of social workers (such as empathy, genuineness, and acceptance) and common factors of clients (such as social networks, hope, and active engagement) have been shown to improve client outcomes in the therapeutic process (Drisko, 2013; Mark & Keenan, 2010). Fundamental to creating a successful helping relationship is the social worker's ability to establish a partnership with the client that is grounded in mutual respect and trust. Together, the client and social worker mutually identify goals to be attained. The social worker facilitates the helping process through the application of social work theory, skills, techniques, and strategies and guides the client through the six stages of the problem-solving or helping process: 1) **engagement**, 2) **assessment**, 3) **planning** and **contracting**, 4) **treatment/intervention**, 5) **evaluation**, and 6) **termination**.

Intake and Engagement

The first stage of the helping process is intake and engagement. During this stage, the social worker makes initial contact with the client and begins to establish the framework for the helping relationship. The kind of information gathered during the intake process is then used as the foundation for the next phase of the helping process: assessment. Part of the intake process requires understanding how the client came to be in your care (i.e., voluntary or mandated), some general history of the problem, and previous circumstances that led to the problem.

One of the primary tasks for the social worker in the helping relationship is to develop rapport and trust in order for the social worker to then gather information from the client and other important people in the client's life. Engagement is a critical stage in the helping process because clients who leave the initial session feeling understood and having gained some information and clarity about their problem are more likely to return for a second session. Clients who feel engaged and return for a second session are much more likely to stay in treatment and complete the full cycle of the helping process (Tryon, 1986, 1989, 2003; Tryon & Winograd, 2011). Using the case study in Box 1, practice an engaging introduction to the client, Elisa (see Box A).

Box A Now You Try It . . . Engagement

Read the case study of Elisa in Box 1. Imagine that you are the social worker meeting with Elisa for the first time. What would you say to her?

A. Your response: _____

Assessment

During the intake and assessment phase of the helping process, the social worker gathers information from the client and sometimes from other people close to the client (known as collateral contacts). The social worker must first request and receive written consent from the client before contacting and interviewing collateral contacts about the client. Most social service agencies use standardized consent and release-of-information forms. During the information gathering process, it is critical that the social worker identify and clarify not only the client's problem(s) but also the client's strengths. Client strengths will become central to helping clients resolve their problems and gain control over their lives (Germain & Gitterman, 2008). During the engagement and assessment phases, the social worker and client are involved in forming a partnership for future work together. This work may include the following:

- Identifying client challenges
- Taking an inventory of the client's resources and strengths
- Encouraging the client to identify and name feelings
- Envisioning broad goals together as a working team
- Defining directions for action
- Clarifying respective roles within the helping relationship
- Identifying any cultural concerns that either party might have (Johnson & Yanca, 2001; Miley, O'Melia, & DuBois, 2013; Sheafor & Horejsi, 2015)

When the social worker has gathered sufficient information from the client about the current situation and concerns, the social worker sorts through the information and analyzes the interacting dynamics of the actors and elements in the client's life that have contributed to the presenting problem(s). The social worker also takes stock of the resources and strengths the client possesses that can be used in resolving his or her problems. These strengths and resources are not limited to the client alone but should be assessed of anyone in the client's environment (family, friends, community, and organizations) that may be available and willing to contribute to the client's recovery process and well-being. Keeping the client involved during the assessment phase is important. It is equally important to clarify with the client what he or she sees as his or her "problem," needs, and goals. This alignment between social worker and client is called the "therapeutic alliance" and significantly affects client outcomes. The greater the alliance and the earlier the therapeutic alliance is established in the helping relationship, the greater the positive effects on client outcomes (Arnow et al., 2013; Bedics, Atkins, Harned, & Linehan, 2015). Finally, the social worker and client prioritize the challenges and obstacles facing the client. Assessment is a discovery process that is ongoing throughout the

Cultural Competency

You are the social worker seeing Elisa, the Latina single mother from the case study in Box 1, for the first time. As you strive to gain insight into Elisa's situation, what Mexican cultural values as they relate to family, gender, and responsibility would assist you in stepping into Elisa's world and understanding the sources of her stress and the most culturally relevant interventions to help her manage her stress and her family?

helping relationship (Johnson & Yanca, 2011; Miley et al., 2013; Sheafor & Horejsi, 2015). Through assessment and analysis, the social worker and client together mutually agree on the problems to be addressed and move on to the next phase of the helping process: *planning* and *contracting*.

Problem Identification, Planning, and Contracting

Early therapeutic alliance helps to facilitate the planning and contracting stages of the helping process.

Mrs. Kita is overwhelmed by all of her responsibilities and unsure how to move forward. Listen to session #1, where the social worker and Mrs. Kita discuss problems that Mrs. Kita faces. Can you identify some problems that they may mutually agree to work on together?

Clients and social workers secure their relationships through the development of a contract that may be formal or informal. The contract clarifies the types and terms of service that the client and social worker agree to and provides a basis for implementing the agreed-on plan of action. The best contracts provide much clarity and flexibility to the helping process (Miley et al., 2013).

During the planning stage, the social worker and client do the following:

- Set goals
- Frame solutions to the client's challenges within cultural contexts
- Explore strategies for successfully meeting client challenges
- Develop a plan of action that moves the client forward
- Create a contract or agreement that outlines the above and that both agree to focus on during the helping process.

Setting goals provides focus and direction to the helping process (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2012), helps in identifying obstacles that need to be overcome by the client, and establishes a clearer vision of life's possibilities for the client. Together, the social worker and client develop specific strategies for attaining the mutually agreed-on goals of the helping relationship. During this stage, the social worker and client develop a detailed treatment plan and contract defining the long-term and short-term goals and the specific tasks to be completed within a designated time period. The social worker–client contract can be written or verbal. The treatment plan and contract function to provide a means of accountability for monitoring client progress and determining when termination of the helping relationship is appropriate (Hepworth et al., 2012). For examples of treatment plans and contracts that reflect client goals and plans of action. Study the plans and contracts for the Web-based clients (Anna, Anthony, Mike, Mrs. Anderson, Maria, Mrs. Kita and Kim).

Treatment and Intervention

Engagement well done motivates clients to stay in the helping process, and a thorough assessment informs the social worker about the most appropriate treatment and intervention for

improving the client's life. After the social worker and client have agreed on a plan of action, fulfilling the contract agreement occurs during the treatment and intervention stage. Successful implementation of the action plan requires a goal-oriented interaction between the social worker and client. Both parties are accountable for completing specific tasks agreed to within the contract. Tasks may be directed toward the client's individual issues or may be related to other resource systems within the client's environment (Hepworth et al., 2012). As with all parts of the helping process, resources, treatment, and/or interventions must be initiated and sustained with a sense of connectedness and caring toward the client. Research indicates that the quality of the helping relationship is one of the most important factors in obtaining positive client outcomes regardless of the treatment (Skovholt, 2005; Wampold, 2001). This indicates that effective social workers must be able to bond with clients who may not have the skills to form positive attachments (Skovholt, 2005).

Another consideration for social workers to keep in mind is the client's ability to be actively involved in completing the treatment phase of the relationship. Clients should help in determining the pace of the evolution of the helping process and the implementation and completion of the action or intervention plan. Essential to successful implementation of the action plan is the development and mobilization of resources. This may include the following:

- Tapping into client resources and strengths identified in the assessment phase
- Activating resources identified and committed by the client's family or friends
- Creating alliances with community agencies who may possess important resources for the client
- Using existing and future alliances to expand opportunities for the client (Johnson & Yanca, 2009; Miley et al., 2013; Sheafor & Horejsi, 2015).

Together, the social worker and client carry out the mutually agreed-on plan of action. In this process, the client and social worker take on specific roles. Roles are defined as the particular obligations and expectations that both have accepted as an outcome of the social worker–client contract (Zastrow & Kirst-Ashman, 2013). (For a more complete discussion of social work roles, see the "Social Worker Roles" section later in this chapter.) For example, a client presenting with the problem of unemployment due to a work-related injury requires the social worker to be a broker of services. Expectations of this role may include the social worker seeking out training programs for reemployment, workers' compensation benefits, and transportation and child care for the client if needed. Additionally, the social worker would take on the role of counselor and would provide emotional support as the client works through his or her issues of loss related to injury and job displacement. In the role of an advocate, the social worker might assist the client in campaigning for better safety measures being put in place at the work site in order to protect other workers from possible future injuries. Client roles would include following up on employment leads, completing necessary paperwork for workers' compensation benefits, seeking out child care from friends and relatives, and exploring education and training opportunities. Successful implementation occurs in the context of a social worker–client relationship that is imbued with trust, a belief that change is possible, and a commitment to fulfilling the role expectations as defined by the action plan and contract (Hepworth et al., 2012).

Evaluation

Completing the plan of action or intervention phase is followed by an evaluation of how successful the intervention has been at alleviating the client's problem. Evaluation seeks answers to practical questions about how practice or intervention was implemented, how the intervention and the process of treatment helped mitigate the client problem, and how the evaluation outcomes of practice can inform future practice (Julkunen, 2011). During the evaluation and termination phases, the social worker assesses client successes and barriers to change and the extent to which the goals set by the client and social worker at the outset of the helping relationship have actually been attained. Ultimately, evaluation asks, how effective has the intervention been in resolving the client's presenting problem (Sheafor & Horejsi, 2015)? Does the problem still exist, or has it been mitigated or completely resolved? In order to answer these evaluation questions, the social worker may assess some of the following factors that were identified as contributing to the client's presenting problem(s):

- Change in client-specific attitudes, beliefs, and behaviors
- Change in the ability and manner in which the client interacts with various members of his or her environment and success in completing transactions in various settings (home, school, work, community, etc.)
- Essential changes to the client's environment (e.g., extracting oneself from an unhealthy relationship)
- Changes in client roles within his or her family and peer structures, workplace, and community
- Changes that have occurred outside of the client as a result of the intervention (e.g., more autonomy in the workplace, greater respect from others in the client's environment, improved school performance by client's child as a result of better parent/teacher relationships) (Johnson & Yanca, 2001; Miley et al., 2013; Sheafor & Horejsi, 2015)

Like assessment, evaluation is an ongoing process that occurs throughout the helping relationship to give direction to intervention strategies. When one intervention does not appear to be effective, the social worker and client may agree on an alternative approach. This process may continue until the presenting problems and subsequent issues are resolved.

It is through the evaluation process that the social worker and client come to a conclusion about the effectiveness of the helping relationship. Based on this conclusion, the social worker and client may mutually decide if the therapeutic relationship should continue, be renegotiated, or be terminated. If the goals set forth at the beginning of the helping process remain relevant to the client's progress, the relationship will most likely continue. If the client's circumstances have changed and the goals are no longer relevant, the contract may be renegotiated, new goals set, and a new action plan developed. If the goals have been attained and the presenting problem has been resolved, the relationship will most likely be terminated. Over time, the social work practitioner will acquire a repertoire of successful treatment strategies that can be valuable for treating a wide range of client problems.

Termination

Termination, the final stage of the helping relationship, is the process where the client and the social worker mutually determine when and how the helping relationship will

end. Optimally, termination is a planned process that begins at the outset of the helping relationship and occurs when the client has reached treatment goals. Social workers introduce the idea of termination early in the relationship to underscore the temporary nature of the helping relationship, to place professional boundaries on the relationship, and to instill the belief that problems are solvable, answers will be discovered, and the client will achieve some relief from the problem that brought him or her into treatment. When the problem is resolved, the client moves with new skills and resources, able to navigate his or her world without the help of the social worker. In reality, the helping relationship may also be terminated for reasons other than successful treatment of the presenting problem or situation. The helping relationship may also end because, as a professional social worker, you determine that the client can be better served by another agency or worker and you refer the client to that agency or because the client disengages (or was never fully engaged in the relationship) from the helping process. One of the cornerstones of social work is client self-determination and empowerment. The client and social worker come to a decision about termination by examining the client's willingness and ability to make healthy life decisions for himself or herself and follow through and act on those decisions. If the client is unable or unwilling to engage in the helping process (this can occur for many reasons, such as an involuntary treatment situation [e.g., court-ordered counseling], a poor fit between the worker and client, or the client's unwillingness to address underlying issues that keep him or her stuck in dysfunctional patterns or relationships), then the helping relationship is terminated. A client who is beginning to disengage from the relationship may signal this by the following:

- Showing up late for appointments
- Canceling appointments or simply not showing up
- Neglecting or "forgetting" to carry out planned activities
- Being inattentive at meetings
- Becoming nontalkative and passive at appointments
- Displaying hostility and anger toward the worker

When the client is giving signs of disengagement, the social worker should clarify with the client the intent to withdraw and validate the client's right to withdraw if the client so chooses. In this clarifying process, the social worker may come to realize that the client has attained a level of success with which he or she is satisfied even though it may fall short of the goals set at the outset of the helping process. This is a good time to help refocus the client on the original goal(s) as a means of motivating the client to continue in the helping relationship. If the client sees the level of success as sufficient, then the social worker can use this opportunity to evaluate the client's progress today, which may also help to motivate the client to stay in the helping relationship. It is in the looking back that clients often gain a greater appreciation for how far they have come in the healing and growing process. Still, some clients will chose to leave care before all of the treatment goals have been attained. When this occurs, the social worker is obliged to end the relationship but will leave the door open for the client to return in the future.

In the termination process, it is important to discuss with the client the possible consequences if the client prematurely terminates the relationship. For example, a resistant client may have been seeing the social worker because he was mandated by a parent and given the ultimatum of being thrown out of the house if he did not comply. In this

situation, these consequences will need to be reviewed with the client so that he understands the possible outcomes of the decision to end the relationship. As a social worker, pointing out and discussing the possible consequences of terminating the client–social worker relationship with the client is a part of information giving that helps inform the client's decisions while in care and can be essential in helping the client avoid prematurely terminating the relationship. It is helpful to come to some agreement for the mutual resolution of issues and to review any client progress that has occurred thus far. Finally, the social worker should invite the client back for future work when the client feels ready and motivated to work on issues (Miley et al., 2013).

Watch the video of Mike, who was mandated into alcohol treatment. How did Mike's choices threaten an early termination to his relationship with his social worker?

For those clients involved in meeting treatment goals, the social worker should periodically monitor and review the client's progress in moving toward established goals. During review periods, evaluation data are critical to making objective assessments about the client's progress. In the review process, the social worker considers the following:

- The client's ability to problem solve independently
- The client's willingness to access available resources when problems arise in the future
- The client's commitment to maintaining the progress made throughout the helping process

As the social worker and client engage in problem solving throughout the helping relationship, they are, in fact, preparing for termination. The helping relationship provides the client with the steps for problem solving and a repertoire of skills for successfully navigating life's problems beyond the helping relationship. As the social worker approaches successful termination with a client, it is important to frame the termination for the client in three ways and respond to them appropriately. First, recognize that termination can be understood as a loss for the client. The involved and present social worker will also feel a sense of separation (Skovholt, 2005) as a result of being a witness and mentor to the client's life for a considerable amount of time. In recognition of the ending of a positive relationship, it is often helpful to incorporate some ending ritual into your work with the client that recognizes the loss and provides the client the space to express his or her grief. Ending rituals can also provide the social worker with the opportunity to process, with the client, feelings of loss. Second, termination can be viewed as a period of new beginnings for the client. This moves the client beyond the grief of loss and into embracing the future armed with the new skills he or she has acquired during the helping process. Finally, social workers can use termination as an opportunity to affirm and integrate client gains (Johnson & Yanca, 2011; Miley et al., 2013; Sheafor & Horejsi, 2015). Watch the video clip of the final session of Mrs. Kita and the social worker Diane.

In final meeting of Mrs. Kita and her social worker Diane, note their exchange of small gifts as tokens of their appreciation for each other and in keeping with the practice of Mrs. Kita's Japanese culture.

Evaluation

Behavior: Critically analyze, monitor, and evaluate intervention and program processes and outcomes.

Critical Thinking Question: In the case study of Sarah (Box 2), how effective was the social worker in helping the client achieve her treatment goals? How would you account for unmet client goals?

The helping process is a fluid and dynamic sequence of social worker–client interactions directed toward problem resolution and growth. The stages of the helping process are not discrete but rather build on one another as the helping relationship evolves. Neither are they strictly linear, as the social worker assesses the client situation, evaluates the client's progress, and introduces new interventions as the helping relationship unfolds. Box 2 demonstrates the dynamic and complex nature of the helping relationship.

Using the case study of Sarah in Box 2, consider how you might prepare her for terminating the helping relationship. Complete the exercise in Box B.

Box 2 Case Study: Sarah

You are a social worker at a not-for-profit social service agency that provides support services and training to help young single mothers achieve self-sufficiency. Sarah, a 17-year-old single pregnant female, was referred to your agency by her school counselor. At intake, the social worker tries to put Sarah at ease by providing her with a comfortable chair to sit in, asking about her general well-being, and letting Sarah guide the pace of the interview. A few questions on the intake form may include an inquiry about her current life situation, identifying and contact information, current support systems in place, level of education, and so on. Using these techniques, the social worker reaches out to *engage* Sarah in the helping process and to build a rapport that communicates care and concern. In such an atmosphere, Sarah is able to begin to tell the story of what has led her to seek services on this day. By taking the time to make Sarah feel comfortable and cared for, the social worker has learned that Sarah's *presenting problem* is that of impending homelessness. She is four months pregnant and has been kicked out of her parents' home. When Sarah informed her boyfriend of two years, Joseph, about her pregnancy, he broke up with her, saying he had plans for college and could not take on raising a family at this point in his life. Sarah is confused and depressed and uncertain about how to handle her situation. During the *assessment* process, you discover that Sarah is without family support, has dropped out of school, has isolated herself from her peers, and has no money and no place to live. For the past week, Sarah has been spending the night at various classmates' homes, sometimes without the knowledge of their parents. She has worn out her welcome with her friends' families, and last night she slept under a bridge about a mile from her parents' home. Although fearful, confused, and uncertain, prior to her current crisis, Sarah presented herself as a responsible student and daughter. Consequently, she is motivated to establish some stability in her life and is seeking help in improving her situation. Together, you and Sarah identify problem areas that need to be addressed and accentuate her strengths in constructing a *plan of action* and a *contract*.

The following treatment goals are mutually agreed on between you and Sarah:

1. Gain access to prenatal care
2. Apply for Medicaid and TANF
3. Explore temporary housing and apply for subsidized housing benefits
4. Enroll in a support group for single teen parents
5. Engage in ongoing individual counseling for dealing with issues of family disruption, self-esteem, and depression
6. Enroll in GED classes
7. Sign up for vocational training for job placement
8. Begin parenting and family planning classes
9. Pursue child support payments

Together, you and Sarah prioritized the treatment goals and placed them within a specific time frame. During the *treatment and intervention stage*, Sarah was able to find temporary housing with a family friend until the birth of her child. Meanwhile, as her social worker, you linked her to a local public health clinic where she received prenatal care and referred her to the public aid office, where she applied for and received Medicaid and TANF benefits. Sarah attended her GED classes twice a week and planned on completing her diploma by the

Box 2 Case Study: Sarah *(Continued)*

time her child is born. You also referred her to the local housing authority, where Sarah applied for subsidized housing. At the time, she was facing a waiting list of six months. Sarah continued her weekly counseling session and was able to consider mending her broken relationships with her parents. Sarah enrolled in an early childhood development training program in preparation for employment after the birth of her child. Classes will begin when she completes her GED program. After six months of working with Sarah as her primary social worker, you *evaluated* her progress and assessed the extent to which Sarah had been able to attain her treatment goals. Over the five-month period, Sarah made the following progress on her treatment goals:

1. Consistently kept her prenatal care appointments, followed her physician's instructions, and gave birth to a full-term, healthy son
2. Received Medicaid and TANF benefits and maintained her eligibility
3. Moved into a one-bedroom public housing unit in a safe neighborhood
4. Attended only two sessions of her support group for single teen parents
5. Attended 90 percent of her weekly counseling sessions and was feeling more focused and less depressed
6. Reestablished communication with her family
7. Completed her GED
8. Was scheduled to begin child care development classes in six weeks
9. Had information on the local family planning clinic
10. Received in-home parenting instruction from a home interventionist working with new mothers
11. Spoke to a legal aid attorney about pursuing child support

Together, you and Sarah conclude that she has acquired a sufficient level of empowerment and determine that it is time to *evaluate and terminate* the helping relationship. You and Sarah have created an environmental structure that will support and nurture her and her son, and as her social worker, you leave the door open for future contact.

Box B Now You Try It . . . Termination

Read the case study of Sarah in Box 2. Imagine that you have been Sarah's social worker throughout the helping relationship described above. You know that soon you and Sarah will part ways as she completes more and more of her treatment goals. What steps would you take to begin to prepare her for the termination? What type of ritual might you use on the final meeting with Sarah that would help her move forward on her own?

Your response:

1. Write in the steps you would take to prepare Sarah for termination.

   _____

2. Describe a ritual you might plan for Sarah's last session.

   _____

Assess your understanding of the helping process by taking this brief quiz.

SOCIAL WORKER ROLES

As in any helping relationship, the case study of Sarah presented in Box 2 demonstrated the wide variety of roles that social workers need to fill in order to engage clients in the helping process, negotiate a plan of action, intervene on behalf of clients, and evaluate and terminate the relationship. Figure 1 graphically displays common social worker roles in the helping process. What roles can you identify that the social worker filled in her work with Sarah in the case study represented in Box 2?

Figure 1
Concept Map of Social Work Practice Roles

Social work role is defined as expected professional behaviors and functions accepted by the social work profession and frequently employed in social work practice (Zastrow & Kirst-Ashman, 2013). Over the course of a career, a social worker may fulfill many social worker roles and over time will develop competency in most of these roles. Several factors influence which roles a social worker will fulfill, such as the goals of the agency where one is employed, the latitude of the social worker's responsibilities in a given work setting, the needs of the client, and one's level of practice (see Box 3). The social worker's roles may be restricted to one level of practice or may encompass all three levels (micro, mezzo, and macro). Roles will shift when the responsibilities of the social worker move across levels of practice (see Box 4). For example, Sarah's social worker in the scenario presented in Box 2 was required to practice at the micro and mezzo levels in order to serve the best interests of the client. At the **micro level**, the social worker took on the roles of *enabler* and *counselor*. At the **mezzo level**, the social worker acted as a *broker* where she connected Sarah to community resources (prenatal care, single-parent support group, GED classes, vocational training, parenting classes, Medicaid and TANF

benefits, housing assistance, and family planning). The social worker also served in the role of *mediator* (mezzo) in resolving the conflict between Sarah and her parents. If there had been no parenting classes available in Sarah's community, the social worker could have taken on the role of *planner* (**macro level**) and developed a parenting class for Sarah and other expectant teen mothers in the community. For definitions of common social worker roles, see Box 3.

On any given day, the social worker may find oneself in the role of advocate, educator, clinician, facilitator, mediator, and broker and executing these roles on many different levels of practice. For example, as a micro practitioner, you may find yourself advocating on behalf of an individual client (case advocate), a group of similar clients with the same problem (class advocate), or agencies or organizations trying to address the unmet needs of this group of clients (organizational advocate) or the community as a whole (community advocate) when it is discovered that the problem goes beyond your clients and agency to encompass the majority of similar people across the community. For example, as a case advocate, the social worker with a client who recently became disabled and was subsequently fired from his job (though still able to do the work) may advocate for the client by pursuing legal recourse on his behalf. A class advocate advocating for low-income disabled clients living in substandard housing may file a complaint with the local housing authority in an effort to improve the quality of housing for this group. On an organizational level, the social worker may advocate for more resources to meet the training and housing needs of disabled clients using the agency. As a community advocate, the social worker may lobby with other social workers for a more equitable application of the Americans with Disabilities Act to improve the plight of disabled people everywhere.

Ethical and Professional Behavior

Behavior: Demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.

Critical Thinking Question: In the case study of Sarah (Box 2), how many roles can you identify that the social worker filled in her work with Sarah? Are there other roles that she could have filled that would have helped her client?

Box 3 Social Worker Roles

Activist: The social worker initiates and sustains change through social action. For example, in response to rising teen crime rates, the social worker may pull together a coalition of concerned citizens to push for change in the police department, schools, religious community, and local agencies to address the growing gang problem in the community.

Advocate: The social worker champions the rights of others through empowerment or direct intervention. The social worker may advocate for a client, group, organization, or community.

Agency Administrator: The social worker is an agency director or assistant director and has responsibility for the functioning of an agency.

Broker: The social worker provides linkages between the client and other agencies or sources of needed resources. For a client recently diagnosed as HIV positive, for example, the social worker investigates various medical and supportive services and assesses them in light of the client's insurance coverage and available financial resources.

Case Manager: The social worker creates and coordinates a network of formal and informal resources for the purpose of optimizing the functioning of clients with multiple needs. For example, as a case manager with a treatment program for severely mentally ill, polyaddicted drug addicts who are homeless, you will link clients with public supports and treatment services and pull together formal and informal supports, such as self-help groups, family members, and friends, for the purpose of keeping the client's mental illness well managed, limiting drug use

(Continued)

Box 3 Social Worker Roles *(Continued)*

relapses, stabilizing housing, providing job training and employment skills, and emotional supports to draw on during difficult periods.

Clinician/Counselor: The social worker helps improve client functioning through a variety of clinical intervention approaches and by providing ongoing support. The social worker may help the client gain insights into feelings, change unhealthy behaviors, and acquire problem-solving skills.

Coordinator: The social worker helps a variety of systems to work together at fulfilling goals. For example, the social worker may coordinate community efforts to develop a drug awareness program by working with the police department, local schools, public health department, and parents.

Educator/Teacher: The social worker instructs or imparts knowledge to others at the individual, group, organizational, or community level. For example, the social worker may teach a client job search skills, teach a group of expectant mothers prenatal classes, train agency personnel on new intervention methods, or provide community education on transracial adoption. New knowledge can be empowering to clients, groups, organizations, and communities.

Enabler: Empowers clients in finding solutions to the challenges they face. The social worker offers support and encouragement to clients so that they can more easily accomplish tasks and solve problems. For example, the social worker may help a mental health patient adjust to day treatment.

Facilitator: The social worker leads a group, such as a rape survivors' recovery group, a community group investigating gang crime, or a professional peer group implementing organizational change.

Mediator: The social worker takes a neutral stance between two systems in order to help resolve conflict and to help establish a better communication flow, such as divorce mediation or business mediation between quarreling business partners.

Planner: The social worker may work in an agency as a program planner creating new services for clients or in the community as a community planner enhancing social services and resources for the community.

Outreach Worker: The social worker works within the clients' environments to identify individuals with unmet needs and to engage them in the helping process and social service system. For example, as an outreach worker for the local homeless shelter, you may work with a team of workers who cruise or walk the neighborhoods looking for homeless individuals, engage them in conversation to assess their needs, and link them to needed services.

Researcher/Program Evaluator: The social worker evaluates program effectiveness by gathering and analyzing data and interpreting the findings. For example, the social worker may be asked to assess how well the local health clinic is meeting the needs of uninsured community members.

Source: Sheafor & Horejsi (2015); Zastrow & Kirst-Ashman (2013).

Engagement

Behavior: Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.

Critical Thinking Question: Study the roles of the social worker in Boxes 3 and 4. Which role would you find the most challenging and why? How can you begin to prepare for these roles in your future social work practice?

Given the complexity of the social service system and the unpredictability of the human experience, social workers often have ethical and moral obligations to serve in multiple roles across multiple levels of practice in order to meet client needs. The multidimensional nature of social work makes it unlikely that a direct-practice social worker could restrict the social worker roles to one or two roles or limit his or her practice to only one level. All social worker roles serve to move us in the direction of social justice by improving quality of life and structuring supportive environments at the family, community, organizational, and institutional levels. Box 4 provides a summary of common social worker roles across three levels of practice.

Box 4 Social Work Roles and Levels of Practice

Level of Practice	Role
Micro	Case advocate; case manager; client educator; clinician/counselor; enabler; group facilitator; outreach worker
Mezzo	Agency administrator; agency staff trainer; broker; class advocate; mediator; organizational facilitator; program planner; researcher/program evaluator
Macro	Activist; broker; community advocate; community educator; community facilitator; community planner; coordinator

Assess your understanding of social work roles by taking this brief quiz.

Policy to Practice Medicaid

Since its passage in 1965, Medicaid policy was passed to provide health coverage for low-income people and is now the nation's primary public health insurance program. Medicaid is an essential policy for ensuring child and maternal health in the country, financing 40% of all births. This important policy provides pregnant women prenatal care, labor and delivery services, and continued care to the mother for 60 days after the birth of the child. Medicaid ensures a healthy start for all babies born to Medicaid eligible women, providing them care until the child's first birthday. How did the social worker's knowledge of Medicaid support her client Sarah in the case study in Box 2? In what ways was the social worker able to turn policy into essential tangible resources in her social work practice with Sarah? What role(s) did the social worker fill in translating policy to practice for her client?

Sources: CMS.gov: Centers for Medicare and Medicaid Services: *History*

SUMMARY

- Social work developed along two parallel paths to helping people. Following the visions and philosophies of founders Jane Addams and Mary Richmond, social work has focused on working with individuals and families while simultaneously seeking social reform and policy change. To that end, the field has a long tradition of helping the disadvantaged and disenfranchised and influencing social policy.
- Social workers are professionally educated in degree programs and credentialed as specialists to meet the contemporary needs of families and communities and are bound by common values self-determination, respect for the individual, and helping individuals reach their potential.
- Social workers engage the "caring cycle" in each stage of the helping process—1) engagement, 2) intake and assessment, 3) planning and contracting, 4) treatment and intervention, and 5) evaluation and 6) termination—often requiring them to take on many roles across multiple levels of practice.

- The roles a social worker fulfills can be influenced by the goals of the agency where one is employed, the latitude of the social worker's responsibilities in a given work setting, the needs of the client, and one's level of practice. Roles may be restricted to one level of practice, or may encompass the micro, mezzo, and macro levels of practice simultaneously. Regardless of the roles that social workers fill as direct practitioners, interviewing skills are a requisite skill for meeting the needs of clients.

APPLY IT

1. Review session one of **Interactive Case Study #3** Mike and social worker Karen; and session one of **Interactive Case Study #2** Anthony and social worker James. Compare the engagement process in both of these case studies. How effective were the two social workers? How did their engagement styles differ? What techniques did the social workers use to lead the clients? In what ways did the clients direct the social workers' selected approach to engagement?
2. Review all three sessions of **Interactive Case Study #2** Anthony and social worker, James. Identify when James begins preparing the client for termination. What techniques did he use to lead the client into the termination process? How did this preparation affect the client when termination actually occurred?

Assess Your Competence

Use the scale below to rate your current level of achievement on the following concepts or skills associated with each competency presented in the chapter:

1	2	3
I can accurately describe the concept or skill	I can consistently identify the concept or skill when observing and analyzing practice activities	I can competently implement the concept or skill in my own practice

_____ Understands and can demonstrate basic understanding of the history of social work.

_____ Understands and can describe the six helping stages/problem-solving process.

_____ Understands the three levels of social work practice.

_____ Can identify social worker roles at each level of practice.

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Glossary

Assessment the comprehensive gathering of information about the presenting problem and the client, from the client and others in their environment, with the consent of the client; client needs and strengths are identified during the assessment phase.

Contracting is the process in which the client and social worker come to an agreement regarding goals for work. The contract typically includes what was agreed upon, who is responsible for which part of the agreement, and time frames to meet the goals.

Cycle of caring the repeated supporting of clients, one at a time, through the helping process that entails empathic attachment, active involvement, and felt separation of the social worker.

Engagement with client joining with the client by demonstrating a desire to learn more about them; mutuality in the relationship.

Evaluation an assessment that occurs after the completion of the intervention to determine how successful the intervention has been at addressing the client problem(s).

Helping process the systematic care of social work clients through the stages of intake and engagement, assessment, problem identification, planning and contracting, treatment/intervention, evaluation, and termination.

Macro-level social work practice involves work with communities, states, and federal agencies and may require the social worker to fill the roles of activist, broker, community advocate, community educator, community facilitator, community planner, and coordinator.

Mezzo-level social work practice involves working with groups and organizations and may require the social worker to fulfill the roles of agency administrator, agency staff trainer, broker, class advocate, mediator, organizational facilitator, program planner, and researcher/program evaluator.

Micro-level social work practice involves work with individuals and families and often requires social workers to fill the roles of case advocate, case manager, client educator, clinician/counselor, enabler, group facilitator, and outreach worker.

National Association of Social Workers the oldest and most prestigious professional organization for social workers that sets practice standards and provides credentialing for specialization in social work practice.

Planning Planning is a stage in the helping process in which the client and social worker set goals, explore strategies and find solutions to problems. It is a systematic and collaborative effort to work out the details regarding actions to be taken.

Termination the ending of a relationship at a mutually agreeable time; the worker and client identify progress made and develop ways to maintain progress; endings can be mutual or unilateral, planned or unplanned.

Treatment/intervention implementation of the agreed-on plan of action developed by the client and social worker.

Social work the art and science of helping others and whose professional mission is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

Social work role expected professional behaviors and functions accepted by the social work profession and frequently employed in social work practice.

Values and Ethics in Social Work

STUART MILES / FOTOLIA

Social work is a practice-oriented profession grounded in the core values of **service**, **social justice**, the inherent **dignity and worth of the person**, the fundamental **importance of human relationships**, **integrity**, and **competence**. These values can be seen in the value directed practice behaviors that dominate social work practice: 1) **self-determination**, 2) **empowerment**, and 3) **confidentiality**. As practitioners, social workers are involved in the lives of people facing difficult and trying problems and circumstances. The actions of social workers can have a direct impact on the quality of life of their clients. When working with troubled individuals, we can just as easily add to the hardships of clients' lives if our professional actions are not grounded in the values and practice theory of the profession and guided by the mission of social work. It is therefore essential that social workers be self-aware about the possible outcomes of their interactions with clients.

LEARNING OUTCOMES

- Name the crucial elements of the mission of social work.
- Identify the core social work values and describe how they are reflected in social work practice.
- Discuss the relationship between the social work mission, social work values, and social work practice behaviors.
- Describe the ethical decision-making process and its application to resolving ethical dilemmas in practice.

CHAPTER OUTLINE

Social work values are idealistic and can be difficult to sustain in our human condition. To be a social worker requires that you aspire to the values and mission of the profession, that you strive to derive your actions from them in your professional life, and that you recommit to them every day. Social work values guide the profession toward the fulfillment of its mission of social justice, whose goal is that all members of society have equal access to resources sufficient for a healthy and supportive environment. It is important that individual social workers understand the nature of social work values and incorporate them into their daily practice with clients.

Social work practice can take many forms. At the micro level, social workers work with clients as individuals, in families or in groups, and in public, not-for-profit, or private agencies. At the mezzo level of practice, social workers may find themselves involved in program and policy development or research evaluation within community agencies or private corporations. On the macro level, social workers may be involved with community organizing and development or working in the political arena as a state or federal employee, elected official, policy analyst, or lobbyist. Regardless of the setting of social work practice, consideration must be given to how we personify the values of the profession. Social work values are expressed in how social workers relate to clients, how service delivery systems are structured, and how social workers serve as a political voice for disadvantaged and marginalized people in society.

Introductory social work skills courses most often focus of practice with individual clients. Keep in mind, however, that social work values infuse every level of practice, whether you are involved with individual, group, or community practice, or at the macro-level practice of policymaking.

SOCIAL WORK MISSION

Ultimately, the **social work mission** is to advance the quality of life for all people through the enhancement of mutually beneficial interactions between individuals and society (Minahan, 1981). Social work stands for the social welfare of all people and is committed to social justice through social change at the individual, family, community, agency, and structural levels. As such, social work has historically been and continues to be in alliance with those members of society who live under difficult or oppressive conditions that keep them disadvantaged and marginalized. The profession of social work envisions a more decent and humane society (Ehrenreich, 1985).

Unique to social work as a helping profession is the *person-in-environment perspective*, which is based on the idea that one cannot understand the problems of individuals without understanding the context in which they occur. The context, or environment, encompasses the individual's perceptions of self, family roles and conditions, community supports, agency functioning in meeting the individual's needs, and the interactions between the individual and societal institutions, such as economic, political, educational, religious, family, and social welfare systems. Social work, then, has a dual focus of enhancing individuals' functioning in society by empowering them to achieve life goals and pursuing social changes that are likely to provide a supportive environment for all members of society (Reamer, 2014). Supportive environments give individuals access to opportunities and resources within all the institutions in society without regard to attributes such as age, race, gender, religious or political affiliation, or sexual orientation. In

doing so, disadvantaged individuals and groups have equal access to mainstream institutions that provide education, employment, wages, housing, nutrition, social supports, health care, and other essential services and opportunities. Equal access to these basic resources can alleviate distress and suffering for many people.

Opportunities to contribute to society are vital to one's well-being. Ultimately, human beings are created for the purpose of expressing the innate talents that we possess. Without opportunities for self-expression, human beings become withdrawn, fearful, and weighted down by a sense of having little worth. The social work profession supports the notion that people should be treated humanely and that transactions between individuals and the environment should enhance one's dignity, feelings of self-worth, and full self-expression. The mission of social work rests on professional values that ennoble men and women and call forth their greatest being (Ehrenreich, 1985).

Assess your understanding of the social work mission by taking this brief quiz.

CORE SOCIAL WORK VALUES

Social work values support the mission of social work and guide the profession in creating a humane vision of the world. The social work vision calls for individuals, regardless of their beliefs, practices, or backgrounds, to be treated with dignity; given equal access to societal institutions, opportunities, and resources; and supported in contributing their unique talents to their families, communities, and country. At a fundamental level, social work values are congruent with and supportive of the values and beliefs reflected in the Declaration of Independence—that all are created equal and endowed with certain inalienable rights, such as life, liberty, and the pursuit of happiness. And much like the visionaries who crafted the Declaration of Independence, social workers belong to a profession of action and passion in advocating for the downtrodden. They stand for social justice and human decency (Ehrenreich, 1985). However, values are just words until put into action. For the passion of the profession's values to come alive, they must be incorporated into one's way of being when fulfilling our role as social worker. Helen Harris Perlman (1976) captured this concept best when she wrote, "A value has small worth except as it is moved, or is moveable, from believing into doing, from verbal affirmation into action" (p. 381). Social work practitioners are called to relate to clients in ways that preserve and enhance their dignity and self-worth. Social workers structure services in a manner that gives equal access to resources and support policies that reflect the belief in a just society and the belief that change is possible in individuals, communities, and organizations. Only when we have moved social work values from the abstract ideal into empowering action in our professional lives can we claim them as our own (Reamer, 2014). Social work practice is the application of social work values to helping relationships with clients, groups, communities, organizations, and other professionals (Zastrow, 2013) in the context of evidence-based social work theories, models, and interventions.

Service

Supported by the ethical principle of helping people with their social problems, service, as a value, is expressed in how services are structured, accessible, and relevant to the needs of those being served. This then infers that the client's needs are paramount, and social workers, in the service to others, draw on their knowledge and skills to expedite favorable outcomes while setting aside self-interest of profits and self-promotion. Organizing

volunteer efforts, offering pro bono services, and supporting service-oriented community groups are some ways in which social workers bring the value of service to life (National Association of Social Workers [NASW], 2008a).

Social Justice

Challenging social injustices has historically been a mission of social work. Social justice as a value has driven social change for over a century on the behalf of vulnerable and oppressed groups. Historically, this can be seen in campaigns to extend rights to all citizens, such as the right to vote, the right to public education, and the right to safe workplace practices. Today, it is apparent in the Affordable Care Act, passed in 2010, giving health care access to millions of uninsured individuals, in the June 26, 2015 Supreme Court decision that legalized gay marriage, and in the continued push for equal pay across gender, race, and beliefs (Obergefell et al. v. Hodges, 2015; U.S. Department of Health and Human Services, 2014). Social justice comes through social change that promotes equality of opportunity to all (NASW, 2008a).

Dignity and Worth of the Person

A core value of the social work profession is respect for every human being's innate greatness and that all are inherently worthy. Social workers are trained to regard clients as having worth and to treat them with dignity regardless of their outward appearances and behaviors. Social workers provide supportive environments for clients to find the full expression of their innate greatness. In doing so, a process of affirmation is created that, over time, generates a growing sense of self-worth (NASW, 2008a).

To put into action the value of inherent worth and dignity, the social worker needs to be able to view people as unique individuals and not impose preconceived notions, or stereotypes, that we may unconsciously carry with us (see Box 1). This is the process of **individualization** (Zastrow, 2013), of knowing people for themselves, instead of "knowing" people through the distortions of our own biases.

Box 1 Stereotyping versus Individualization

Consider your initial impressions and assumptions about the following types of clients whom you may encounter in your practice. Write them down and then identify what is true for everyone with a particular characteristic; identify your beliefs that are based on stereotypes you've learned in your experiences and socialization.

1. A single African American mother on welfare
2. A homeless teenage prostitute of Mexican descent alone on the streets
3. A 24-year-old white male recently diagnosed with AIDS
4. A 52-year-old female executive working for a large corporation
5. A 75-year-old male diagnosed with dementia

The only indisputable things we can say about the potential clients described in this list are that you would be working with a poor African American mother, a Mexican teenager who has no home, a young white male infected with AIDS, a very successful career woman, and an elderly person. What other assumptions did you make about your potential clients? Consider where your impressions came from and the types of values reflected in your assumptions. Through honest self-reflection, one can begin to let go of stereotypes and move toward individualization and the possibility of knowing our clients as unique human beings.

Box 2 Separating Client Behaviors from the Client

Consider your reactions to the following clients. How difficult would it be for you to view these clients with respect? Identify the values and emotions that limit your ability to relate to these clients with unconditional regard.

1. A 35-year-old father who has sexually abused his six-year-old daughter
2. A 15-year-old girl who shot and killed her mother while she slept
3. A 45-year-old man arrested for selling drugs to grade-school children
4. A 30-year-old single mother who left her three-year-old daughter locked in her room for a weekend while she went away with her boyfriend

Respecting people for their inherent worth and dignity also requires social workers to be willing and able to separate clients' behaviors from who they are inherently as human beings. When our clients adhere to values, lifestyles, and behavior patterns that are similar to our own, relating to our clients with unconditional regard is easy to do. However, when a client's behaviors are at odds with our personal value system, engaging the client with unconditional regard can be very difficult (see Box 2).

Zastrow (2013) offers two guidelines for working with clients whose behaviors appall and disgust us. First, accept that the individual and their behaviors can be separated. In doing so, you create an opening for treating clients with respect and viewing them as capable of change. By separating the behavior from the person, you can give yourself permission to despise the behavior without disrespecting the person. Second, recognize that with some clients, it will be difficult for you to get past the heinousness of their behavior and treat them with the respect that is needed in a helping relationship. When this occurs—and it happens for almost all social workers at some point in their practice careers—it may be in the best interest of the client to transfer the case to another social worker. Talk to your supervisor or a trusted colleague about your feelings. Then assess your own values to determine what might be getting in your way. However, we don't always have the option of transferring a case. Consider putting a plan in place with your supervisor for working through your biases. Begin with the question, "What buttons does this client push with me, and why?"

All people are inherently great; it's just that some have forgotten. When we forget who we are innately, we become disconnected from ourselves and, through destructive behaviors, express who we are *not*. When we can stand in the possibility of our clients' greatness, we have transcended our own biases and made an empathic connection with them. Only then can we effectively enter into our clients' world and their lived experiences. The role of the social worker is to help individuals remember who they are innately and support them in expressing their greatness. Often this is unfamiliar territory, and clients will need considerable support, encouragement, and affirmation to engage in ways of being that have, to this point in their lives, been foreign to them. To stay in this process with the client requires the social worker to acknowledge and draw on his or her own innate gifts and to have compassion for clients when they fail and for ourselves when we fail to stay in our commitment to our client's ability to change. Social work practice requires an ongoing recommitment to the values and mission of the profession and to our clients.

Importance of Human Relationships

Social workers appreciate the central place that human relationships hold in the helping process and that relationships between and among people are the core mechanism through which change occurs. Therefore, the balancing of power between the social worker and the client is essential to engaging clients as partners in the therapeutic process. Recognizing the importance and power of relationships, social workers work to strengthen relationships among people, organizations, and communities toward established purposes of individual and group well-being (NASW, 2008a). To that end, social workers enter into relationships with acceptance, respect, integrity, and purpose. Whether those relationships are with clients in resolving life issues, program planning with fellow social workers to address unmet needs in the community, engaging agency leaders to conduct a community-wide needs assessment, working with established community groups to build a coalition, or educating political leaders on the need to expand state human services budgets to meet the health care needs of state residents, relationships are built and sustained in pursuit of services and social justice for and with those in need.

Integrity

Integrity in behaviors and relationships is inherent in the values of social work and thus needs to be reflected in how social workers negotiate their relationships with clients, colleagues, and leaders in the community and how they arrive at practice decisions. Trustworthiness is a quality that social workers strive to emanate in all areas of practice and personal arenas. At times, it can be difficult to know what the most ethical and trustworthy path may be, but discussions with supervisors and colleagues and consulting the social work **code of ethics** can help social workers through difficult decisions facing them in the practice world. When in doubt, ask and then process circumstances and situations with other professional social workers whom you trust and hold in high regard (NASW, 2008a).

Competence

Clients and the public at large have a right to expect that social workers are competent to engage practice in their assigned or chosen areas. Graduating from an accredited school of social work and passing your state licensure exams are beginning levels of competence. Beyond that, social workers can seek out credentialing in specialized areas and aspire to graduate degrees in social work. In pursuing continuing education and training, social workers develop expertise in their areas of practice and provide the best care possible to those they serve in their daily practice. When social workers have reached an area of expertise in practice, it is expected that they will also aspire to contribute to the knowledge base of the profession (NASW, 2008a).

Assess your understanding of core social work values by taking this brief quiz.

VALUE-DRIVEN PRACTICE BEHAVIORS

When working to meet the professional ethical responsibilities to clients and while reflecting the values of the profession, social workers need to develop three core areas of practice behaviors. These include granting self-determination to the client, engaging and

intervening in ways that empower clients, and establishing and maintaining confidentiality within the helping relationship (NASW, 2008a).

Self-Determination

Self-determination is the act of giving clients the freedom to make choices in their lives and to move toward established goals in a manner that they see as most fitting for themselves as long as clients' choices don't infringe on the rights of others (Zastrow, 2013). Grounded in self-determination theory, which posits that client changes are more apt to be long lasting and more effective if they are autonomously motivated to change (Deci & Ryan, 2012), research findings have supported this theory. In a meta-analysis of medical patients Ng et al. (2012) found that autonomous motivation among patients was associated with improved health outcomes. As social workers, we may not agree with our clients' choices, but supporting self-determination requires that we respect our clients in their life choices, knowing that their informed choices are more likely to last and be most fitting for them. The job of the social worker is not to tell clients what to do or what not to do but rather to explore options with the client and the possible outcomes of life choices. A social worker can restrict a client's right to self-determination if the client's actions or potential actions could be harmful or pose a serious danger to self or others (Boyle, Hull, Mather, Smith, & Farley, 2009). Often, we may experience conflicts between our personal or professional value base and that of clients (see Box 3).

As social workers dedicated to enhancing the quality of clients' lives, we are obliged to allow the clients' values to dominate their own lives. This is much easier said than done when confronted with client values and behaviors that are counter to our own. Social workers often struggle with the desire to impose personal values on clients in practice situations. All people are strongly attached to their personal value system. It is the base from which all our opinions and behaviors emanate. Professional social workers are required by practice standards to give up the notion that our personal value system is the model that our clients should follow. We may prefer our personal value system to that of our clients, but ours may not

Box 3 Self-Determination and Personal Value Conflicts

You are a drug and alcohol counselor employed at an outpatient treatment center. Tina is a new client of yours who was referred by her employer for alcohol treatment after having repeated "hangover" mornings at work. Recently, she appeared at work fully intoxicated. Tina is an architect at a local firm, married, and the mother of two daughters, ages 12 and 14 years. During your third session with Tina, she mentions that she is having an affair. By the sixth session, you learn that Tina has had a series of affairs throughout her 16-year marriage and that it is a common practice of Tina's to introduce her daughters to her lovers. Tina does not seem troubled by her extramarital affairs and does not ask you for any help in this area of her life.

You are also married with children but adhere to the middle-class traditional family values of monogamy and honest and open communications in your marital relationship. You find Tina's behavior quite disturbing.

Points for reflection

1. Are the value conflicts inherent in your relationship with Tina personal or professional?
2. How relevant are Tina's extramarital affairs to her alcohol problem and recovery program?
3. As a social worker committed to client self-determination, how would you proceed in your professional relationship with Tina?

Source: Reamer (2014).

Diversity and Difference in Practice

Behavior: Apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels.

Critical Thinking Question: Identify some of the challenges that social workers might encounter when supporting client self-determination when working across cultures.

necessarily be a better value system, only different. For clients to be self-determining, it is essential that they be permitted to live within their own value system and make their own decisions. Self-determination enhances clients' abilities to help themselves and fosters self-reliance and self-sufficiency. As we offer clients the opportunity to take on the power of decision making in their lives, we also invite them to accept the responsibility that goes with the outcomes of those decisions. When social workers support clients through self-determination, they help create an avenue for clients' expression of their inherent worth and dignity (Zastrow, 2013). Clients often know what is best for them and what is realistic and possible. Our job is to help them sort through their options, identify barriers, and develop problem-solving strategies to achieve their goals (NASW, 2008a).

Empowerment

Empowerment lays the groundwork for informed self-determination. Although social workers provide opportunities for empowerment, only clients can empower themselves (the desire to change must originate within the client for it to be genuine). Through the decision-making process and under the skillful guidance of the social worker, clients are able to move themselves toward their life goals. Social workers assist in this process by providing information, assisting the client in building support systems, and exploring possible outcomes of various life choices. Social workers guide clients to a position where they can make informed choices about their lives. On the surface, empowerment sounds like a fairly simple yet ideal process. In reality, creating empowering options for clients whose behaviors violate our personal sense of what is right and wrong can be challenging. Knowledge is a fundamental ingredient of empowerment. As social workers, we impart new information and knowledge to clients, teach problem-solving skills, and allow the power of their own decisions to dominate clients' lives. In the end, we hope clients learn to seek out knowledge, problem solve, and advocate for themselves and reap all the benefits and responsibilities that come with such self-actions. When clients are able and willing to take these steps, they have empowered themselves. Box 4 provides an example of how social workers can create empowering options for clients.

Confidentiality

Confidentiality refers to the safeguarding of the information that passes between the social worker and the client. This aspect of the social worker–client relationship facilitates the evolution of a trusting relationship that is essential for client change. Trusting that what transpires during the interview session will remain private, clients can begin to express their concerns and aspirations within a safe environment. Once that occurs, the social worker can obtain the necessary information to create empowering options with clients and support them in their life choices. This requires that conversations between the social worker and the client take place in a private location with closed doors where others cannot overhear what is being said.

Watch the video clip from case #6. Notice how Louis directs Kim to a private conference room to continue their conversation after bumping into her in the hallway.

Box 4 Creating Empowering Options

As a case manager at the local Housing Authority office, you are responsible for helping low-income families gain access to safe, affordable, and, when eligible, subsidized housing. Judy is a 30-year-old single mother of two who has been on welfare assistance for three years. For two years, Judy and her family drifted in and out of homelessness when her unstable housing arrangements fell apart. You have been working with Judy in finding her housing for 18 months. After Judy was on the waiting list for public housing for a full year, you were able to help her secure a two-bedroom apartment in a public housing unit designated for young families that is located in a safe neighborhood. Judy and her family have been in their new apartment for six months, and for the first time in their young lives, her children are experiencing what it means to have a stable home. This afternoon, you received a call from the local police informing you that Judy has been arrested for drug trafficking in her apartment. The Housing Authority's policy forbids the use or selling of drugs in public housing units and requires that residents who violate this rule be evicted immediately.

Points for reflection

1. As a case manager with the local Housing Authority, what empowering options can you create for your client, Judy?
2. Do you see any value conflicts between the agency's drug policy and social work values? If so, what are they?
3. When you go to the jail to visit Judy, what will you say to her?
4. How would you feel about this case if Judy's children were not involved?

It is also important to note that there are two types of confidentiality, one absolute, the other relative. According to the NASW *Social Work Dictionary* (Barker, 2014), absolute confidentiality means the professional never shares information in any form with anyone. Although social workers may strive for absolute confidentiality, it is impossible to guarantee a client that information will never be shared. There would be no written record of any interaction and no oral transmission of data. The principle of relative confidentiality allows for the sharing of information within the agency (such as in supervision or team meetings) but not with outside agencies or collateral contacts unless the client has given consent in writing.

State laws, the NASW *Code of Ethics* (NASW, 2008a), and certain agency policies impose limitations on confidentiality within the social worker–client relationship, requiring social workers to report to the appropriate authorities clients' intentions to harm another individual or themselves. All states require that social workers report known or suspected cases of child abuse or neglect and elder abuse and neglect. Social service agencies that use a team treatment approach may require that all team members have access to pertinent information about the client. It is the ethical responsibility of the social worker to inform clients of the limits of confidentiality at the outset of the helping relationship (Mizrahi & Davis, 2009; NASW General Counsel & NASW Legal Defense Fund, 2014). However, even when we are knowledgeable about the legal and ethical limits of confidentiality, in the real practice world, it is often difficult to identify when we have reached these limits within the helping relationship. Box 5 provides an example of this dilemma.

The NASW *Code of Ethics*, Ethical Standard 1.07 (NASW, 2008a), requires that social workers respect clients' right to privacy. Information should be solicited only when it is essential to providing services that address clients' problems and possible resolutions. To maintain confidentiality, social workers must refrain from disclosing information about a client to others. It is because of this expectation that trust can be developed between the client and the social worker over time (Miley, O'Melia, & DuBois, 2013).

Box 5 A Confidentiality Issue

You are a caseworker at a Family Service Center where you have worked for one month since receiving your BSW. Richard is a 48-year-old construction worker whom you have been seeing weekly since your first week at the agency. Richard came to your agency seeking assistance after unexpectedly losing his job following a back injury that left him permanently limited in his abilities to lift or carry more than 20 pounds, to climb, or to do twisting motions. Richard is a devoted husband and father and is feeling that he has let his family down because he has not been able to provide for them financially in recent months. With your help, Richard has been able to enter an eight-week reemployment-training program where he is being trained as a tax preparer for a local firm. He has done well in his classes but has become depressed and frustrated in the past two weeks as his family's financial situation has worsened. Today, you notice that Richard seems more agitated and restless. When you asked him what is on his mind, he explains that the previous night he had been out at the local tavern having a few beers and on the way home was stopped for speeding and was given a DUI when he failed to pass the breathalyzer test. The ordeal resulted in Richard being held in jail overnight, causing him to miss his tax preparer's class the following morning. He is feeling unjustly persecuted by the police and fears that he will not be permitted to complete the class. As Richard is telling you of the events of the previous evening, he becomes enraged at the unfortunate hand that fate has dealt him and blurts out, "I feel like walking into the police station and shooting those bastards!"

Points for reflection

1. How will you handle the issue of confidentiality in your relationship with Richard?
2. How do you determine whether Richard is serious about his threat or just venting his anger?
3. What actions would you take?
4. How would you address this with Richard given confidentiality and issues of trust?
5. What safety issues do you need to consider for yourself, for Richard, and for the staff in your agency?

Minors (typically 12 years and younger) are generally incapable of giving consent to health treatment, and a parent or guardian will need to consent on the minor's behalf. Exceptions to the general rule vary from state to state. Commonly, a full explanation (or informed consent) is given to the child, parent, or guardian. If the child does not object or the social worker doesn't identify any compelling reason to deny access to information, he or she may do so. When the social worker provides a full explanation of confidentiality and its limits, the possibility of being caught between a parent and a child is reduced. As always, when you are unsure about how to proceed, consult your supervisor. In some cases, legal counsel may be required.

There are some exceptions to confidentiality, such as evidence of child and/or elder abuse or neglect, threats by a client to harm self or others, the need for emergency services, guardianship hearings, lawsuits filed against a social worker, consultation with colleagues and attorneys, and for purposes of internal quality assurance reviews (Miley et al., 2013). Be careful not to discuss your clients with family and friends (even if you do not give any identifying information) or talk about clients in public spaces where others may be within earshot. Also, always follow the agency's procedures concerning the safeguarding of client records. Social service agencies are firmly entrenched in the digital age, and client records are now computerized. It is extremely important that these records be password protected or otherwise secured to protect the confidentiality of the client. Confidentiality is a core social work value. To assess your knowledge of confidentiality, answer the questions in Box A.

Clients can give the social worker permission to share information about their case with others. This is often necessary when a client is using multiple service providers and client services are coordinated across agencies. For the client to give "informed consent

Box A Now You Try It . . . Confidentiality

1. What are the most important aspects of confidentiality to you?
2. Where do you see the potential conflicts arising in adhering to the NASW *Code of Ethics* and the reality of everyday practice?

for releasing information," the worker must share with the client the conditions, risks, and alternatives to sharing this information. Should the need for sharing information occur, be sure to have the client (or, in the case of a child, the parent or guardian) sign a consent form that includes the information that will be shared with whom, for what purpose, and within what time frames.

Watch the video clip as Diane, the social worker, obtains consent from her client, Mrs. Kita, and establishes the limits of confidentiality.

Some communities are now using software that allows multiple agencies serving the same client to share client information online (with the client's permission). This provides an easy way to coordinate client services along a continuum of care. For clients, this often means that they have to tell their story only once to the primary service agency rather than repeating it for social service workers they see at each separate service agency. For such software to be used safely and ethically, it must contain multiple layers of security to ensure that client information remains secure and confidential. It is important that when talking with a client about parameters of confidentiality, you discuss the details up front and acquire the consents for information sharing as soon as possible. This will reduce the likelihood of misunderstanding should the client situation require the social worker to limit the boundaries of confidentiality.

Finally, the Privacy of **Health Information/Health Insurance Portability and Accountability Act of 1996 (HIPAA)** provides clear privacy guidelines for health care providers. Social workers have a strong tradition of safeguarding information. However, in today's world, the old system of paper records in locked filing cabinets is not enough. With information now broadly held and transmitted electronically, HIPAA provides clear standards for the protection of personal health information. To learn more about HIPAA, check out the U.S. Department of Health and Human Services website.

Privileged communication. There is a distinction between adhering to client confidentiality and privileged communication. Privileged communication provides the legal grounds for confidentiality, meaning that clients can claim legal privilege and ethical social workers maintain confidentiality. Legal privilege protects the client's private communication with a social worker by prohibiting the social worker from revealing information in court (Miley et al., 2013). According to Miley et al. (2013), establishing privilege involves the following: 1) the client can invoke privilege to prevent the social worker's testimony or records from being used as evidence in court, 2) the social worker can assert privilege at the client's request, and 3) the judge considers relevant laws and the client waiver and entitlement to determine whether privilege applies. By invoking privilege, clients can restrict the social worker from revealing confidential information

in a court of law. Without the client invoking privilege, the social worker can be compelled to testify and provide documentation to the court. Rules of privilege vary from jurisdiction to jurisdiction; therefore, a social worker should determine whether privilege is available in the state in which they practice (Hackney & Cormier, 2013). It is important to determine whether privilege is available in your state and to determine what information is protected and in what situations privilege applies (NASW, 2008b).

Assess your understanding of value-driven practice behaviors by taking this brief quiz.

SOCIAL WORK ETHICS

Social work ethics provide social work practitioners with a set of guidelines for practice. These guidelines are established by the NASW, the major professional social work organization, and reflect the values of the profession. Social work ethics translate the abstract values of the profession into action statements and give social workers concrete guidelines for ethical ways of being in the practice setting.

The first *Code of Ethics* was adopted in 1960 and was later revised in 1979, 1996, 1999, and, most recently, 2008 to reflect the changing emphasis and direction of social work practice and changing social and political times (Reamer, 2014). Box 6 summarizes the six ethical principles of the NASW *Code of Ethics*.

The *Code of Ethics* provides guidance on how to deal with issues in contemporary social work practice. Some of the major societal changes affecting practice today include the following:

- Reductions in human services at the federal and state levels, fundamental changes in the welfare system and immigration laws, and tighter eligibility standards for accessing publicly funded social welfare benefits
- Evidence of community disintegration emerging in social problems, such as homelessness, domestic violence, increased incidents of police brutality, poverty, substance abuse, job instability, unemployment, multiple jobs, and increased family stress
- Population shift with growing numbers of people of color and the elderly
- New health and information technologies and major changes in health policy favoring managed care
- The development of a culture of consumerism reflected in "me first" attitudes and "for profitism" in the human services (Brill, 2001)

Box 6 Ethical Principles of the Social Work Profession

1. Social workers' primary goal is to help people in need and to address social problems.
2. Social workers challenge social injustice.
3. Social workers respect the inherent dignity and worth of the person.
4. Social workers recognize the central importance of human relationships.
5. Social workers behave in a trustworthy manner.
6. Social workers practice within their areas of competence and develop and enhance their professional expertise.

Source: Excerpt from NASW (2008a) *Code of Ethics*, Ethical Principles section. Used with permission.

All of these changes call into question the ethics and commitment to public services by the public at large, the government, and professionals in the human services. Social workers are facing more complex issues in practice and are expected to work effectively and efficiently with fewer resources. The changes in the social, economic, and political landscape of America have created a context of social work practice that has more ethical challenges. In response to these societal changes, the 1996 revised NASW *Code of Ethics* covered more areas of practice and provided more specificity in professional behaviors. In all, the code now consists of 155 ethical standards. In 2008, the code was revised again, adding more inclusive language concerning the need to avoid discrimination and to respect individuals' gender identity / expression and immigration status.

Fourteen practice standards complement the *Code of Ethics*. Covering social work practice in areas such as cultural competence, palliative care, technology, substance abuse, and genetics, the practice standards provide detailed guidance on social work in these areas, including ethical considerations. Box 7 excerpts the ethics section of the practice standards for working with family caregivers of older adults.

Box 7 Standards for Social Work Practice with Family Caregivers of Older Adults: Standard 1: Ethics and Values

Social workers practicing with family caregivers of older adults shall adhere to the ethics and values of the social work profession, using the NASW *Code of Ethics* (2008a) as a guide to ethical decision making.

Interpretation

The primary mission of the social work profession is to enhance human well-being and to help meet the basic needs of all people, with particular attention to the needs of people who are vulnerable and oppressed. This mission is rooted in a set of core values that constitutes the foundation of social work and relates closely to social work with family caregivers of older adults:

- **Service.** Social workers apply their knowledge and skills to support the well-being of family caregivers of older adults and to address challenges faced by family caregivers.
- **Social justice.** Social workers act on individual and systemic levels to ensure access to needed information, services, and resources for family caregivers of older adults and to facilitate family caregivers' meaningful and comfortable participation in decision making.
- **Human dignity and worth.** Social workers treat family caregivers of older adults in a respectful and caring manner. They promote family caregivers' self-determination, with sensitivity and respect for the self-determination of older adults when confronted with conflicting values and goals.
- **Importance of human relationships.** Social workers engage family caregivers, to the extent possible, as partners in goal identification, progress, and achievement. They strive to strengthen relationships between family caregivers and older adults so as to maintain and enhance the well-being of the family system.
- **Integrity.** Social workers use the power inherent in their professional role responsibly, exercising judicious use of self and avoiding conflicts of interest. Their practice with, and on behalf of, family caregivers of older adults is consistent with the profession's mission and ethics.
- **Competence.** Social workers practice within their areas of competence and continually strive to enhance their knowledge and skills related to family caregiving and aging. Competence also requires that social workers recognize the importance of, and attend to, their own self-care.

The very term *family* is, in fact, rooted in ethical values. For the purposes of these standards, *family* refers to family of origin, extended family, domestic partners, friends, or other individuals who support an older adult and whose primary relationship with the older adult is not based on a financial or professional agreement. Social work practice with family caregivers of older adults begins with honoring the uniqueness of each family system.

Effective practice with family caregivers of older adults requires social workers to identify their own values and perspectives regarding aging and family caregiving, including

(Continued)

Box 7 Standards for Social Work Practice with Family Caregivers of Older Adults: Standard 1: Ethics and Values *(Continued)*

their personal experiences as family caregivers or with aging family members. Social workers have an ethical responsibility to assess how their own experiences influence their practice with family caregivers of older adults, to ensure they are not imposing their own values on family caregivers of older adults.

Differences in the wishes, perceptions, and capacity of older adults and family caregivers can present complex ethical and legal challenges to social workers. Social workers must know and comply with federal, state, local, and tribal laws, regulations, and policies related to older adults, such as reporting requirements for elder abuse and neglect, guardianship, and advance directives. Obtaining informed consent, maintaining confidentiality, and protecting privacy are critical. Careful application of ethical principles is especially important when older adults or family caregivers have limited decision-making capacity or are experiencing or perpetuating mistreatment. Collaboration with colleagues can also help resolve ethical dilemmas.

Points for reflection

1. How are social work values embedded in the practice standards for working with family caregivers?
2. How do the standards protect the vulnerable?
3. What do social workers need to know to serve this population ethically?

Source: Excerpt from *NASW (2008a)*, NASW Standards for Social Work Practice with Family Caregivers of Older Adults. Used with permission.

Charles Levy notes that the NASW *Code of Ethics* serves three functions for the profession: "It guides professional conduct, it is a set of principles that social workers can apply in the performance of the social work function, and it is a set of criteria by which social work practice can be evaluated" (Levy, 1976, p. 108). By understanding the established ethics of social work practice, social workers can make the difficult moral and value-laden decisions that are an inescapable part of working with people from diverse walks of life. Social workers who find themselves within practice settings that may not adhere to the values of the social work profession have a supportive and clear set of guidelines. Box 8 outlines the areas of social workers' ethical responsibilities that are addressed in the NASW *Code of Ethics*. For a full reading of the code, visit the NASW website.

The Ethic of Care

Developed by feminist theorists Nel Noddings and Joan C. Tronto, the **ethic of care** is a comprehensive theoretical framework that offers insight into how people can best live together in a more just society. Tronto defines care as "a species activity that includes

Box 8 Social Workers' Ethical Responsibilities

1. Social workers have ethical responsibilities to clients.
2. Social workers have ethical responsibilities to colleagues.
3. Social workers have ethical responsibilities in the practice setting.
4. Social workers have ethical responsibilities as professionals.
5. Social workers have ethical responsibilities to the social work profession.
6. Social workers have ethical responsibilities to the broader society.

Source: NASW (2008a).

everything we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Fisher & Tronto, 1990, p. 40). The ethic of care focuses on the life span and our interdependence as members of society (e.g., "I may be an independent adult right now, but I depended on care as a child so that I could reach adulthood, and I may need additional care as I age"). At some level, we all are, have been, or will be vulnerable. Other themes in the ethic of care include the following:

- Equality (all people have equal moral worth, and thus the distribution of care in a society should be equitable)
- The inadvisability of making sweeping generalizations about "human nature" that hold true in all circumstances (in providing care, we should think about the person receiving care as being unique and irreplaceable)
- Responsiveness—whose needs must be met; is the care that is being offered meeting the needs?

In the ethic-of-care perspective, care is seen as a reflection of the power dynamics within the society: Who receives quality care? How is care distributed across gender, racial, and socioeconomic lines? What is the status of caregivers in the society? By asking whose needs are unmet and why, the ethic-of-care perspective bridges the micro level of practice and the social worker's ethical obligations to the broader society (Cummins, Byers, & Pedrick, 2011). Box I shows how reflection on the ethic of care could inform social work practice.

Engagement

Behavior: Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.

Critical Thinking Question: What aspects of modern society make it challenging to adopt the long-term perspective called for in the ethic- of- care framework?

Box I Theory into Practice—the Ethic of Care—Case Study

Elena is a youth worker in a shelter for adolescents who have a history of running away from home and living on the streets. One of her clients in the shelter, Angel, is a 17-year-old who will "age out" of the shelter in eight months. Elena needs to develop a transition plan for Angel to help her in the adjustment to adulthood. Nine years ago, when Elena first began her social work practice, she would have approached this task with the goal of maximizing Angel's autonomy, focusing on how Angel could obtain additional schooling or a job and a safe place to live in. After reading an article on the ethic of care in a social work journal as part of her MSW course work, Elena is now more aware of Angel as part of an interconnected web of relationships that can either nurture or impede Angel's positive development as a human being. The web consists of formal supports, such as Elena, the other youth workers in the shelter, and the teachers who conduct GED classes at the shelter, but it also consists of informal supports, such as the friends Angel has made at the shelter, the cousins who sometimes visit her, and the members of the partying crowd Angel hangs out with when she is on the streets. Considering Angel in light of the ethic of care, Elena attends to Angel's interconnected relationships, seeing the need for positive supports and the continuity of healthy friendships with current shelter residents as a priority, along with the need for Angel to receive an education and have a job and a place to live in.

Source: To read the article that influenced Elena, see S. Holland, "Looked After Children and the Ethic of Care," *British Journal of Social Work*, *40*(6, 2010), 1664–1680.

Ethical Decision Making

Resolving **ethical dilemmas** in social work practice is not a simple task. It requires knowledge of the *Code of Ethics* and Practice Standards, a close analysis of all the relationships involved in the situation, the imagination to visualize the probable consequences of different courses of action, and a commitment to take the time needed to think through all of the above (Cummins et al., 2011).

The Ethical Principles Hierarchy ranks ethical principles that can be a resource in weighing different courses of action. Figure 1 presents the ranked principles, showing protection of life at the top of the hierarchy as the most important ethical consideration and truthfulness and full disclosure at the lower end of the hierarchy. Note that the figure does not mean that truthfulness is unimportant as an ethical practice—it simply means that in a situation involving competing ethical considerations, the preservation of life would be the most important consideration. In the Ethical Principles Hierarchy, a quality-of-life issue, such as access to decent housing, while important, would not be as crucial as preserving life in the face of an immediate threat (Dolgoff, Harrington, & Loewenbere, 2012).

Figure 2 outlines a process you can use to work your way through the ethically questionable "gray areas" of the helping relationship. In some cases, you will need to broaden ethical reflection, drawing on the collective wisdom of colleagues and other professionals, as noted in the *Code of Ethics*:

Ethical and Professional Behavior

Behavior: Use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.

Critical Thinking Question: You have been working at a small local agency for a year and have just received Melissa as a new case. She is a 16-year-old who has been in and out of the judicial system since she was 12. She is currently seeing you as part of a court-remanded decision as part of her sentence for the attempted murder of her three-year-old brother. Would you take this client? Why or why not? If you took Melissa as a client, explain some tools you would use in order to be able to treat Melissa with respect and see her inherent potential.

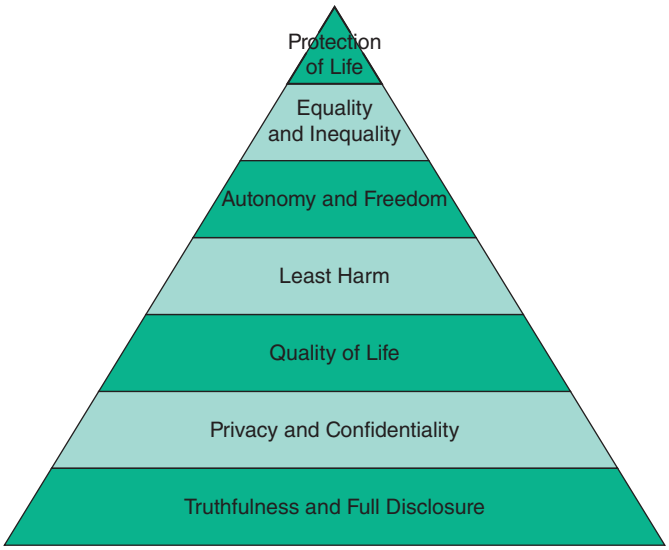

Figure 1
Ethical Principles Hierarchy

Source: Boyle et al. (2009); Loewenberg, Dolgoff and Harrington (2000).

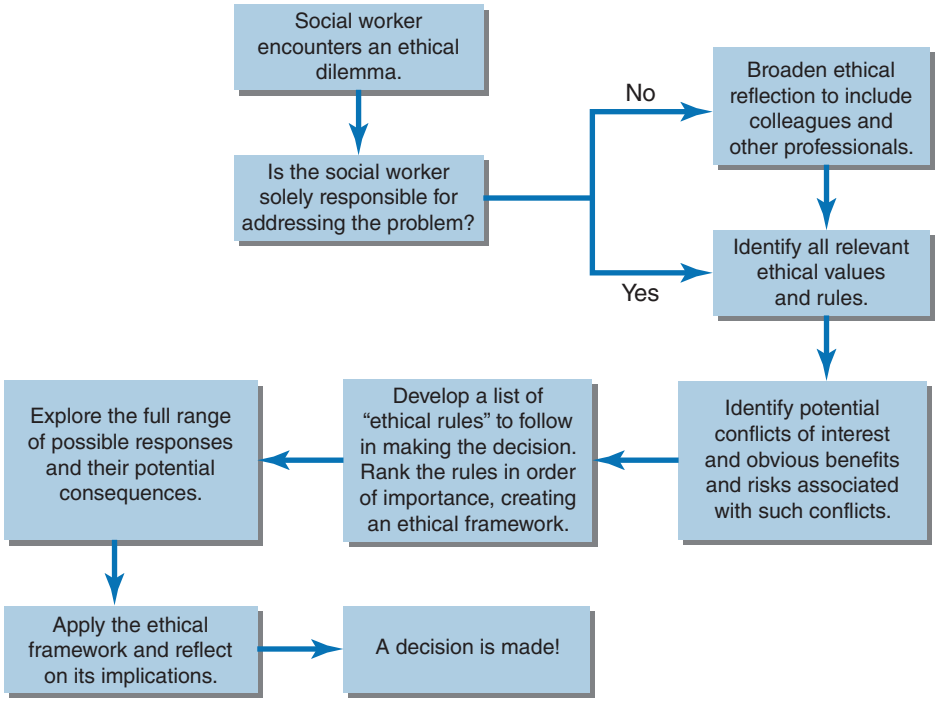

Figure 2
Steps for Resolving Ethical Dilemmas

Source: Adapted from D. Hardina, "Guidelines for Ethical Practice in Community Operation," *Social Work*, *49* (4, 2004), 595–604, and M. Reisch and J. I. Lowe, "'Of Means and Ends' Revisited": Teaching Ethical Community Organizing in an Unethical Society," *Journal of Community Practice*, *7*(1, 2000), 19–38.

> *[Social workers] should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance, social workers should consult the relevant literature on professional ethics and ethical decision-making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel. (NASW, 2008a, "Purpose of the NASW Code of Ethics" section)*

The next step in this model for ethical decision making is to identify the applicable ethical values and rules (including the NASW *Code of Ethics* but also other frameworks, such as the ethic of care, agency-specific mission and guiding principles, and state and federal laws). The model takes potential conflicts of interest into consideration (e.g., is there a financial incentive to meet managed care financial targets that could lead to a course of action contrary to the client's best interests?).

The model then calls for the explicit definition of ethical rules, ranked in order of importance. See Figure 1 for an example of such a ranking.

After any needed consultation, a review of applicable ethical values and rules, the determination of whether any conflicts of interest exist, and the identification of ethical

rules and their ranking, the social worker explores the full range of possible responses to the situation and their potential consequences. After reflecting on the best choice that emerges from this analysis, a decision is made and acted on. While this model may seem complex on first introduction, its purpose is to make ethical deliberation a conscious thought process for the beginning practitioner. Experienced social workers internalize ethical decision making, and thus the process becomes less mechanical as practice wisdom increases.

Ethical Dilemmas

The most perplexing ethical issues involve cases that do not have an immediately apparent "right answer." As Frederic G. Reamer observes, "Ethical dilemmas occur when social workers must choose among conflicting professional values, duties, and rights that arise sometimes due to their competing obligations to clients, employers, colleagues, the social work profession, and society at large" (Reamer, 2008, p. 144).

The case in Box B highlights differences in micro-level treatment approaches. Social workers can also face ethical dilemmas in balancing public policy directives and professional social work values. The social work profession is sanctioned by society through the passage of public laws and through the appropriation of public funds to fulfill the mandates of public law. Social work therefore has an obligation to society to provide services, counseling, and interventions for those in need. In this sense, the public at large shows support for the values and mission of social work. Public laws and regulations also direct social work practice insofar as social workers are mandated by law to provide certain services and to structure those services in predetermined ways. Often, the values inherent in the public

Box B Now You Try It . . . Resolving Ethical Dilemmas

You are a social worker in a residential treatment program for children ages 8 through 12. These are children who have been diagnosed with severe behavioral issues, such as physical aggressiveness, verbal impulsivity, and self-harm. For Joey, age nine, to be placed in such a restrictive environment, many other treatment options were considered before his placement into your 24-hour facility. Joey has been in and out of 12 foster homes since age two. There has been no contact with any biological family members since the Department of Children and Family Services became involved seven years ago. Joey's mother left him on the steps of a local hospital. Now seven years later, he finally seems to be adjusting to the structure and close supervision on the unit. You have seen Joey initiate a few conversations with the staff, and on one occasion he offered to help Mike, another resident, work on a puzzle. His sessions with a special education teacher are going fairly well, and Joey is making progress. However, he remains disruptive around mealtimes and has been removed from the dining area for throwing utensils and plates at other children. He is a light sleeper and wanders on the unit after bedtime. In your assessment, Joey is deeply troubled but has the potential to benefit further from the highly structured environment in your facility. Yesterday, you learned that Joey's court-appointed special advocate (CASA) is going to seek to have Joey placed in a group home facility that is located near an elementary school that has a well-resourced special education department. The CASA advocate is seeking greater access to educational resources for Joey and a smaller group living arrangement that will be less institutional.

Using the Steps in Resolving Ethical Dilemmas model and the Ethical Principles Screen, explore the full range of possible responses to the situation and their potential consequences. Consider the situation from the perspectives of a residential treatment social worker and a CASA advocate, both of whom are seeking what is best for Joey. How can the model help reduce interagency differences concerning Joey's care? What are your recommendations in this case?

Box 9 Conflicting Values: Social Work and Social Policy

Let's return to the case of Sarah. Recall that you are a social worker at a not-for-profit social service agency that provides support services and training to help young single mothers achieve self-sufficiency. Over the past two years, you have seen Sarah intermittently. She has become one of your favorite clients, in part because of her perseverance and her willingness to follow through on her commitments. Sarah is now 19-years-old; her son, Seth, is two. Since you began working with Sarah, she has attended parenting classes and proven herself to be a loving and skilled mother. She has also completed her GED. With the help of housing assistance, she has been able to secure a two-bedroom apartment after being on the waiting list for six months. Eight months ago, Sarah got her first real job as an assistant teacher in a day care center, working 20 hours per week. Sarah likes her job very much, and she excels at her work. The job pays only minimum wage and provides no health care or paid time-off benefits. However, as an employee of the day care center, Sarah receives free day care for her son Seth. With her TANF (Temporary Aid to Needy Families) income, food stamps, Medicaid, subsidized housing, part-time job, and free day care, Sarah has managed to create a stable life for her son.

In the state where you practice, clients can receive TANF benefits for only two years. As you review Sarah's case file, you see that her welfare benefits will expire in one month. Sarah needs the welfare check to meet basic survival needs for herself and her son. If she budgets carefully, her welfare check and work income together just cover her rent, secondhand clothing for Seth, bus fare to work, the phone bill, and essential items, like toothpaste and soap, that are not covered by food stamps. Without her welfare check, Sarah is likely to find herself in the same situation she was in two years earlier, homeless with her young son.

Points for reflection

1. What social work value does the state TANF policy contradict?
2. As a social worker, how do you comply with state law without violating social work values?
3. What options can you present to Sarah that will be empowering to her and her son?

laws directing social work practice are in conflict with the values inherent in the social work profession. At times, this may put the social work practitioner in an ethical dilemma when trying to satisfy the demands of two competing value systems (see Box 9).

As discussed earlier, changes in the complexity of society and social problems have created new ethical challenges to the contemporary social worker. Consider, for example, that cuts in human services funding have resulted in fewer salaried social workers and thus higher caseloads for those social workers who have retained their jobs. How do you as a social worker provide adequate levels of care to 25 child welfare cases on your workload? The move toward contract/fee-for-service positions among social workers shifts the focus of the work from an internal altruistic motivation to one that is money driven. How will this affect the quality of service delivery? In the privatization of human services, service delivery has become competitive and funding driven rather than need driven, raising the question of who is getting served and who is not. Another ethical challenge is the increase in unionization among social workers. Does this violate the professional code? The use of technologies that computerize client records and allow for sharing of client information across agencies raises questions about our ability to ensure client confidentiality (Brill, 2001). Consider the three cases in Box 10. Identify the ethical dilemma present in each case and then discuss how you would respond if you were the social worker in each case.

Ethical and Professional Behavior

Behavior: Make ethical decisions by applying the standards of the NASW *Code of Ethics*, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics as appropriate to context.

Critical Thinking Question: For each of the ethical dilemmas outlined in Box 10, consider whether you would consult with colleagues. If so, what questions would you ask?

Assess your understanding of social work ethics by taking this brief quiz.

Box 10 Ethical Dilemmas: Case Examples

Case #1. A social worker employed in a county social services department as an eligibility worker has learned that local welfare reforms direct that she report any new children born to current welfare recipients. She fears that the new reporting requirement could prevent children born into welfare families from receiving income supports later in their lives. The worker is aware of the requirement that social workers should comply with the law. However, she is convinced that reporting newborns might preclude future essential services. The social worker also believes that the new regulations will create a new class of citizens (children born to welfare mothers) that might be discriminated against in various ways. She feels caught between complying with the law and ignoring the law to prevent what she views as likely injustice.

A. What is/are the ethical dilemma(s) facing the social worker?
B. Are these legitimate concerns? Why or why not?
C. As the social worker in this county agency, how would you respond in this situation? What are your possible courses of action?

Case #2. A clinical social worker in a remote community trains paraprofessionals to do mental health counseling with members of their Asian, Pacific Islander, and Central American communities. She believes that well-trained paraprofessionals familiar with community members' cultures and languages could broaden mental health services by bringing cultural depth in service to those communities. Months after those she trained began providing services, the state department that licenses her agency adopted new policies prohibiting unlicensed social workers from providing mental health counseling services. A regional department representative reports that he is considering filing a complaint against the social worker for facilitating the unauthorized practice of social work.

A. What do you see as the ethical dilemma here for the social worker? For the state department representative?
B. Which action would provide the best services to the clients? Why do you think so?
C. As the social worker at the agency, what would you do to protect your paraprofessionals and the services they provide to your clients?
D. As a state department representative (which may well be social worker too), on what ethical grounds can you feel justified in enforcing the law?
E. Is there a win-win solution to this dilemma? What do you think it might be?

Case #3. When a nonprofit hospital downsized, all social work positions were eliminated. The social workers were transferred to an affiliated home health care agency. The hospital then offered to contract with the home health social workers for the same work they had done previously for the hospital. At times, the social workers who do both hospital and home-based work experience conflicts of interest when faced with the need to refer hospital patients to home-based services. The social workers understand that they should not exclusively refer to the hospital's home health care agency and that self-determination requires that patients have information about a range of available, appropriate services. But from the patient's perspective, they also see that it would often be more desirable to be able to continue to work with the social worker who had been assigned during the hospitalization period. The hospital's risk management officer has argued, however, that when patients choose their home health care agency, the same social worker should not continue to work with the patient because of the appearance of conflict of interest—that is, the social worker would receive compensation for services because of a referral he or she made.

A. If a patient chooses to continue with her hospital social worker as her home health social worker, is there really a conflict of interest for the social worker? If so, what do you believe the conflict to be?
B. What underlying social work values may be jeopardized in the above working arrangement?
C. Are there any standards of practice being violated in this working arrangement as set forth by the NASW *Code of Ethics*? Which one(s)?

Source: Case studies reprinted with permission from NASW (1998a).

SUMMARY

- Social work as a profession is dedicated to social justice and the empowerment of all people through the creation of a just society where men and women and all diverse populations are given equal access to resources and opportunities. These ideals often attract to the profession people who are committed to helping people.

- Putting social work values into practice is an ongoing challenge, especially in today's complex world. Ethical dilemmas are common to social work practice, and social workers need to be familiar with the profession's code of ethics to guide them through the challenges of practice with people facing multiple problems in a rapidly changing world.
- Staying focused on creating a society where all people enjoy a safe and supportive environment helps us through the difficult cases. Witnessing our clients' successes as they reconnect with their own innate worth and create stable and fulfilling lives is the priceless reward that social workers reap in direct social work practice.

APPLY IT

1. Watch **Interactive Case Study #4** of Maria, Mrs. Anderson, and social worker Nicole. Identify two ways that Nicole could have provided Maria with some reassurance about the confidential nature of their conversation. Take into consideration that Maria is a minor.
2. Watch **Interactive Case Study #5** of Mrs. Kita and social worker Diane. Consider the network of relationships that support Mrs. Kita, including formal social service supports and informal family and friend supports. Identify and consider Mrs. Kita's different caregiver roles and how her family's need for care would be met.

Assess Your Competence

Use the scale below to rate your current level of achievement on the following concepts or skills associated with each competency presented in the chapter:

1	2	3
I can accurately describe the concept or skill	I can consistently identify the concept or skill when observing and analyzing practice activities	I can competently implement the concept or skill in my own practice

_____ Understands and can articulate core social work mission and values.

_____ Can identify and describe components of the NASW *Code of Ethics*.

_____ Can identify ethical dilemmas and tools or actions to help resolve them.

_____ Understands the value of ethical reflection.

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Glossary

Code of ethics a set of professional standards put forth by the National Association of Social Workers for conducting social work practice across settings and areas of practice, that uphold the profession's mission and values and provide guidance for ethical and competent social work practice.

Competence demonstrates knowledge and skill to engage in social work practice in assigned or chosen areas; graduating from an accredited school of social work and passing your state licensure exams are beginning levels of competence.

Confidentiality the safeguarding of the information that passes between the social worker and the client that facilitates the evolution of a trusting relationship; trusting that what transpires during the interview session will remain private.

Dignity and worth of the person respect for every human being's innate greatness; regarding clients/individuals as having worth and treating them with esteem regardless of their outward appearances and behaviors.

Empowerment through knowledge, support, and skillful guidance, clients are able to move themselves toward their life goals through making informed choices about their lives; when clients are able and willing to take these steps, they have empowered themselves.

Ethical dilemmas "Ethical dilemmas occur when social workers must choose among conflicting professional values, duties, and rights that arise sometimes due to their competing obligations to clients, employers, colleagues, the social work profession, and society at large" (Reamer, 2008, p. 144).

Ethic of care a comprehensive theoretical framework that offers insight into how people can best live together in a more just society; focuses on the life span and our interdependence as members of society.

Importance of human relationships an understanding that relationships between and among people are the core mechanism through which change occurs.

Individualization the process of knowing people for themselves, instead of "knowing" people through the distortions of our own biases (Zastrow, 2013).

Integrity emanating trustworthiness in all areas of social work practice and personal arenas.

Self-determination the act of giving clients the freedom to make choices in their lives and to move toward established goals in a manner that they see as most fitting for themselves as long as clients' choices don't infringe on the rights of others (Zastrow, 2013); grounded in self-determination theory, which posits that client changes are more apt to be long lasting and more effective if they are autonomously motivated to change (Deci & Ryan, 2012).

Service supported by the ethical principle of helping people with their social problems, service, as a value, is expressed in how services are structured, accessible, and relevant to the needs of those being served.

Social justice comes through social change that promotes equality of opportunity for all (NASW, 2008a).

Social work ethics practice guidelines established by the National Association of Social Workers (NASW), which reflect the values of the profession, and translates the abstract values of the profession into concrete action statements for ethical ways of being in the practice setting.

Social work mission to advance the quality of life for all people through the enhancement of mutually beneficial interactions between individuals and society (Minahan, 1981); social work stands for the social welfare of all people and is committed to social justice through social change at the individual, family, community, agency, and structural levels.

Social work values an idealistic and difficult-to-sustain value set that guides the profession toward the fulfillment of its mission. The six core values are 1) service, 2) social justice, 3) dignity and worth of the person, 4) importance of human relationships, 5) integrity, and 6) competence.

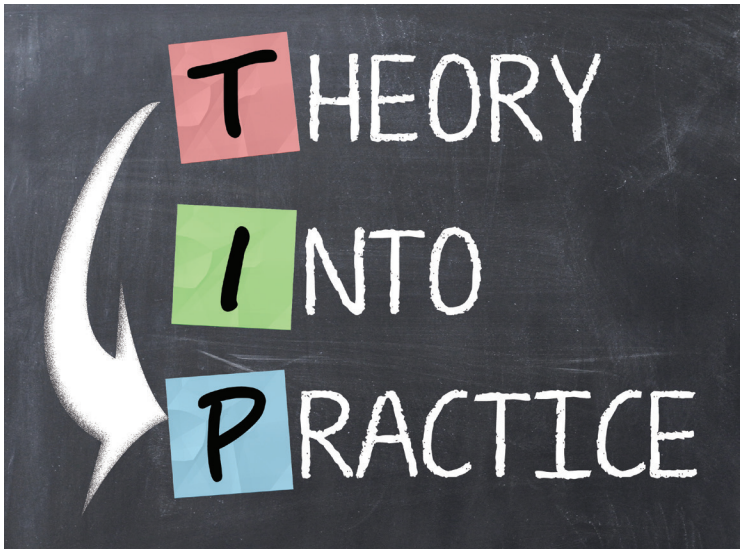
Theory-Directed Social Work Practice

LEARNING OUTCOMES

- Articulate the relationship between the five categories of theory and social work practice, providing examples of applications.
- Distinguish between a practice theory and a meta-framework as applied to selected client scenarios.

CHAPTER OUTLINE

Theory-Directed Social Work Practice



ADRIAN_ILIE825/FOTOLIA

Social workers are prepared through their BSW education and in their first year of MSW education to practice as generalist social workers. As generalist social workers, social workers draw on a broad knowledge base in practice with diverse clients, situated in a wide range of contexts, and involved in many interlocking systems, such as family, work, community, and institutional, political, and judicial systems. To be an effective generalist, a social worker must be grounded in a broad range of practice theory. To be a generalist social worker means one is able to draw on many theories, perspectives, and models and weave them together to create a reasoned and comprehensive approach to practice for specific clients in specific contexts. Client problems, values, culture, and belief systems influence the practitioner's selection of theoretical frameworks when constructing practice interventions.

From its beginning, social work has been concerned with providing care that is grounded in tested knowledge. Early in the profession's development, pioneers such as Jane Addams and Mary Richmond worked to provide theoretical bases for social

work practice. The publication of Mary Richmond's *Social Diagnosis* in 1917 was one of the first efforts to link theory to practice. Likewise at the family, agency/community (mezzo), and national (macro) levels of practice, Jane Addams's knowledge of and work within and across these multiple system levels made her an effective advocate for bringing needed resources and social justice to those in need (Addams, 1893; Dinerman, 1984; Trattner, 1999). While the profession of social work has been active in developing theories of social work practice since its inception, it has always borrowed relevant theories from other disciplines such as psychology, medicine, nursing, anthropology, biology, and sociology. While many of these theories continue to inform social work practice, with maturity, the profession developed empirically tested theories of its own. Today, there are more than 400 practice theories, perspectives, frameworks, and models that direct and inform social work practice (Boyle, Hull, Mather, Smith, & Farley, 2009; Wedding & Corcini, 2014). See Box 1 for a list of commonly used theories, frameworks, perspectives, and models across four broad categories of practice theories: psychodynamic, cognitive-behavioral, humanistic, and postmodern theories.

Fundamentally, practice theory is a body of knowledge that has been empirically tested and shown to be effective. Theory then guides the action of practice, and its evidence of effectiveness becomes the standard of accountability for practitioners (Turner, 2011). Without the application of tested knowledge, social workers cannot claim to be practicing professionals. If we did not use theory to guide us in our practice decisions, social workers would not be distinguishable from kind, warmhearted people wanting to be of help and doing what they felt was the "right thing to do." Theory becomes the basis of our assessments and interventions with clients. We use it to give meaning to situations, to assess the strengths and challenges (or barriers) in presenting situations, and to understand our clients' lives and the environments in which they live and function. Usually, practice requires that we employ multiple theories when working with a client (which may be an individual, family, group, organization, or community) (Turner, 2011). For example, we may use the person-in-environment perspective to understand the complexity of our client's life, psychodynamic theory to understand her low self-esteem, crisis theory to counsel her after a rape, and grief theory to help her through the recovery process.

CATEGORIES OF PRACTICE THEORY

Direct practice theories and models have been categorized into four broad groups. These include psychodynamic theories, cognitive-behavioral theories, humanistic theories, and postmodern theories. In this section, you will be introduced to each of these categories of theory and provided some examples of some of those theories and an explanation of their application in direct social work practice.

Psychodynamic Theories

Psychodynamic theories can be traced to Sigmund Freud and attempt to link current problems clients may be having to past traumas, usually occurring during childhood. Treatment is focused on gaining insights that then can be translated into personality changes within the client. Common psychodynamic theories include psychoanalysis

Box 1 Theorists and Their Works

Theory	Original Theorists	Sample Publications
Psychodynamic Theories	Sigmund Freud (1856–1939)	Freud, S. (1900/1999). *Interpretation of dreams*. Cambridge, UK: Oxford University Press. Freud, S. (1920). *General introduction to psychoanalysis*. New York: Horace Liveright.
	Melanie Klein (1882–1960)	Klein, M. (1930). The importance of symbol-formation in the development of the ego. *International Journal of Psychoanalysis*, *11,* 24–39. Klein, M. (1948). *Contributions to psychoanalysis. 1921–1945*. London: Hogarth Press. Klein, M. (1957). *Envy and gratitude. A study of unconscious sources*. New York: Basic Books.
	Karen Horney (1885–1952)	Horney, K. (1942). *Self-analysis*. New York: W. W. Norton. Horney, K. (1942). *The collected works of Karen Horney* (Vol. 2). New York: W. W. Norton. Horney, K. (1967). *Feminine psychology*. New York: W. W. Norton.
	Ronald Fairbairn (1889–1964)	Fairbairn, R. (1952). *Psychoanalytic studies of the personality*. London: Tavistock Publications. [This is a collection of papers previously published in different reviews.]
	Harry Stack Sullivan (1892–1949)	Sullivan, H. S. (1925). The oral complex. *Psychoanalytic Review*, *12,* 30–38. Sullivan, H. S. (1926). Erogenous maturation. *Psychoanalytic Review*, *13,* 1–15. Sullivan, H. S. (1926). The importance of a study of symbols in psychiatry. *Psyche, 7,* 81–93.
	David Winnicott (1896–1971)	Winnicott, D. W. (1965). *Maturational processes and the facilitating environment: Studies in the theory of emotional development*. Madison, CT: International Universities Press. Winnicott, D. W. (1965). *The family and individual development*. London: Tavistock. Winnicott, D. W. (1971). *Playing and reality*. New York: Penguin.
	Margaret Mahler (1897–1985)	Mahler, M. S. (1972). On the first three phases of the separation-individuation process. *International Journal of Psychoanalysis*, *53,* 333–338.
	Erich Fromm (1900–1980)	Fromm, E. (1941). *Escape from freedom*. New York: Henry Holt and Company. Fromm, E. (1955). *The sane society*. New York: Henry Holt. Fromm, E. (1970). *The crisis of psychoanalysis: Essays on Freud, Marx, and social psychology*. New York: Fawcett Publications.
	Erik Erikson (1902–1994)	Erikson, E. (1946). Ego development and historical change. *Psychoanalytic Study of the Child*, *2,* 359–396. Erikson, E. (1963). *Childhood and society*. New York: W. W. Norton.
	Heinz Kohut (1913–1981)	Kohut, H. (1959). Introspection, empathy, and psychoanalysis: An examination of the relationship between modes of observation and theory. *Journal of American Psychoanalytic Association*, *7,* 459–483. Kohut, H. (1982). Introspection, empathy, and the semi-circle of mental health. *International Journal of Psychoanalysis*, *63,* 395–407.
Cognitive-Behavioral Theories	Albert Ellis (1913–2007)	Ellis, A. (1991). The revised ABC's or rational-emotive therapy (RET). *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *9*(3), 139–172. Ellis, A. (1994). Post-traumatic stress disorder (PTSD): A rational emotive behavioral theory. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *12(*1), 3–25.
	Aaron Beck (1921–)	Beck, A. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy*, *1,* 184–200. Beck, A. (1979). *Cognitive therapies and emotional disorders*. New York: Plume. Beck, A. (2000). *Prisoners of hate: The cognitive basis of anger, hostility and violence*. New York: Harper Books.

Box 1 Theorists and Their Works *(Continued)*

Theory	Original Theorists	Sample Publications
Humanistic Theories	Carl Rogers (1902–1987)	Rogers, C. R. (1940). The process of therapy. *Journal of Consulting Psychology*, *4*(5), 161–164. Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin. Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103.
	Abraham Maslow (1908–1969)	Maslow, A. (1954). *Motivation and personality*. New York: Harper. Maslow, A. (1962). *Toward a psychology of being*. New York: Van Nostrand.
	Rollo May (1909–1994)	May, R. (1967). *Psychology and the human dilemma*. New York: W. W. Norton. May, R. (1983). *The discovery of being: Writings in existential psychology*. New York: W. W. Norton.
Postmodern Theories	Steve de Shazer (1940–2005)	de Shazer, S. (1982). *Patterns of brief family therapy: An ecosystemic approach*. New York: Guilford Press. de Shazer, S. (2005). *More than miracles: The state of the art of solution-focused therapy*. Binghamton, NY: Haworth Press.
	Michael White (1948–2008)	White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton. White, M., & Morgan, A. (2006). *Narrative therapy with children and their families*. Adelaide, South Australia: Dulwich Centre Publications.
	David Epston (1944–)	White, M. & Epston, D. (1992). *Experience, contradiction, narrative, and imagination: Selected papers of David Epston & Micael White, 1989–1991*. Adelaide, South Australia: Dulwich Centre Publications. Epston, D., & Bowen, B. (2008). *Down under and up over: Travels with narrative therapy. London: Karnac Books.* Epston, D. (2013). *Ethnography, co-research and insider knowledges. International Journal of Narrative Therapy and Community Work, 2014(1),* 65–68.

(originated by Sigmund Freud), ego psychology (developed out of the psychosocial development model of Erik Erikson), object relations theory (from the work of Ronald Fairbairn, Melanie Klein, Margaret Mahler, and Donald Winnicott), psychodynamic therapy (neo-Freudian) (from the work of Karen Horney, Harry Stack Sullivan, and Erich Fromm), and self psychology (from Heinz Kohut) (Boyle et al., 2009; Singer, 2009; Walsh, 2013).

Cognitive-Behavioral Theories

Cognitive-behavioral theories represent an integration of cognitive theories and behavioral theories. While behavioral therapy is grounded in learning theory and classical conditioning, the role of cognitive processes and their influence on behaviors cannot be ignored. How one thinks and experiences the world informs behaviors. Cognitive theorist Aaron Beck observed that "an individual's belief systems, expectancies, and assumptions exert a strong influence on his state of well-being, as well as his directly observed behavior" (Beck, 1970, p. 184). Similarly, Albert Ellis, who developed rational

emotive behavior therapy (a form of cognitive-behavioral therapy), worked under the assumption that "cognition, emotion, and behavior are not disparate human functions but are, instead, intrinsically integrated and holistic" (Ellis & MacLaren, 1998, p. 3). Cognitive-behavioral theories focus on present conditions in a client's life and identify cognitive distortions, conflicts in belief systems, and misconceptions that may contribute to problematic behaviors and symptoms in the client. Through restructuring how clients perceive their world and themselves in relation to it, symptoms can be reduced or eliminated and future behaviors changed. This process of change is referred to as cognitive restructuring. While cognitive-behavioral therapies (CBT) tend to focus on the present with a hope for an improved future, they also acknowledge that current behavioral and thinking problems often have their origins in the past. Both behavioral and cognitive therapies assume that a client's maladaptive behaviors and associated thinking patterns can be unlearned (Beck, 1970; Singer, 2009; Walsh, 2013).

Humanistic Theories

Humanistic theories emerged from the work of Carl Rogers, who posited that people have within them everything that they need to achieve their full potential. Humanistic psychology seeks to understand what it means to be fully human and to use the highest forms of humanity to illuminate lower forms so that we may more fully be. This supposes there is greatness in each of us to achieve and is at odds with the work of reductionists who look to abnormal psychology to explain human behavior. Rather than limiting our views to understanding illness and maladaptive behaviors, we might come to know what lifts people up toward the expression of their highest potential (Moss, 2015). Central to humanistic approaches is the therapeutic relationship, with a primary focus on the therapists being authentic and genuine and having unconditional positive regard for their clients. Humanistic therapeutic approaches are concerned with the here and now and place little emphasis on the past or future. Widely used humanistic therapies include person-centered counseling, Gestalt therapy, humanistic psychology, transactional analysis, and transpersonal psychology (Moss, 2015; Rogers, 1957; Singer, 2009; Walsh, 2013).

Postmodern Theories

The fourth category of practice theories is postmodern theories. Postmodern practice theories are grounded in the belief that reality is subjective in nature and therefore open to multiple interpretations, which themselves are influenced by personal experiences and values and the social and political norms and language in a given historical context. For example, in the context of twelfth-century religious influence, self-starvation was interpreted as a saintly act of women who had learned to detach from the world and to miraculously sustain themselves on spiritual sustenance alone. This starkly contrasts with the current scientific context of the twenty-first century, when self-starvation is considered one of the most resistant and difficult-to-treat psychological disorders and has been given the label of anorexia nervosa (Lock, Epston, & Maisel, 2004).

Postmodern theories reject therapeutic approaches that privilege the interpretation of a client's reality at the expense of others (e.g., the application of the

Diagnostic and Statistical Manual of Mental Disorders over the meaning given by the client). Postmodernists believe that since reality is a social construction, the therapeutic relationship is central to positive change in clients' lives by reconstructing the meaning attached to the contexts in which they live and experience life. Postmodern approaches argue that the very labeling of a group of client symptoms with a diagnosis serves to elevate the social worker to a "healthier" and therefore preferred status. The fundamental power differential that exists between the client and social worker within the traditional human service and medical models denigrates the client to a position of "other" or "less than" from the outset of the therapeutic relationship. Within the postmodern perspective, therapeutic interventions, then, are the means of those in power to gain and maintain control over others (Carpetto, 2008; Singer, 2009; Sommers-Flanagan & Sommers-Flanagan, 2004; Walsh, 2013).

Two popular and effective therapeutic approaches that grew out of postmodernism are narrative therapy (originated by David Epston and Michael White) and solution-focused therapy (developed by Steve de Shazer). The narrative therapy approach focuses on helping clients resolve their problems through restorying their lives. The narrative social worker sees the problems that the client presents with as socially constructed stories influenced by family and cultural norms and the dominant social, economic, and political interpretations of who they are. For example, in today's social, economic, and political context, there are dominant ideas about the poor, who they are, and why they are poor. Many of these interpretations of the poor place the problem within poor persons, making them problematic. Thus, to be poor is a problem with which comes many negative assumptions about individuals who are poor (i.e., they are lazy, unmotivated, uneducated, or trapped in a culture of poverty). The role of the narrative therapist is to help clients to restory their lives, or to find a more positive alternative story that frees them from their problem situation (Lock et al., 2004).

Solution-focused therapy seeks to help clients construct a preferred future state through the application of the miracle question strategy developed by de Shazer (1988):

> Suppose you were to go home tonight, and while you were asleep, a miracle happened and this problem was solved. How will you know the miracle happened? What will be different? (p. 5)

The miracle question becomes the core from which the client is guided by the therapist into the construction of change in his or her life (Carpetto, 2008).

It is unlikely that you will know *all* practice theories well, but it is important to read and know theories and therapies that are relevant to your particular area of social work practice in order to achieve competent application and to move with ease from one theoretical framework and practice model to another as needed. It is helpful to read the original theorists to gain a clear understanding of the foundation of theories, frameworks, perspectives, and therapies that you will be using in the practice setting.

Research-Informed Practice

Behavior: Use practice experience and theory to inform scientific inquiry and research

Critical Thinking Question: Select one category of practice theory, then explain its benefits to social work practice. What are the shortcomings of this body of theories?

Assess your understanding of categories of practice theory by taking this brief quiz.

META-FRAMEWORKS FOR PRACTICING SOCIAL WORK

Our earliest concern in social work practice was to understand the person in the context of his or her environment. However, initially this understanding of person in relation to his or her environment was limited to including important members of the client's family in the initial assessment. For example, it was common to gather information from family members, employers, and even neighbors, but the full understanding of the physical, economic, religious, social, and cultural impacts of the environment on clients' lives had not yet evolved. The importance of the role these factors had on influencing clients' lives emerged in the 1970s as new concepts were borrowed from general systems theory and ecology that would eventually lead the profession into the development of ecological systems theory or ecosystems theory (Beckett & Johnson, 1997; Bronfenbrenner, 1977; Germain, 1973; Germain & Gitterman, 2011; Miller, 1978).

Ecological perspective provides a broad theory base to social work practice and is used as a context for applying more practice-specific theories. Other overarching frameworks common to social work practice today include the life model (drawn from ecological perspective), the strengths perspective, and empowerment-based practice theory. This chapter provides an overview of these meta-frameworks or general theories for social work practice.

Systems Theory

People's environments extend beyond their immediate families and encompass the entirety of their lived experiences, including interactions with extended families, friends, neighborhoods, schools, religious centers, public laws, cultural norms, and the economic system. To understand the complex interactions among individuals and all the components of their environment, social work draws on general **systems theory** as a framework for understanding people's problems and for intervening in the lives of their clients. General systems theory was developed in the physical sciences and later expanded for application to the applied professions as a conceptual framework within which diverse theories could be organized. It was also seen as a framework that could bring a common language to practitioners, thus facilitating communications and cooperation (Beckett & Johnson, 1997).

A system is defined as a whole made up of many interacting parts or subsystems. For example, a person represents an individual subsystem within a larger family system, a family is seen as a subsystem within a larger community system, and a community is a subsystem within a larger societal system. Systems and subsystems have a structural relationship to each other and are separated by boundaries. Boundaries can be either impermeable, creating closed systems that are self-contained and allow few influences from the outside, or permeable, creating open systems that actively exchange with other subsystems and as such are constantly changing. The interactions or exchanges among subsystems are dynamic processes that keep open systems constantly in flux. As long as systems can readily adapt to change, the system will remain in balance or maintain a state of equilibrium. When major changes occur to a system where adaptation will occur over time, systems may be in a state of disequilibrium until the system can adapt and compensate for the change that has affected the system. For example, when 9/11

occurred in New York City, the change to the city system was so immense that it could not adapt to the massive destruction that occurred. With the response of many subsystems (communities, organizations, and individuals) and suprasystems (state, federal, and international responses), New York was slowly able to come back into balance or equilibrium and function again. However, this took a long period of time, and many businesses, families, and aspects of the economy were long in recovering. These enormous shocks to the subsystem of New York occurred in the context of a nation (suprasystem) that was struggling with the shattering of a long-held belief that in America individuals can count on feeling a sense of safety and security.

Assessment

Behavior: Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies

Critical Thinking Question: Take a moment and explore your own life—what systems can you identify as immediately affecting your life? What are the positive/supporting features of these systems? Do you see any problems in any of the systems in your life?

In response to insults and disruption to systems, whether they be families, communities, or nations, social workers direct their attention to the interactions among individuals and the sum of all social forces or systems (Miley, O'Melia, & DuBois, 2013) so that they may "promote or restore a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone" (Minahan, 1981, p. 6). In the case of 9/11, this was an ongoing effort for many years on all levels of practice for the profession, as families continued to grieve their losses and cities confronted their vulnerability to threats of terrorist attacks. Professional systems of care can also be disrupted in trying to respond to massive needs that occur following man-made and natural disasters, such as 9/11 and Hurricane Katrina. For example, social work practitioners in New York City endured secondary traumatic stress and compassion fatigue as a result of witnessing the 9/11 disaster and then caring for so many traumatized individuals, families, and communities (Boscarino, Figley, & Adams, 2004), indicating a need for the New York City social work system of care to also restore equilibrium to itself.

Optimal functioning of an individual in the environment, whether it is the client or the professional social worker, requires subsystems that are functioning at an optimal level and that promote individual development toward self-actualization. System dysfunction is understood as functioning that limits or deters individuals from reaching innate potentials. System dysfunctions can occur at the individual, family, community, organizational, or societal level. Regardless of where the dysfunction originates within a system, it can create chaos that can be perpetuated throughout the associated subsystems. Our client Sarah disrupted many systems in her crisis around her pregnancy and interacted with many subsystems in an effort to bring balance back into her life. See Box 2 for a description of interactions between Sarah and the multiple subsystems in her environment. Justin, the young homeless client depicted in Box A, is another example of how systems can dramatically impact an individual's life. See if you can identify the systems that are at work in shaping Justin's reality and future possibilities.

The primary goal of direct practice is to assess and improve the interaction of subsystems (the individual, family, group, community, and organization) within the context of a larger societal system. The social work profession recognizes the importance of addressing systems at three levels. The micro system is the individual and encompasses the individual's past history, experiences, unique personality, and accessibility to

Box 2 Sarah

When Sarah first came to the agency, she was a 17-year-old girl who was pregnant; as such, Sarah affected not only her life but also the lives of those around her. Sarah's family became quite distressed, reacted angrily, and expelled her from their home, leaving her to fend for herself. Confused and alone, Sarah dropped out of school in order to pursue employment to financially support herself and her forthcoming child. Sarah's limited education seriously impaired her ability to become self-sufficient and to support her child in the future. The employment and wage system is geared toward promoting people with education and skills and has few supports for young single parents without an adequate education. Sarah's baby will also face many challenges, such as poverty and undernutrition, which in turn will have a direct impact on the baby's physical, mental, and psychological growth and development. Cultural norms that support a traditional family structure may negatively affect the psychological well-being of both Sarah and her child, as they understand themselves to be outside the norms of their family and community. The social worker at the level of direct practice worked with Sarah across a variety of subsystems in order to restore stability to Sarah's life. The social worker worked on the individual system through assessment and counseling with Sarah, on the family system by reestablishing relationships with her family, on organizational systems by linking her to a prenatal care clinic and parenting classes and connecting her to an educational program where she completed her GED, on the economic system by assisting her in an employment search, and on the federal benefits system by helping her apply and receive Temporary Assistance to Needy Families, (TANF) housing assistance, and Medicaid welfare services.

Box A Now You Try It . . . Identifying Systems, Needs, and Interventions

Justin recently exited foster care when he turned 21 and aged out of the system. He had been in foster care on and off since the age of eight years. He finds himself in a homeless shelter with only three weeks of guaranteed residency before having to move out of this temporary "home" as well. Justin has few marketable skills, as he dropped out of high school at 16 and has never been on his own before. His daily living skills are limited, but he has learned to do his laundry, locate the local soup kitchens for food, and find enough day jobs to keep his basic daily needs met. He also sells his blood and plasma. However, he does not earn enough to manage rent or transportation when he leaves the shelter. He has little knowledge of how to prepare for permanent employment and few job skills to market. In addition, Justin was diagnosed with attention-deficit/hyperactivity disorder (ADHD) when he was 12 and has been maintained on medication since that time. With the loss of his Medicaid benefits when he left foster care, Justin also lost his ability to purchase his medication. He has one week's supply of pills remaining.

As the social worker attending to clients in the homeless shelter where Justin temporarily resides, identify the systems and subsystems that are active in Justin's life. Then identify the types of needs and interventions needed within each system in order for Justin to begin to build some stability in his life.

System Involved	System Needs	System Interventions

resources. The mezzo system is the small group, such as the family, which has its own complexities and dynamics. Such small groups strongly influence and are influenced by their individual members. Community organizations and agencies also fall under the mezzo system classification. The macro system is the large group, such as the societal institutions of work, schools, and the religious community (Bronfenbrenner, 1977; Zastrow, 2013). To this aim, Zastrow (2013) put forward four goals of social work practice that address all levels of system intervention:

1. To support the development of people's problem-solving, coping, and developmental abilities
2. To connect people with systems that offer them opportunities, resources, and services
3. To ensure the humane operation of systems that respond to people's needs
4. To advance social policy

Individual, community, and national systems interact along a continuum with the aim of enhancing system performance so that healthy functioning dominates and dysfunction is minimized. This environment or ecology of systems plays an important part in the development of individuals, families, and communities. Social work is at its best when the transactions of these systems promote growth and development, and creates an environment that is amenable to positive growth (Ashford & Lecroy, 2013). In Box 3, the social worker intervenes at the micro level when involved in individual assessment and counseling with Sarah, at the mezzo level when working with Sarah's family and linking Sarah to the prenatal clinic and parenting class, and at the macro level when intervening with the educational, employment, and social welfare systems. Practice interventions at all three system levels were necessary to bringing stability to Sarah's world and to support her growth and progress over the two years that followed.

Ecological Perspective

Ecological perspective, or the person-in-environment perspective of social work practice, expanded and benefited from the transfer of general systems theory in the physical sciences to the living systems of the human family. The work of Germain (1973, 1979) and Germain and Gitterman (2011) further deepened our understanding of the complexities of the human condition in the context of various subsystems in their groundbreaking ecological perspective. Borrowing concepts from ecology (the study of organisms and their relationship with their environment), the ecological perspective provided more concrete ways for understanding the person in environment than systems theory had been able to do. For example, the notion of "goodness of fit" between a person and the environment sprang from the ecological framework and provides a lens through which to assess the extent to which a person's adaptive behaviors promote growth and health (a good fit) or support a decline of physical, social, or psychological functioning (bad fit). Other important concepts that are part of understanding a person in the environment are the role of stress and coping measures that individuals bring to their environment and their ability to relate or build attachments, friendships, and positive family relationships, all of which serve as resources when meeting life's challenges (Germain & Gitterman, 2011).

The ecological perspective also challenges social workers to think in much more complex patterns that capture the mutually shaping back-and-forth interactions among individuals, groups, organizations, and institutions (Germain & Gitterman, 2011). Logical thinking tends to be linear, where we assume a cause-and-effect relationship between two events, whereas "ecological thinking" requires that we understand the back-and-forth interactions of a person in the environment. In logical thinking, A causes B, and that's the end of the story. In ecological thinking, A has an impact on B, which changes B, which in turn has an impact on A, which changes A, which in turn changes B, and so on. For example, a mother who views the challenges of toilet training her two-year-old as a normal developmental stage and major developmental accomplishment for her child will approach the task with greater ease and excitement than a mother who interprets her child's inconsistency in toileting as defiant behavior. The latter mother sees her child as a problem, while the first mother does not. Clearly, the mother who views toilet training as a normal part of her child's growth and development will be able to create a more supportive environment for the child (good fit) to complete this critical task than the mother who sees the lack of toileting mastery in her two-year-old as a discipline problem (bad fit). Each mother's responses shape the child's sense of self and feelings of competence. To the extent to which we experience success in shaping our environments, we grow in self-esteem and feelings of competence (Bronfenbrenner & Ceci, 1994; Zastrow, 2013).

This mother–child scenario reflects Bronfenbrenner's ecological systems theory and how the relationships among systems and system components impact a child's development. A new component recently added to this model is the awareness of the child's biology, which interacts with his or her environmental systems and affects the child's development. Renaming the theory *bioecological systems theory* has brought new attention to the study of a child's development and the need to consider the child in his or her immediate environment as well as the interaction with the larger environment (Bronfenbrenner, 1977; Bronfenbrenner & Ceci, 1994; Guhn & Goelman, 2011; Paquette & Ryan, 2001).

From a social work perspective, mothers are part of the environment that either enhances or deters their child's developmental potential. The reciprocal nature of the relationship between individuals and their environments means that as individuals we move and shape our surroundings and that our surroundings have a profound effect on us as well. For example, the mother who acknowledges and praises her child's mastery of toilet training affects the child's sense of competence and self-worth. As the child responds with pride in his or her accomplishment, the mother feels competent in her role as a mother. Both the mother and the child mutually shape their sense of well-being. Conversely, the mother who sees toilet training as a discipline problem and responds with anger and punishment equally influences her child's sense of self-worth. The child may respond with fear, confusion, and a feeling of inadequacy in meeting his or her mother's demands. The child's failure at toilet training may affirm the mother's suspicions of her own inadequacies as a parent. In both cases, the child and the mother mutually contribute to the stress or satisfaction they individually experience around the task of toilet training and the role of mothering. Box 3 provides a summary of important concepts central to understanding the ecological perspective in assessing the goodness of fit between a person and his or her environment. The case study in Box I demonstrates how the theory of ecological perspective can inform practice with a grieving client.