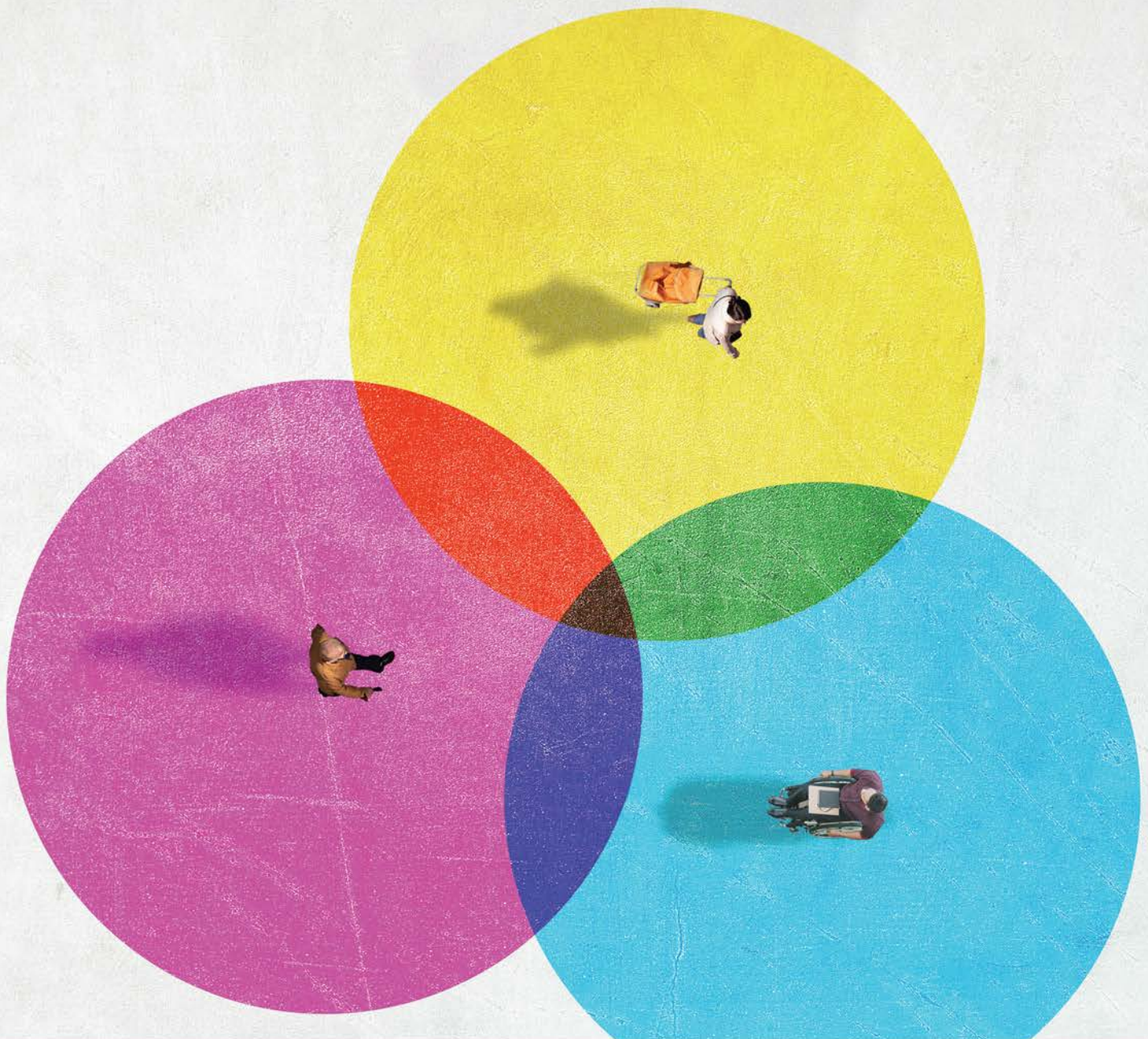Eleventh Edition

Direct Social Work Practice

Theory and Skills

Hepworth • Vang • Blakey • Schwalbe • Evans • Rooney • Dewberry Rooney • Strom

Eleventh Edition

Direct Social Work

Practice: Theory and Skills

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Preface

When we, your authors, teach BSW and MSW students, we are often confronted with the question "what should I do if …?" The easy (and usually correct) answer is "it depends." How social workers respond in any given situation *depends* on a variety of factors: the setting in which they work, the client, the nature of the helping relationship that has developed, the advantages and disadvantages of any given action or choice, and so on.

We wrote this book to help answer the "it depends"—to equip you with the knowledge and critical thinking to weigh factors involved in decisions throughout the helping process, both as a student social worker and as a professional. At first, that process can seem cumbersome. It can be difficult to internalize important perspectives, digest all this new information, and then employ these perspectives and this information as needed during client interactions. All learning is a process. Learning social work practice involves becoming acquainted with the concepts in this book, understanding the pros and cons of various choices, becoming familiar with the different variables that affect practice, and using this knowledge and these skills in supervision, in work with colleagues and classmates, and in practice with clients.

As social workers ourselves, we have the utmost respect for the complexity of the work, the power that professionals hold, and the grave situations in which we are entrusted to help others. In this text, we have tried to provide you with a foundation to practice with excellence and integrity in this vital profession. We write this in a context in which many marginalized persons are fearful about the values and the motives of dominant social structures and the professionals who work in them, including social workers. The text acknowledges tensions and realities in contemporary practice, and it reinforces the importance of listening effectively, acting compassionately, thinking incisively, and pursuing social justice across an array of settings and client systems. As in previous editions, the design and the content clearly link the text to skill development and core competencies specified by Council on Social Work Education (CSWE) and Educational Policy and Accreditation Standards (EPAS) (2022), and the text reflects updates in the NASW Code of Ethics as well as the salient literature. Where previous

editions referenced videos, this version converts those into written case studies so that readers can apply the examples without the necessity of video access.

The Structure of The Text

The book has four parts. Part 1 introduces the reader to the social work profession and direct practice and provides an overview of the helping process, including core competencies, the role of evidence-based practice, the domains and roles of social work, and the elements of ethical practice.

Part 2 presents the beginning phase of the helping process. It addresses strategies and skills for building relationships, providing direction and focus in interviews, avoiding common communication errors, and substituting better options. Subsequent chapters in this section address problem and strengths exploration, theories and techniques for individual, family, and group assessment, and the processes involved in goal setting.

Part 3 presents the middle, or goal attainment, phase of the helping process. It describes change-oriented strategies, including updated material on interventions common to social work practice. Readers learn to incorporate the orienting perspectives into all aspects of the change process.

Part 4 deals with the final phase of the helping process, incorporating material on evaluating and terminating social work relationships in an array of circumstances.

Alternative Chapter Order

This book is structured around phases of practice at systems levels ranging from individual to family to group to macro practice. Some instructors prefer to teach all content about a particular mode of practice in one block. Those instructors whose courses emphasize individual contacts may choose to present chapters in a different order than we have organized them (see Table P-1). They may teach content in Chapters 5 through 9,

skip ahead to Chapters 12 and 13, and then delve into Chapters 17 and 18. Similarly, family content can be grouped by using Chapters 10 and 15 together, and group content by using Chapters 11 and 16 together. We have presented the chapters in the book in the current order because we think that presentation of intervention by phases fits a systems perspective better than beginning with a choice of intervention mode.

Table P-1   Organization of Chapters by Mode of Practice

Mode of Practice
Across levels Chapters 1–4 and 19
Individual Chapters 5–9, 12, 13, 17, and 18
Family Chapters 10 and 15
Group Chapters 11 and 16
Macro Chapter 14

The Empowerment Series: Relationship with the Educational Policy Statement and Accreditation Standards (EPAS), and Professional Competencies

This book is part of the Cengage Learning Empowerment Series and addresses accreditation standards established by the CSWE. Our intent is to facilitate programs' ability to link content provided in this textbook with expectations for student learning and accomplishment. As is true in almost all learning, students must acquire knowledge before they are expected to apply it to practice situations.

CSWE has identified nine core competencies that are critical for professional practice (CSWE, 2022). For clarity, we have alphabetized in lowercase the practice behaviors under each competency. Dark red banners located within paragraphs clearly show the linkage between content in the textbook and the specific practice behaviors and competencies. Each banner is labeled with the specific competency that relates directly to the content conveyed in the paragraph. For example, a banner might be labeled "C1," indicating Competency 1, "Demonstrate ethical and professional behavior" (CSWE, 2022). Accredited social work programs are required to demonstrate that students have mastered all practice behaviors for competence as specified in the EPAS. (Please refer to www.cswe.org for the EPAS document.)

Corresponding to each banner, "Competency Notes" at the end of each chapter explain the relationship between chapter content and CSWE's competencies. A summary chart of the icon locations in all chapters and their respective competency or practice behavior is placed in the front matter of the book.

New Features and Resources for the 11th Edition

The 11th edition substantially confronts the social upheaval occasioned by the COVID-19 pandemic and the resurgent attention in the United States to civil rights and social justice. Social workers are agents of change as well as representatives of entrenched, often biased, power structures. The conflicting roles and obligations that result can lead to confusion for students and eventual distress and burnout. The revised text addresses these tensions forthrightly, introducing six orienting perspectives that align to create a client-centered practice philosophy. The first three chapters have been reorganized to introduce readers to the current context of direct practice, the direct practice philosophy that shapes the text, and the arc of the helping relationship, from engagement to termination. Throughout the text, readers will find integration of the orienting perspectives that make up our practice philosophy, updated case examples reflective of a variety of client populations and service settings, and sound, supported guidance for thinking and acting in various social work roles. The following highlights changes chapter by chapter.

Chapter 1

Chapter 1 introduces you to the social work profession and explains its context, mission, features, and values. We included an updated presentation of evidence-based practice, reframed the presentation of social work challenges to opportunities, revised the values and social work roles sections, and presented the case study more quickly in the chapter. We added a description of environmental justice and contemporary issues facing social work practice. Finally, references to the NASW Code of Ethics have been revised to reflect the new 2021 Code of Ethics.

Chapter 2

Chapter 2 introduces our "orienting frameworks" for social work practice. These are the major theories and philosophies that ground social work practice in

its mission for social justice and human welfare. The six orienting frameworks include: the ecosystems perspective, the strengths perspective, cultural humility, anti-oppressive practice, trauma-informed practice, and evidence-informed practice. Contemporary manifestations of these frameworks are referenced throughout the text.

Chapter 3

Physical conditions of interviews now include adaptations to remote interviews frequent during the pandemic. Intake forms include suggestions for nonbinary gender identification.

Chapter 4

This chapter includes NASW Code of Ethics changes made in 2021 and a discussion of codes from other nations. It features extra attention to ethical considerations in the electronic delivery of services and introduces the concepts of moral distress and moral courage as key components of ethical action in challenging times.

Chapter 5

This chapter has been substantially streamlined from previous editions. It retains its focus on the beginning phases of the helping relationship, including an extended discussion of role preparation, empathic listening, and authenticity in relationships. Based on emerging research on empathy and our collective experience in the classroom, we have reduced the framework for empathy from six levels to three, simplifying your learning. Moreover, we have created direct ties between the processes of role preparation, empathic listening, and authenticity with the orienting frameworks introduced in Chapter 2.

Chapter 6

Like Chapter 5, Chapter 6 has been substantially streamlined compared to earlier editions. At the same time, the chapter retains its focus on developing concrete communication skills using new dialogue and updated case examples, and it shows how the purposeful and contingent use of communication skills can help you to position your practice within the social justice mission of the profession.

Chapter 7

The list of problematic social worker verbal behavior now includes making a declaration rather than inviting a discussion about options. Inappropriate interviewing technique barriers now includes vague effusive positivity and failing to be aware of implicit and cognitive biases.

Chapter 8

Chapter 8 has been updated to include information on telesocial work, trauma assessment, adverse childhood experiences, neurobiological theory, and assessment with immigrants and refugees. The section on the use of tools and assessments has been updated, and new information on ICD-11 has been integrated.

Chapter 9

Chapter 9 now has a section on implicit bias, additional information on evidenced-base practices, and content on the American Society of Addiction Medicine criteria for targeted assessment.

Chapter 10

Chapter 10 has been reorganized and adds new content that can help social work students integrate family systems assessments into their practice. It includes expanded attention to self-awareness and cultural humility in social work practice with diverse families and a detailed articulation of a family systems framework for assessment of family strengths and adaptive capacity. The chapter ends with a description of three assessment strategies, including the use of circular questions, genograms, and standardized assessment scales.

Chapter 11

The chapter has been revised to acquaint readers with the concepts for understanding groups whether or not they are tasked with starting a new group. The purpose and the features of self-help groups receive increased attention in this edition.

Chapter 12

Chapter 12 continues to present skills associated with the development of goals, plans for monitoring goal progress, and for the development of contracts and service plans. Readers will notice that our presentation on goals and goal development has been completely rewritten to incorporate new research on social work and goal-setting theory and has been updated with 30 goal statements based on extended case examples. Unique to social work, this chapter demonstrates how goals can be a tool of anti-oppressive practice, as discussed in Chapter 2.

Chapter 13

Chapter 13 outlines eight therapeutic approaches for working with individuals, families, and groups. Students will receive comprehensive knowledge and skills to choose and implement interventions to facilitate change and match the strategy to the problem by utilizing a person-in-situation and person-in-environment framework.

Chapter 14

Chapter 14 provides a condensed foundation for understanding macro practice. In this chapter, you will become familiar with assessing macro-level problems and utilizing change efforts directed toward systems that benefit individuals as members of groups and communities, demonstrating the similarities between micro and macro practice and the helping process as it appears at the macro practice level. Readers will learn assessment questions and other available sources of data to guide intervention decisions and evaluate macro practice activities.

Chapter 15

Chapter 15 was revised to conceptualize social work with families in the diverse settings in which social workers routinely encounter families, in addition to traditional family therapy settings and programs. Moreover, the chapter presents intervention skills that are at the heart of most contemporary evidence-based approaches to social work with families. Interventions are organized into first- and second-order change strategies, and new content was included to support skill-training interventions, as well as to emphasize the continuity between intervention strategies presented in earlier chapters and their application to social work with families.

Chapter 16

This chapter has been streamlined to build on Chapter 11. It discusses the roles that treatment and task groups play in solidarity and social action. It describes innovative and culturally adept group interventions such as photovoice.

Chapter 17

This chapter links to earlier coverage of empathy and includes a review of new research on empathy. It adds cultural bias as a barrier to interpretation. Many examples have been revised and adapted, including new skill development examples. The decision about when interpretation is appropriate has been clarified.

Chapter 18

Chapter 18 addresses cross-racial and cross-cultural experience barriers and describes skills to address them, such as broaching. Case examples identify and resolve relational dynamics between the social worker and clients. The discussion of transference reactions now includes assessment of possible influences of trauma.

Chapter 19

Revisions to this chapter build on goal setting content in Chapter 12 and emphasized the ways in which evaluations and endings are influenced by assumptions and values.

Instructor Ancillaries

Additional instructor resources for this product are available online. Instructor assets include an instructor's manual, Microsoft PowerPoint® slides, and a test bank powered by Cognero®. Sign up or sign in at **www.cengage.com** to search for and access this product and its online resources.

Online Instructor's Manual

The instructor's manual (IM) contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning.

Online Test Bank

For assessment support, the updated test bank powered by Cognero® includes true/false, multiple-choice, matching, short answer, and essay questions for each chapter.

Online PowerPoint

These vibrant PowerPoint lecture slides for each chapter assist you with your lecture by providing concept coverage using images, figures, and tables directly from the textbook.

Acknowledgments

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Introduction

Part 1 of this book provides you with a background on the factors that shape direct social work practice: the historic and contemporary contexts and the perspectives, processes and ethical foundations that will prepare you to learn the specific direct practice skills described in Part 2.

Chapter 1 introduces you to the social work profession and explains its context, mission, features, and values.

Chapter 2 outlines six orienting perspectives that provide a framework for direct social work practice.

Chapter 3 offers an overview of the helping process, including exploration, implementation, and termination.

Finally, **Chapter 4** introduces the values and ethics that guide direct social work practice.

The Challenges and Opportunities of Social Work

Chapter Overview

This chapter presents a context and philosophy for social work practice, definitions of direct and clinical practice, and descriptions of the varied roles played by direct social work practitioners.

After completing this chapter, you will be able to:

- Understand the historic and contemporary factors influencing direct social work practice.

- Understand the mission, purposes, roles, and opportunities of direct social work services.

- Identify the value perspectives that guide social workers.

- Describe the nine CSWE EPAS competencies that inform and evaluate social work practice.

- Delineate the roles performed by direct-practice social workers.

- Describe some contemporary issues that you may encounter or experience in social work practice.

The EPAS Competencies in Chapter 1

The Council on Social Work Education (CSWE) accredits social work programs. CSWE's Educational Policy and Accreditation Standards (EPAS) describe the processes and criteria for accreditation, including setting nine multidimensional competencies that programs must use in educating students and evaluating their performance (CSWE, 2015). These competencies are discussed later in this chapter. Each chapter in this book begins with a list of the competencies linked to the chapter, and throughout the book, icons [**C**] indicate the specific competencies addressed in that section. Because it is an overview of the profession, Chapter 1 prepares you to demonstrate all nine of the EPAS competencies:

- Competency 1: Demonstrate Ethical and Professional Behavior

- Competency 2: Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

- Competency 3: Advance Human Rights, and Social, Racial, Economic, and Environmental Justice

- Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

- Competency 5: Engage in Policy Practice

- Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

- Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

- Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

- Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

The Mission of Social Work

The mission of social work is to enhance human functioning by promoting and ensuring client access to resources such as health, safety, education, and income. Through the framework of social justice, social workers strive to support and empower vulnerable populations (CSWE, 2021; NASW, 2021a). Vulnerable populations include those who are economically, socially, and environmentally oppressed and marginalized due to their group identification, such as people of color, the elderly, women, youth, immigrants and refugees, and those with disabilities. The International Federation of Social Workers (IFSW) defines social work as a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people (IFSW, 2019). Principles of social justice, human rights, collective responsibility, and respect for diversity are central to social work. Social work engages individuals, groups, and societal structures (e.g., organizations, communities, and policy) to address life challenges and enhance well-being (IFSW, 2019). The mission of social work in the United States and the international definition of social work both emphasize the importance of empowerment of marginalized peoples and structural, societal change. Although social workers work across different settings using different methodologies, the commitment to social justice is central to the profession. This commitment distinguishes and unifies the profession and encourages social workers to look beyond narrow perspectives that are limited to particular roles or settings.

The concept of **social justice** maintains that all people should have equal rights to resources offered by a society, regardless of their circumstances or group identity. The pursuit of social justice includes creating social institutions that support the welfare of individuals and groups, removing barriers to accessing resources, and leveraging institutional and social power to advocate for resources for clients. **Economic justice** refers to those aspects of social justice that relate to economic well-being, such as access to employment, a livable wage, pay equity, nondiscrimination in employment, and access to sources of income such as social security and Temporary Assistance to Needy Families (TANF). **Environmental justice** promotes the notion that no group or community should bear a disproportionate share of environmental hazards or risks. This term also refers to the fair treatment and meaningful involvement of all people, regardless of race, color, national origin, ability, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.

Direct Social Work Practice

The term *direct social work practice* refers to the face-to-face contact that social workers have with their clients, including interactions with individuals, couples, families, groups, and clients in the community. Direct social work practice takes many forms in a wide array of settings, encompasses a variety of roles, and employs an ever-evolving body of knowledge and skills. It builds on a rich history of social work practice, beginning with the progressive movement, and takes place amid dynamic and sometimes challenging contemporary conditions. This section introduces you to the context of direct social work practice and encourages you to think critically about the intersection between social work and the practice environment. It also briefly describes macro social work roles for the purpose of clarifying and distinguishing between direct practice roles and macro practice roles. Direct practice may at times involve macro roles, depending on the needs of the client and issue.

Social work practice generally focusses on client systems at three levels, sometimes described as micro-, mezzo-, and macro-levels. **Micro-level practice** serves individuals, couples, and families. Practice at the micro level is designated as **direct practice** because practitioners' change efforts are focused primarily on small client systems through face-to-face or electronic contact. Examples of micro-level practice roles include (1) therapist, (2) case manager, (3) advocate, (4) educator, and (5) mediator. More roles are described in Table 1-1.

Mezzo-level practice is defined as direct social work practice with groups or organizations (Garthwait, 2012). Mezzo intervention is designed to change the systems that directly affect clients, such as the family, peer group, or classroom. Activities of practitioners at the mezzo level include (1) administrator, (2) facilitator, and (3) program developer (Garthwait, 2012). **Macro-level practice** involves the processes of social work practice focused on social planning and community organization. At this level, social workers serve as professional change agents who collaborate with community action systems composed of individuals, groups, or organizations to deal with social problems at a community and/or policy level, or macro-level social workers may be involved in community or organizational development either locally, regionally, or globally. For example, social workers may work with citizen groups or with private, public, or governmental organizations to create institutional or community change. Examples of social work practice roles at the macro level include

Table 1-1   Social Work Roles and Functions

Social Work Role and Function	Description
Advocate	Proponent for needed resources, such as services or policy, on behalf of individual clients and client groups.
Broker	Intermediary who connects clients with resources and is responsible for identifying, locating, and linking client systems to needed resources.
Case manager/coordinator	Responsible for assessing the needs of a client and arranging and coordinating the timely delivery of essential goods and services provided by other resources.
Clinician	Uses relational skills with psychotherapeutic theories and evidence-based models in diagnoses, assessment, and intervention for people who experience mental health, emotional, behavioral, or interpersonal problems.
Consultant/consultee	Provides advice to clients or other professionals and receives advice from experts.
Counselor	Provides emotional support and guidance to clients as they resolve personal, interpersonal, emotional, and behavioral difficulties.
Facilitator/expediter	Ensures that the delivery of a service is the best it can be. This role is typically involved in planning the service and its implementation.
Integrated electronic technology provider	Develops and oversees the functionality of technology used in the delivery of electronics-based social services, record keeping, biofeedback, and client systems.
Mediator/arbitrator	Provides a neutral forum in which clients and service providers can come to a satisfactory resolution if a service is denied to a client.
Organizational analyst	Pinpoints factors in the structure, policies, and procedures of an organization that have an impact on service delivery.
Planner	Plans and develops programs and structure to respond to unmet and emerging client needs. May be involved in policy development, grant writing, and establishing contracts with other providers.
Policy and procedure developer	Develops policies and procedures to ensure that clients' needs and interests are efficiently met.
Program developer	Develops services in response to the emerging needs of clients and new client populations by seeking to fill a gap in a service or services.
Researcher/research consumer	Uses research in any form to ensure the conduct of evidence-based practice.
System maintenance and enhancement	Ensures the ongoing functioning of structures, policies, and functional relationships within the institutional and systems environment that have an impact on the effectiveness of service delivery. This role may include monitoring and evaluation.
Supervisor	Supports and ensures that quality social work practice is performed by supervisees; guides supervisees on the use of theory in practice to ensure effective service delivery.

Table 1-2   Macro Social Work Practice Realms and Roles

Social Work Role and Function	Description
Community organizer	Actively works with community members, neighborhoods, organizations, and institutions to create social change within the community.
Evaluator	Use the skills of evaluation, such as quantitative and qualitative research and analysis, to ensure that clients receive interventions that have been shown to be successful.
Grant writer/fundraiser	Engages in activities to raise funds to support new or current programs and organizations.
Lobbyist	Advocates for legislation.
Planning specialist	Manages the grant-giving process to establish new programming, writes new policy for new programs, and actively participates in the design and establishment of new programs.
Policy analyst	Engages in policy-related functions, such as researching and advocating for and/or writing policies.
Researcher	Searches for and gathers information to inform programs, organizations, and practice.

(1) community developer, (2) community organizer, (3) policy analyst/developer, (4) researcher, and (5) planner (Garthwait, 2012).

Regardless of the level at which they practice, social workers share a foundation of knowledge, skills, and values. Sometimes referred to as **generalist practice**, in the United States, these abilities form the structure of Bachelor of Social Work (BSW) education and the beginning content of Master of Social Work (MSW) programs. These fundamental competencies are described later in this chapter. MSW education builds on the generalist foundation with specialized content added, organized in various ways based on the structure and goals of the particular MSW program. Foundational generalist social work education prepares all social workers to practice social work in many roles, directed at enhancing the client's relationship with the various resources.

Direct social work practice involves the micro and mezzo levels of social work practice. Direct social work practitioners perform many roles in addition to delivering face-to-face services; they collaborate with other professionals, organizations, and institutions, and they act as advocates with providers, agency administrators, policy-making boards, and legislatures, among others. Direct social work practice takes place in a variety of settings, including **public agencies**, such as schools, military settings, and child welfare organizations; **nonprofit** or **nongovernmental organizations (NGOs),** such as rape crisis centers, domestic violence agencies, refugee resettlement agencies, and faith-based organizations; and **for-profit** settings, such as private health-care clinics, residential recovery or eldercare settings, and corporate employee assistance programs. Services may be organized by the life-cycle stage of clients (e.g., children, adolescents and young adults, older adults), by problem area (e.g., child welfare, domestic violence, health and mental health, substance abuse, antipoverty issues, work programs), by mode of intervention (e.g., individual case management, group-work, counseling), and by agency setting (e.g., school social work, hospital social work, county-based services).

Roles

Social workers perform several roles. The underlying purpose of each role is to enhance the client's connection with resources and to promote client functioning. Humans need essential resources for optimal functioning, including but not limited to food, health care, shelter, and income. Other resources that all humans should have a right to include education, safety, dignity, autonomy, community, and relationships in the multitude of systems that serve to enhance functioning. The roles listed here are neither mutually exclusive nor exhaustive, and a social worker may play multiple roles simultaneously. For example, case managers may also assume the roles of broker, client advocate, and counselor as they seek to connect clients to resources. Or planners may also assume the roles of systems maintenance, facilitating, and developing. Roles may be listed in job titles, but they are not necessarily job titles; they are duties completed by social workers. For example, foster care workers may find themselves advocating, facilitating, and mediating on behalf of clients.

Social Work Values

Six social work values provide a framework for practice and this book. They are drawn from the NASW Code of Ethics and are introduced briefly here and discussed at length in Chapter 4. These values are:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

What do these values mean for direct social work practice? Considered individually, they are not exclusive to social work. Their unique combination, however, differentiates social work from other professions. Considered in their entirety, the values make it clear

Figure 1-1 Clinical Social Work

Clinical social work practice is a type of direct practice. It includes the resolution and prevention of psychosocial problems experienced by individuals, families, and groups using accepted therapeutic practices and modalities (Asakura et al., 2020). This definition includes mental health treatment, but it extends more broadly to other emotional, behavioral, and relational difficulties as well. Specht and Courtney (1994) articulated concerns regarding the movement of social work toward psychotherapy and billable services and the abandonment of its primary mission of ensuring social justice and equal access to resources for clients. With this recognition, we encourage an intent on the part of clinical social workers to integrate social justice concepts into the practice of psychotherapy.

Figure 1-2   Social Work Values

The National Association of Social Workers (NASW) was established in 1955 through the consolidation of the following organizations:

- American Association of Social Workers
- American Association of Psychiatric Social Workers
- American Association of Group Workers
- Association for the Study of Community Organization
- American Association of Medical Social Workers
- American Association of Medical Social Workers
- National Association of School Social Workers

It is the largest membership organization of professional social workers in the world. The NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. https://www.socialworkers.org/About.

The NASW published the first version of its Code of Ethics in 1960. Since then, the NASW Code of Ethics has emerged as the standard-bearer for defining the values and principles that guide social workers' conduct in all practice areas. The latest version of the Code of Ethics was published in 2017 (https://www.socialworkers.org/About/Ethics/Code-of-Ethics).

Social workers and social work students are encouraged to regularly check the NASW website, as well as their local chapter, for updates to the Code of Ethics, continuing education opportunities, and discussions of current issues.

Figure 1-3   CSWE EPAS

Founded in 1952, the Council on Social Work Education (CSWE) is the national association representing social work education in the United States. Through its many initiatives, activities, and centers, CSWE supports quality social work education and provides opportunities for leadership and professional development so that social workers play a central role in achieving the profession's goals of social and economic justice. CSWE's Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories. The CSWE uses the EPAS to accredit BSW and MSW programs. The nine EPAS competencies support academic excellence by establishing thresholds for professional competence. They permit programs to use traditional and emerging models and methods of curriculum design by balancing requirements that promote comparable outcomes across programs with a level of flexibility that encourages programs to differentiate. For more information, please visit https://www.cswe.org/Home.aspx.

that social work's identity derives from its connection with the institution of social welfare. According to Gilbert (1977), social welfare represents a special mechanism devised to aid those who suffer from the variety of ills found in industrial society: "Whenever other major institutions, be they familial, religious, economic, or educational in nature, fall short in their helping and resource providing functions, social welfare spans the gap" (p. 402).

Social Work Competencies

What does it mean to be a competent social worker? Many entities that regulate the practice of social work set forth standards of competent practice. These entities include state licensing boards, professional associations, and accrediting agencies, as well as legislative bodies. Earlier, we introduced the nine EPAS competencies from the CSWE, which form the essential proficiencies for BSW and MSW students. Social work educators use these competencies to measure the performance of their programs and the abilities of their students. We present and describe them here in order to familiarize you with the multidimensional knowledge, skills, and values that make up the practice of social work.

EPAS Competency 1—Demonstrate Ethical and Professional Behavior

Competency 1 requires that social workers understand the value base and ethical **C1** standards of the profession, the NASW Code of Ethics, as well as relevant laws and regulations that may affect social work practice at various levels. Social workers must understand the frameworks of ethical decision making and how to apply principles of critical thinking to those frameworks in practice, research, and policy. Social workers must also recognize their own personal values, the distinction between personal and professional values, and how their personal experiences and reactions

influence their professional judgment and behavior. This competency also asks that social workers demonstrate professionalism in written and verbal communication.

It is understood that ethical social work practice entails lifelong learning, whereby social workers commit to updating their skills continually to ensure that they are relevant and effective. According to this competency, social workers also must understand emerging forms of technology and the ethical use of technology in social work practice. Hence, social workers must use technology mindfully and responsibly, in ways that protect client confidentiality.

EPAS Competency 2—Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

Social workers are guided in Competency 2 to understand how diversity and difference `C2` characterize and shape the human experience and are critical to the formation of identity. They understand the dimensions of diversity as the intersection of multiple factors, including, but not limited to, age, class, color, ability, culture, ethnicity, gender, gender identity and expression, immigration status, marital status, physical and mental ability, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. This competency guides social workers to understand that as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation, as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values (e.g., social, economic, political, and cultural exclusions) may oppress, marginalize, alienate, or create privilege and power for certain groups. Social workers should be mindful of privilege and strive to embody cultural humility (discussed further in Chapter 2). Social workers play a large role in providing equitable services, advocating for change, and creating new policies and practices to meet the needs of those who have been oppressed.

To do this, social workers need to engage in continual education about differences in the cultures, histories, and experiences of different groups as well as of their own group. This also means that social workers must approach each client as an individual whose experience is unique. Social workers must learn as much as they can about the cultural frames that are significant for their clients before they can be open to learning the uniqueness of those clients (Dean, 2001; Johnson & Munch, 2009). Hence, when we report some cultural characteristics as being commonly represented in some groups, it is shared in the sense of background information that must be further assessed with each individual.

EPAS Competency 3—Advance Human Rights, and Social, Racial, Economic, and Environmental Justice

Competency 3 requires that social workers advance human rights and social justice and `C3` asserts that each person in society has basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education. This competency is also reflected in the value of social justice and the ethical principle that social workers are to challenge social justice in the NASW Code of Ethics (NASW, 2021a).

To meet this competency, social workers should be aware of the global implications of oppression, be knowledgeable about theories of justice and strategies to promote human and civil rights, and strive to incorporate social justice practices into direct service, policy and practices, organizations, institutions, and society. Social workers should also understand the mechanisms of oppression and discrimination in society and advocate for and engage in practices that advance human rights and social and economic justice. This competency clearly specifies that advocating for human rights and social and economic justice is a professional expectation.

EPAS Competency 4—Engage in Practice-Informed Research and Research-Informed Practice

Competency 4 states that social workers must recognize the mutual nature of `C4` research and social work practice. Social workers understand different forms of research, such as quantitative and qualitative research methods, as well as the social worker's role in advancing social work as a science. Social workers also incorporate evaluation into their practice. Social workers utilize practice methods that are informed by culturally informed and ethical approaches that are derived from multidisciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice. Social workers use practice experience and theory to inform scientific inquiry and research, apply critical thinking to engage in the utilization of research methods and analysis of research findings, and use and translate research evidence to inform and improve practice, policy, and service delivery.

EPAS Competency 5—Engage in Policy Practice

Competency 5 requires that social workers engage in critical analysis and the development of policy that aligns with social justice values. Social workers advocate for new policy to advance social and economic well-being and to deliver effective social work services. One of the distinguishing features of social work as a helping profession is the understanding that all direct practice occurs in a policy context. Hence, social workers need to know about the history of and current structures for policies and services.

In pursuit of this competency, social workers analyze, formulate, and advocate for policies that advance the social well-being of their clients. They also collaborate with colleagues and clients for effective policy action. While some social workers provide direct services to clients, others act to influence the environments that support their clients, thereby developing and maintaining the social infrastructure that assists clients in meeting their needs.

C5

EPAS Competency 6—Engage with Individuals, Families, Groups, Organizations, and Communities

Competency 6 identifies the first stage of the helping process: engagement. It focuses on engagement with an array of client systems, including individuals, families, groups, organizations, and communities. During the engagement phase, social workers apply their knowledge of human behavior in the social environment, communication skills, and interpersonal skills to build trust and rapport with clients as they begin the helping process.

C6

Engagement is also utilized in macro-practice. While this book focuses on micro- and mezzo-interventions, direct practitioners are necessarily involved to some degree in macro-practices as well, such as administrative activities, or they may interface with the community as a part of their direct practice work. Knowledge of macro-practice is vital for the foundation of social work practice. Even social workers in direct practice roles may find themselves working in concert with concerned citizens and community leaders in planning and developing resources to prevent or combat social problems. These activities require the ability to engage with communities and to build trust and rapport with communities and organizations.

EPAS Competency 7—Assess Individuals, Families, Groups, Organizations, and Communities

Competency 7 discusses the second phase of the helping process: assessment. Assessment encompasses the knowledge, skills, and values needed to gather comprehensive and accurate information about various client systems and the problems they identify, and to come to conclusions about goals and next steps, in concert with the client's self-determination. Besides understanding the helping process (engagement, assessment, intervention, evaluation, termination), additional foundational knowledge needed in the assessment phase includes intrapersonal, interpersonal, and environmental factors. Social workers must understand the interactions among the biological, psychological, social, cultural, and spiritual aspects of human development and the impact on human functioning. Foundational knowledge also includes an understanding of the micro-, mezzo-, and macro-factors and the use of assessments that recognize the strengths and assets of clients. Foundational social work skills include interpersonal assessments such as interactions, both verbal and nonverbal, involving individuals, couples, families, and/or groups. Assessment of groups, families, communities and organizations may require social workers to apply systems theory in the assessments of relationships among different parties within and between systems. Systems theory refers to concepts such as the roles, rules, norms, boundaries within and between different systems. Social workers may also wish to conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis of communities and organizations as a part of their assessments.

C7

EPAS Competency 8—Intervene with Individuals, Families, Groups, Organizations, and Communities

Competency 8 describes the criteria for the third phase in the helping process: intervention. *Intervention* refers to actions taken by the social worker to directly support the client's goals or to remove barriers to allow the client to achieve a particular goal. Interventions can range from referrals to another service to direct application of a treatment in order to alleviate or remove the problem identified by the client. Some social work roles serve an intervention capacity, such as a counselor who may serve as an intervention to a problem identified by the referral source. As with the first two competencies, we will consider interventions across the full spectrum of clients,

C8

including individuals, groups, and communities. Social workers must possess knowledge of theoretical frameworks from which to choose appropriate interventions. Interventions must be based on a thorough assessment of the problem and be conducted in collaboration with the client, and be directed toward achieving a specified goal. Social workers should possess a wide foundation of knowledge, including how to conduct interventions at the micro-, mezzo-, and macro-levels.

EPAS Competency 9—Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Competency 9, the last of the competencies stipulated by CSWE, focuses on evaluation and the knowledge, skills, **C9** and values necessary to effectively monitor and gauge client progress and satisfaction and goal attainment, and to determine and measure outcomes. Evaluation can include evaluation of worker or service effectiveness, cost and efficiency, or the level of need for the service. Evaluation allows social workers to gather valuable data needed to provide a method for analyzing the service and can be used to demonstrate the need and effectiveness of the services, to support funding for the services, and to provide needed feedback to improve or adjust the service. Evaluation can be conducted with all levels of client systems, including individual clients, families, groups, communities, and institutions.

The final phase of the helping process includes termination, which includes skills such as helping the client to review what was learned and plan for the future, find closure with the helping relationship, and model healthy endings to relationships. Evaluation may also occur during the termination phase if social workers choose to informally or formally gather client feedback or measure client outcomes in the form of surveys, questionnaires, or discussion. We will discuss termination in Chapter 19, which covers the final phases of the helping process.

Contemporary Influences on Direct Practice

Like other professions and social institutions, changes in the environment in which social work is embedded present both opportunities and challenges for direct social work practice. There is a plethora of societal issues that require the attention of social workers. Only a few of them are named here; however, social workers are encouraged to consider the context in which they practice social work and to develop awareness about current social issues that affect client functioning. Next, we discuss only a few of the issues that have gained global attention due to their widespread nature and the record number of communities impacted.

Self-Care

Concerns about social worker burnout, compassion fatigue, and social workers leaving the field due to high stress has been a topic of discourse for decades. Recently, the NASW Code of Ethics (Barsky, 2021) adopted language to encourage social workers to engage in self-care to ensure commitment to the core features of the profession. Social workers are asked to take measures to care for themselves both professionally and personally. Social workers are faced with difficult cases, immediate and urgent human needs, high caseloads amid lack of resources, and trauma and crisis situations. These stressful situations require that social workers and social service systems engage in change at the macro-, mezzo-, and micro-levels to encourage not only that social workers recognize signs of stress and burnout in themselves and act to engage in self-care, but also for organizations and systems to implement policies and practices that promote balanced work environments. The inclusion of self-care in the code of ethics creates space for social workers themselves to advocate for and act on their own behalf to promote work-life balance, increased support, and sustainable work environments.

Pandemics

In 2020 and into 2021, the world grappled with twin pandemics—the coronavirus (COVID-19) pandemic and an ongoing pandemic of violence against Black and Brown people by law enforcement. Both absorbed the attention of the media, policy makers, and the public at large, and both have had significant impacts on social work practice and are ongoing.

The first few months following the announcement of the 2020 coronavirus pandemic revealed the challenges of initiating widespread testing, hospitalization, and emergency room visits when most insurance for health care in the United States is based on employment status, even with the advent of the Affordable Care Act (Cooper, 2020). Shortages in personal protection equipment, a lack of pandemic protocols within many provider agencies, and a social distancing requirement of 6 feet between two people posed challenges for

the clients and providers of face-to-face services. The COVID-19 pandemic called on many health services, including social work, to transition to telehealth service models, which have required third-party payers to revise what could be considered billable. Telehealth and virtual meeting spaces made it possible for providers, clients, colleagues, family, and friends to interact despite geographic borders; many hope that this practice will continue even after the pandemic, as it filled a gap in access to social services.

The COVID-19 pandemic exacerbated racial disparities in employment, food, education, and health care, magnifying the need for social workers to address social inequalities in their practice. In addition, hate crimes and violence targeting Asian Americans skyrocketed following news reports that the virus originated in the city of Wuhan, China, as well as racist rhetoric from the White House and other sources labeling the virus as the "kung flu" or the "China virus." The pandemic gave Asian Americans a global platform to speak about the ongoing, continued, violence against Asians in America.

The notorious killings of George Floyd (in Minneapolis, Minnesota), Breonna Taylor (in Louisville, Kentucky), and Rasheed Brooks (in Atlanta, Georgia) by law enforcement in that same period rejuvenated a movement to reimagine policing in the United States, as well as raising awareness in the popular media about the continued oppression and marginalization of Black and Brown communities by those in power. In myriad ways, Black people, Indigenous people, and people of color continue to suffer repeated and chronic exposure to traumas, both contemporary and historical.

In response to the widespread attention given to these killings, social workers have been called on to advocate for policies to reduce police violence, as well as to examine the role of racism in their own service delivery settings. As key players in health care and mental health-care systems, educational systems, social welfare systems, and criminal and juvenile justice systems, among others, social workers have a history of participating in actions and policies that have oppressed and disempowered minoritized populations in the United States and elsewhere.

Social work must continue to be prepared to respond to environmental changes and events such as the COVID-19 pandemic and police violence against Black and Brown people. Moreover, social workers and social work agencies must go further to identify and change practices that disempower and oppress people of color. Throughout our history, social workers have adjusted quickly in response to current events and environmental and societal changes such as mass shootings, natural disasters, wartime, and immigration. Social workers must continue to engage in lifelong learning about social issues and take action in their own spheres of influence in response to current issues and social movements such as Black Lives Matter, Deferred Action for Childhood Arrivals (DACA), gay marriage, and the #MeToo movement, just to name a few.

Funding for Services

Social work is funded in many ways. Federal block grants provide funds to states and counties to administer needed social services to its residents. Social services also rely on public or private grants from foundations or private donors. Certain types of social services are billable and must rely on third-party payers or state-funded medical assistance programs for revenue.

Targeted funding places limitations on the types of services that social workers may provide and the length and frequency of these services. For example, insurance companies may be willing to reimburse only for particular diagnoses, limit services to a specific number of sessions, and refuse to pay for certain interventions, such as prevention, home-based care, psychoeducational groups, case management, crisis stabilization, or conjoint and family therapy. When funding follows a medical model of diagnosis-treatment-outcome, practitioners may feel pressured to diagnose patients solely for billing purposes.

The emphasis on demonstrable outcomes carries implications for treating complex or long-standing problems where relapse is common or change is incremental. Some aspects of successful direct practice, such as building a trusting relationship, helping clients to complete paperwork for peripheral services, securing transportation and safe housing, advocating for client needs, and coordinating complex systems, may not be captured in short-term measures, therapeutic benchmarks, or symptom scores.

The growth in third-party reimbursement has been accompanied by an erosion in block grant funding and safety net systems, creating further vulnerability for potential clients and fewer referral resources. Since 2000, each of the 13 federal block-grant-funded programs in the United States has endured significant funding decreases. For example, TANF has decreased by almost 33% since its creation in 1996 (Reich et al. 2017). Many populations (such as undocumented immigrants or families near the poverty level) and needs (such as dental care) do not qualify for funding. The results of such cuts overwhelm underfunded safety-net services and create dangerous delays for those seeking care. Cuts to safety-net services limit the variety and adequacy of resources available to clients in need.

Funding decreases can lead to staffing issues that leave social workers overworked, underpaid, and at an increased risk of burnout. The pressure for increased worker productivity to meet revenue targets reduces the amount of time available for clinical supervision, professional development, and self-care. The emphasis placed on billable services may affect access to services for clients who are unreliable in appearing for appointments or whose needs clearly exceed the care allocated (Horton, 2006).

Technological Advances

Like other disciplines, social work practice has been transformed by technological change. With advancements in technology and electronic communications and recordkeeping, social workers must possess specialized knowledge and skills in these areas. Leading social work associations in the United States, such as the CWSE, the NASW, the Association of Social Work Board (ASWB), and the Clinical Social Work Association (CSWA), have formulated standards for competency in the use of technology in social work practice. *Technology in Social Work Practice* (NASW, 2021b) demonstrates the widespread impact on routine functions such as informed consent, confidentiality, record keeping, supervision, electronic delivery of services, and professional education.

Powerful and accessible tools such as cell phones affect the process and content of service delivery. For example, information and communication technologies (ICT) can automate interventions and the monitoring of progress using apps to remind users to take medications, exercise, meditate, or make a journal entry. Apps can be used to check breathing and heart rates, as well as logging symptoms. ICT can facilitate instantaneous responses to people experiencing acute episodes of suicidal ideation, substance abuse, depression, and anxiety (Perron et al., 2010).

Websites deliver information for providers and service users on social issues, diagnoses and diseases, and efficacious practices, as well as current events and recent findings. Social media platforms and chat rooms allow people in need the ability to access information, support, and mutual aid (NASWMA, n.d.). In addition, social workers can deliver services electronically through text, phone, or video-based sessions. Such technological innovations allow timely, efficient, and accessible interventions (Bee et al., 2008). Some research even suggests that mental health outcomes are better for clients who choose online therapy over in-person approaches (Sanger & Sage, 2015).

The use of electronic devices in social work comes with serious risks and ethical considerations. In the same way that commercial transactions have given rise to surveillance capitalism (Naughton, 2019), online tools embedded into websites now have the capability to collect, store, and analyze data about users. Text messages, Internet searches, and posts on Instagram or Twitter trigger individually targeted advertising to best suit the interests of users. Geofencing technology tracks key words from public platforms; terms that are associated with risks of violence will trigger further investigation into the data profile of the person involved. There is a clear difference between posting "I'm going to bomb that job interview" and "I'm going to bomb that office," but both may attract the attention of a site monitor. These tools are used to protect the safety of individuals and the public, but it is easy to envision the ways that they can be used against the interests of the powerless, vulnerable, or disenfranchised. Technological surveillance arises in services and products from transportation to health care by way of personalized assistants and smart products (Naughton, 2019). Tracking devices and electronic communications can not only assist social workers who deliver services outside the office setting, but they also provide administrative data on the length of visits, the stops made, or other people in attendance. Data can not only make social work practice more efficient, safe, and accountable, but they can also create unanticipated exposure for clients and workers alike.

Globalization

The ascendance of technology brings a rapidly changing world into local context. Immigration, domestic migration, and relocation of refugees fleeing war, poverty, and violence challenge cultural, economic, and political status quos. These changes affect the regions where immigrants relocate, as well as those they leave behind. In 2018, India led the world in the rate of emigration at the same time that the United States led in immigration (Migration Policy Institute, 2018). Social workers practice at the center of these changes, helping new arrivals access basic resources and helping communities adapt to changing demographics caused by population losses, as well as additions (Miller et al., 2018). Against the backdrop of cultural dislocation and significant needs, immigrants are often faced with political and social backlash. In the past decade, European Union (EU) governments have wrestled with responsibility for accepting asylum seekers, with some countries refusing or delaying the disembarkation of new arrivals (Human Rights Watch, 2019). In the United States, policies restricting immigration from predominantly Muslim countries and across the southern U.S. border have resulted in humanitarian crises (Gladstone, 2018).

Social workers are engaged in the growing global humanitarian industries, requiring them to interact with a diverse clientele, as well as diverse colleagues. In some settings, such as the U.S. military, the clientele will predominantly be American, even when the service is in a foreign country. In other settings, international social workers will serve local populations. This requires cultural and regional knowledge, as well as language fluency that is specialized for work in clinical and health-care settings. Transnational work means reconciling the professional's educational preparation with the needs and regulations for the host country and setting. For example, practitioners trained outside the United States may lack the required coursework, and thus must return to school to be credentialed to practice in this country (CSWE, n.d.). NASW has also worked to ensure that U.S.-educated social workers have the ability to work internationally through creating memorandums of understanding with foreign councils of social work to ensure that social workers have the capability to practice across border lines (NASW Foundation, n.d.).

Social work is a global profession, and yet the roots of the profession vary across the world. In the United States and other countries, it advanced among the pillars of a developing civil society, whereas in others, it was intentionally created by governments to meet specific social welfare needs (Healy, 2013). The attention to globalization and the ease of access to global information provides opportunities for learning, as we can study how direct practice is formulated elsewhere and adapt practices accordingly. The growing international perspective adds another dimension to the demand for social workers to be culturally respectful, inquisitive, and informed.

Scientific Changes

Advances in scientific knowledge shape our understanding of the causes of problems and the efficacy of treatments. Breakthroughs in genetic, pharmacologic, and biologic knowledge challenge practitioner competence as professionals strive to stay abreast of new findings and consider their ethical and clinical implications for their work. For example, commercially available genetic testing can help in the early detection (and sometimes treatment) of diseases, but the results may be used to exclude people from employment and insurance. Historically, vulnerable groups such as lesbian/gay/bisexual/transgender/queer/questioning (LGBTQ+) persons, immigrants, and individuals with intellectual and developmental disabilities may be further marginalized and imperiled when genetic testing is conducted without true informed consent, or when important results are kept from the affected individuals and communities (Alvarez, 2019; Szubiak, 2017; Ganna et al. 2019).

New understanding about the connection of body and brain functioning will significantly affect the assessment and treatment of conditions ranging from diabetes to depression. For example, studies on immune or inflammatory causes of disease suggest that adversities such as racism, stress, and obesity may be related to low-grade inflammation, which can give rise to other health and mental health conditions (Brewer & Cooper, 2014; Bullmore, 2020). As such, immunological medicines for arthritis, cancer, and multiple sclerosis may thus have efficacy for treating depression, dementia, psychosis, or other brain disorders.

Studies on adverse childhood experiences (ACEs) have advanced our understanding of the singular and cumulative effects of events such as family separation, racial segregation, community violence, and food insecurity as causes of toxic stress. Extended or prolonged exposure to such stresses can alter brain development, affecting decision-making, attention, and learning, as well as the risks for an array of mental health, social, and physical problems (CDC, 2019). Recent research suggests that the effects of trauma can be passed down throughout families and communities via secondary and historical trauma (Beckerman & Sarracco, 2019). Social workers are well positioned to prevent ACEs through improved financial support for families, early childhood education, family-friendly work policies, antiviolence, anti–corporal punishment initiatives, and other systemic prevention and intervention efforts. These might seem like unconventional techniques for reducing health disparities, depression, heart disease, or sex trafficking, but clearly, new knowledge is changing direct practice, and it demands competence in evidence-based practices (CDC, 2019; Maguire-Jack al., 2019).

The embrace of medical-assisted treatment (MAT), or the use of medications in combination with counseling and behavioral therapies, has changed the approach to the treatment of addictions, as pharmacologic innovations such as Suboxone are used in the treatment of opiate overdoses or addictions (Szubiak, 2017). Along with MAT, harm reduction programs, which embrace a philosophy and intervention that seeks to reduce the harms associated with drug use and ineffective drug policies such as abstinence only, have significantly changed the prevention and treatment approaches for an array of issues, such as addiction and HIV. Effective direct practice will require dedication to understanding scientific developments and the ways that these complement or replace traditional methods. Further, as medical advancements increase our understanding of the

connection between the mind and the body, interdisciplinary, team-provided services will increase to include professionals from an array of disciplines in order to serve clients' needs, such as medical, mental health, and social services (Zerden et al., 2020).

Sociopolitical Environment

Social work practice takes place within a local and global social and political context. Social and political cultures change over time, with influences on social and political views and climate. Often, sociopolitical movements occur when a large enough social or political mass confronts issues or concerns that surface as a result of the social or political climate. Depending on the social or political climate, certain groups may be at more risk for oppressive practices such as lack of power, violence, marginalization, impact on human rights, and barriers to basic rights and resources such as voting rights, health care, education, marriage, and income (Fisher, 2019). Social workers must be able to respond to the political and social climate in their practice, as well as to develop sensitivity to the way that current events may affect the well-being and functioning of clients and communities.

Social workers might also respond to social and political issues through advocacy, lobbying, demonstrating, and community awareness-raising. They may engage in these activities through direct, face-to-face contact with their clients, communities, and institutions. Some examples may include education and community awareness efforts through social media, community forums, meeting with legislators and policy-makers, and community campaigns. When the impact of the social and political climate results in negative impacts on the functioning of certain groups, social movements may arise in response. Some examples include Black Lives Matter, the #MeToo movement, community organization efforts centered on immigration and voting rights, the Stop Asian Hate movement, LGBTQ+ social movements, and marriage rights movements.

During these times, social workers must remain client centered and focused on promoting and advocating for social justice (Holosko, 2015; Stark, 2018). The domestic and global context of social work is shaped by controversial ideological transformations, contesting values about individual rights versus collective interests, technological advances, and restructuring of service and economic systems (Mänttäri-van der Kuip, 2020). Social workers must remain nimble and use continuing education to remain current on social and political issues that may affect clients' lives. In the next section, we ask the reader to apply the knowledge learned in this chapter to the Ramirez case.

Applying the Concepts to the Ramirez Case

The Ramirez case provides students with an opportunity to apply the many concepts discussed in this chapter. When reading the Ramirez case, keep in mind

C2, 3, 6, 7, and 8

concepts such as social worker roles, social work values, social justice issues related to the plight of many immigrants, the client's strengths, and power dynamics in the helping relationship. Review Case Example 1 before continuing.

After looking at the Ramirez case, the social worker comes to understand that Tobias, like many social workers, practices in a setting where he performs dual roles, protecting both the community at large and vulnerable individuals, in addition to other supportive roles (Trotter, 2006). No matter where they are employed, social workers are influenced by the social work value of self-determination for their clients. For this reason, in addition to exploring school attendance issues with Mrs. Ramirez and her children, Tobias addressed Mrs. Ramirez's other concerns, such as her own physical and mental health (i.e., depression, anxiety, her physical injury) and her children's health.

Of course, social workers are not the only helping professionals who provide direct services to clients in need. However, they have a special interest in helping empower members of oppressed groups. Indeed, as a profession, social workers are committed to the pursuit of social justice for poor, disadvantaged, disenfranchised, and oppressed people (Watts & Hodgson, 2019). In this case, in addition to seeing his client, Mrs. Ramirez, as a parent struggling with school attendance issues, Tobias saw her as someone experiencing challenges possibly related to issues in the United States surrounding undocumented immigrants (Cleveland, 2010; Padilla et al., 2008). Nationalism and unfounded fears of declining resources for citizens have paved the way for increasing anti-immigrant sentiments among Americans. Threats of deportation and detention are fears experienced by undocumented immigrants in the United States. According to the NASW Immigration Toolkit (NASW, 2006, p. 4), "the plight of refugees and immigrants must be considered on the basis of human values and needs rather than on the basis of an ideological struggle related to foreign policy." The contrast between these two positions suggests that social workers grapple with issues of social justice in their everyday practice. As a social worker, Tobias obviously could not personally resolve the uncertain situation of undocumented immigrants. However, he could work with

Case Example 1: The Ramirez Case

Marta Ramirez was referred to child welfare services because her two elementary school-age children had more than seven days of unexcused absences from school during the semester, the standard for educational neglect in her state. When Tobias, a child welfare social worker, met with Mrs. Ramirez, he found that the children had missed a similar amount of time when they had previously lived in another state, as well as earlier, before they had emigrated without documents from Mexico. There had not been any earlier investigations, however, as the legal standard for educational neglect was different in the previous state. Mrs. Ramirez noted that her children had been frequently ill with "flu and asthma." She said that the children did not feel comfortable at the school. They felt that the teachers were mean to them because they were Hispanic. In addition,

Mrs. Ramirez had sustained a back injury on her job that limited her ability to get out of bed some mornings. As an immigrant without documents, Mrs. Ramirez was ineligible for the surgery that she needed to alleviate her condition. She also expressed fears related to her undocumented immigrant status. Finally, she acknowledged experiencing depression and anxiety.

Tobias shared with Mrs. Ramirez the reason for the referral under statute and asked for her perspective on school attendance. He explained that child welfare workers are called on to assist families in having their children educated. He also asked about how things were going for Mrs. Ramirez and her family in their community. In so doing, Tobias explained his dual roles of responding to the law violation and helping families address issues of concern to them.

Mrs. Ramirez and local health institutions to explore possible solutions.

Note that in this case example, Mrs. Ramirez did not seek assistance herself. Rather, she was referred by school staff because of her children's poor school attendance. Therefore, she would be referred to as a **legally mandated client**, who receives services under the threat of a court order. Those clients who apply for services themselves are referred to as **voluntary clients**. Many legally mandated clients, including those like Mrs. Ramirez, become more voluntary if their own concerns are explicitly addressed as part of the social work assessment. Many potential clients fall between the two extremes of legally mandated and voluntary clients, as they are neither legally coerced nor seeking a service themselves (Trotter, 2006). For example, clients who experience nonlegal pressures from family members, teachers, and referral sources are referred to as **nonvoluntary clients** (Rooney & Myrick, 2018).

Such assessments also seek to reveal strengths and potential resources. For example, Mrs. Ramirez's potential strengths and resources include her determination that her children have a better life than their parents, as well as other community and spiritual support systems, both locally and in her home country of Mexico. Those potential resources must be assessed in the context of both internal and external challenges, such as the lack of a health-care safety net for undocumented immigrants and Mrs. Ramirez's own medical and psychological concerns.

To best serve their clients, social workers must be willing to assume responsibilities and engage in actions that expand upon the functions of specific social agencies and their designated individual roles as staff members. For example, Tobias, the child welfare social worker who met with Mrs. Ramirez, assessed her issues and concerns and went beyond the child protection mission that he was originally given.

Because clients such as Mrs. Ramirez often know little about the available resources, social workers must act as brokers by referring people to resource systems such as public legal services, health-care agencies, child welfare divisions, mental health centers, centers for elderly persons, and family counseling agencies. Some individual clients or families may require goods and services from many different providers and may lack the language facility, physical or mental capacity, experience, or skills needed to take advantage of them. Social workers assume a variety of roles aimed at increasing access to resources for clients. For example, if Tobias had any personal values that might impede his work with Mrs. Ramirez and her children, he would ensure that his professional values supersede those personal values. He would try to understand Mrs. Ramirez from many perspectives, including her immigration status, gender, ethnicity, and other perspectives relevant to her situation.

This competency also includes the recommendation that social workers use reflection to manage their personal values. For example, early in his working with Mrs. Ramirez, Tobias wrote in his case notes that he

suspected that her children were not attending school in part because she and other undocumented immigrants did not value education as much as their fellow students and families in their new community in the United States. Tobias's statement might be seen as a belief, a hypothesis, or a possible bias that could have profound implications for his work with Mrs. Ramirez and other immigrants. If he acted on his belief that her children were not attending primarily because she and other Mexican immigrants were not motivated to seek education, he might not explore other community- or school-based barriers to their attendance, such as their perception that they were not welcome. Holding members of oppressed groups personally responsible for all aspects of their condition is an unfortunate value predicated on the myth that all successful people lift themselves up by their own bootstraps. This competency therefore requires sensitivity to structures that may act to oppress clients.

Following this competency, Tobias would attempt to understand the issue of children's school attendance in a broader framework of understanding why Mrs. Ramirez and her children had moved to this locality. Awareness of the economic incentive of seeking a better income as an influence on immigration would be appropriate. For example, in addition to working directly with Mrs. Ramirez, Tobias or other social workers might approach the circumstance of undocumented immigrants in their community from the standpoint of community organization and advocacy, working to promote the interests of the group rather than solely those of the individual.

While this book focuses primarily on direct social work intervention, other courses and texts provide additional sources of information for pursuing this goal. Tobias's interaction with Mrs. Ramirez must be considered in the context of policies related to school attendance and policies related to health-care access.

Summary

This chapter introduced social work as a profession, marked by a specific context, mission, and well-established values, which includes the demonstration of specific competencies. As social workers and their clients operate in many different kinds and levels of environments, ecological and systems concepts are useful metaphors for conceptualizing what social workers and clients must deal with. Direct social work practice is characterized by multiple roles; these roles are often performed at the same time and are carried out at several system levels depending on the concerns addressed. Knowledge and skills related to some of these roles are taught in segments of the curriculum that lie outside direct practice courses. To do justice in one volume to the knowledge and skills entailed in all these roles is impossible; consequently, we have limited our focus primarily to the roles involved in providing direct service.

Chapter 2 will delve more deeply into the theoretical concepts that ground our vision for direct practice.

Competency Notes

C1 Demonstrate Ethical and Professional Behavior

- Demonstrate professional demeanor in behavior, appearance, and oral, written, and electronic communication.

C2 Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

- Demonstrate anti-racist social work practice at the individual, family, group, organizational, community, research, and policy levels, informed by the theories and voices of those who have been marginalized.

- Demonstrate cultural humility applying critical reflexivity, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies acknowledging them as experts of their own lived experiences.

C3 Advance Human Rights, and Social, Racial, Economic, and Environmental Justice

- Advocate for human rights at the individual and system levels.

C4   **Engage in Practice-Informed Research and Research-Informed Practice**

- Apply research findings to inform and improve practice, policy, and programs.

C5   **Engage in Policy Practice**

- Assess how social welfare and economic policies affect the delivery of and access to social services.
- Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice.

C6   **Engage with Individuals, Families, Groups, Organizations, and Communities**

- Apply knowledge of human behavior and person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies.
- Use empathy, reflection, and interpersonal skills to engage diverse clients and constituencies effectively.

C7   **Assess Individuals, Families, Groups, Organizations, and Communities**

- Apply knowledge of human behavior and person-in-environment and other culturally responsive multidisciplinary theoretical frameworks when assessing clients and constituencies.
- Demonstrate respect for client self-determination during the assessment process collaborating with clients and constituencies in developing mutually agreed-on goals.

C8   **Intervene with Individuals, Families, Groups, Organizations, and Communities**

- Engage with clients and constituencies to critically choose and implement culturally responsive, evidenced-based interventions to achieve mutually agreed-on practice goals and enhance capacities of clients and constituencies.
- Incorporate culturally responsive methods to negotiate, mediate, and advocate, with and on behalf of clients and constituencies.

C9   **Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities**

- Select and use appropriate methods for the evaluation of outcomes.
- Critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities.

Orienting Frameworks for Social Work Practice

Chapter Overview

This chapter introduces our philosophy of social work practice. Practice philosophies define a set of beliefs and attitudes about how social workers approach clients, address client problems, and engage in the helping process. While you already possess a set of beliefs about how to help others, the practice philosophies outlined here will lead you to an increased self-awareness when implementing the techniques and interventions presented throughout this book.

As a result of reading this chapter, you will be able to:

- Describe the importance of a social work practice philosophy.

- Define and identify the assumptions of six orienting perspectives for social work practice: ecosystems perspective, strengths perspective, cultural humility, anti-oppressive practice, trauma-informed practice, and evidence-informed practice.

- Articulate a philosophy of practice based on three principles: people are embedded in transactions within larger systems, collaboration between the client and social worker is vital, and social worker self-awareness is paramount.

The EPAS Competencies in Chapter 2

- Competency 2: Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

- Competency 3: Advance Human Rights and Social, Economic and Environmental Justice

- Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

Philosophies of Practice

All social workers have philosophies of practice. That is, we all carry a set of assumptions about people and their problems that inform our efforts to promote social and economic justice and to enhance client quality of life. Some of us enter the profession believing that emotional support, information, and advice are the critical ingredients in the helping process, whereas others believe that macro-level change is the proper focus of social work. Many in the general public assume that communities bear the major responsibility for problem solving, while others are convinced that we should provide help to individuals who are willing to help themselves. These assumptions are informed by culture, education, socialization, and keystone experiences from which we take life lessons, and each provides a rationale for different styles of helping.

One of the first steps you will take in the act of becoming a professional social worker is to examine how helping assumptions influence your interactions with clients. You will learn about your assumptions through your own reflection (e.g., journaling), by role modeling from senior colleagues, through supervision, and from client feedback. Understanding how your assumptions impact your work is vitally important. Social workers should use self-awareness to evaluate the quality of their relationships with clients and to make decisions about interventions to employ at any given moment. The helping assumptions that social workers adopt have a direct bearing on these relational processes.

The philosophy of practice undergirding this text is informed by six orienting perspectives. These orienting perspectives define how social workers should approach people and their problems, and consequently inform the approaches social workers adopt in their day-to-day work with clients. Our contention is that the practice philosophy derived from these perspectives will help your practice conform to the ideals and mission of the profession, to facilitate your engagement with clients, and to guide you to more effective helping strategies irrespective of the setting in which you work.

Orienting Perspectives

The orienting perspectives informing our practice philosophy are presented in Figure 2-1. The model presents six

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Case Example 1

Isaiah is a 14-year-old African American adolescent boy who was court ordered to attend an anger management group. He was originally charged with assault of a police officer, a class C violent felony, but was eventually adjudicated delinquent for resisting arrest, a class A misdemeanor. The probation officer reported that Isaiah was at "medium risk" of rearrest based on the results of an actuarial risk assessment, with elevated risk scores in the areas of peer delinquency, anger control, and marijuana use. However, Isaiah has avoided gang affiliation, gets along well with several of his teachers, and his parents are supportive and have strong bonds to their community.

Isaiah disagrees with the court requirement for anger management classes. In fact, he had this to say at his intake interview with the social worker:

The idea of the group is bulls**t. I will attend the group so that people will leave me alone, but I don't need it. This all started one night at about 6 p.m. My friends and I were standing on the corner near my house just messing around.

The cops are always harassing people. Two cops came by and shined a light in our faces. One of my friends says something smart. I don't remember what he said, but the cops got out of the car with two dogs and demanded to see our ID and questioned why we were standing on the corner. I said, man, we don't have no ID. We are just talking. About this time, my 10-year-old brother comes running up to me, telling me that Mama said to come home and eat. One cop pushed my little brother against the wall and begins patting him down, putting his hands inside his pants and touching his private parts saying he is searching for drugs. My little brother is scared and crying, so scared that he wets himself, and the cops laughed and called him a name. I was scared too, but I got so mad that I pushed the cop. Then, the two cops pushed me to the ground, put handcuffs on me, and put me into the police car. They took me to juvie, and I could not get out until the next morning. The problem is the cops are always harassing us. I don't want to go to no group. I don't have an anger problem. I don't need a group.

Figure 2-1 Orienting Perspectives for Social Work Practice
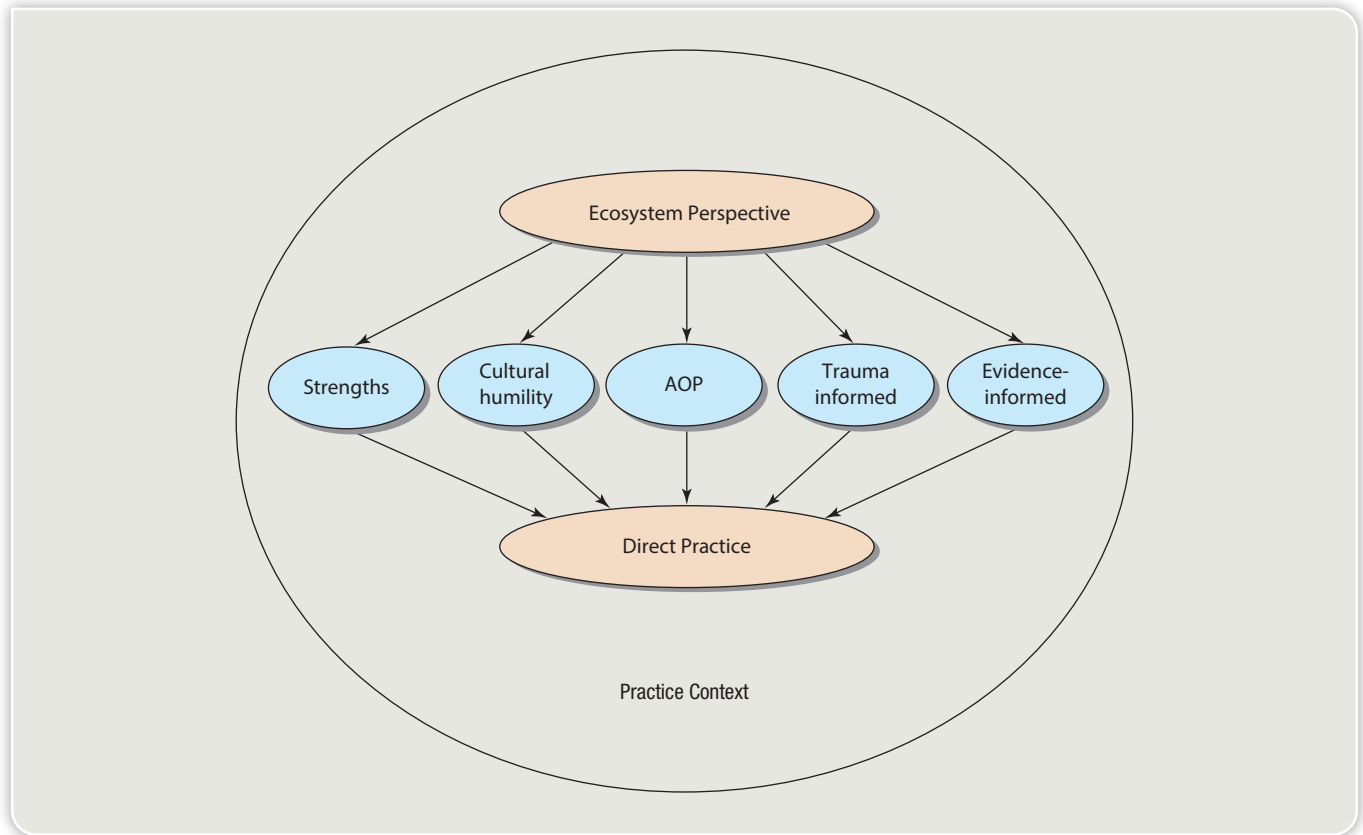
perspectives for practice that, together with Chapters 3 and 4, articulate our vision and values for direct social work practice.

Briefly, the model begins with the **ecological systems perspective** (Germain & Gitterman, 1996; Pincus & Minahan, 1973; Siporin, 1980). The ecological systems perspective, or ecosystems perspective, directs social workers to envision their clients within the context of their social and natural environments. Continuous interactions within client's social and natural environments shape and impact clients and their presenting problems. Social workers who adopt ecosystems thinking avoid reducing people and their problems to overly simplistic and reductionist explanations. All social work practice models, including the orienting perspectives to follow, assume the embeddedness of human beings within their social environments (e.g., family, work, school, peer group).

Next, the **strengths perspective** counters the tendency of helping professionals to pathologize people and their problems (Saleebey, 2013). Instead, social workers understand clients in terms of their competencies and assets and help clients leverage these strengths in order to effect change. **Cultural humility** counters a tendency of

helping systems to overvalue dominant cultural paradigms (Fisher-Borne et al., 2015). Instead, social workers strive to value, understand, and learn from the cultural lenses that shape their clients' values and preferences. **Antioppressive practice** counters a tendency for social workers to reenact oppression that is structured into social welfare systems and services (Morgaine & Capous-Desyllas, 2015). Instead, social workers conduct critical analyses of their own and their clients' positionality (i.e., location of individuals and groups in social hierarchies) and power and allow this analysis to shape social work activities and interventions in the direction of inclusion and empowerment. **Trauma-informed practice** counters a tendency to overlook common patterns created by traumatizing experiences, thereby retraumatizing clients (SAMHSA, 2014). Instead, social workers should assume that trauma is an inherent element of most client problems and strive to support client autonomy and safety in a trusting, collaborative relationship. Finally, **evidence-informed practice** provides strategies for integrating state-of-the-art science into decisions about interventions and programs (Gibbs, 2002). Evidence-informed practice is one element of a strategy to strengthen social work practice and to improve client outcomes.

Surrounding these orienting perspectives is the context of practice, which includes the agency, community, policies, and the broader social work profession represented by its professional associations and schools of social work. Agency climate, culture, formal policies, and funding priorities together exert a significant influence on social work practice. The case of Isaiah introduced at the beginning of this chapter illustrates the importance of context. A critical issue facing the social worker in this case is whether to align themselves with Isaiah's court mandates, with Isaiah and his disagreement with the court, or remain neutral? Will they conduct an independent assessment of Isaiah's anger control, and will they invite him to explore the traumas he experienced through his involvement with the legal system? If their assessment agrees with Isaiah's position that he does not have an anger control problem, can they advocate on behalf of Isaiah with his probation officer and with the court? The orienting perspectives suggest that they should. However, the flexibility of the probation department, the treatment agency policies and practices, as well as the approach favored by the social work supervisor will all influence the social worker toward or away from the orienting perspectives we are presenting here.

We consider the perspectives, presented in Figure 2-1, to be "orienting" because they articulate assumptions about people and their problems that are aligned with the social justice and welfare-enhancing missions of the profession and that are relevant to each phase of the helping process presented in this text (see Chapter 3). Next, we present each orienting perspective in greater detail, followed by a synthesis of these perspectives into a set of practice implications.

Ecosystems Perspective

Most of the clients you will see in your practice will have challenges and issues that cut across psychological and environmental needs. However, the temptation exists among social workers and all helping professionals to oversimplify our assessment of client challenges, especially focusing on internal psychological issues while giving limited attention to the social factors that contribute to the presenting problem(s). With the organization of the profession in the 1950s, social workers adopted a holistic point of view, where people and their problems were seen as embedded within interlocking social systems and within a complex social and physical ecology (Germain & Gitterman, 1996; Pincus & Minahan, 1973; Siporin, 1980).

C4

Consequently, we have adopted the **ecological systems model** as our first orienting perspective.

Principles of the Ecosystems Perspective

The complexity of client needs and concerns require attention to both individual and environmental needs, often denoted as micro-, mezzo-, and macro-level needs. Individuals are part of systems at the micro level, inclusive of concerns and subsystems such as personality, health, and close social networks. At the middle, or mezzo level, are systems with which people and families typically have direct contact, including neighbors, schools, employers, religious organizations, and characteristics of the natural and built environments. At the macro level are large-scale forces that shape the context in which micro- and mezzo-level systems operate, including national and state-level policies, international treaties, and large-scale social structures such as poverty and racism. Chapter 9 discusses the importance of assessment at each of these levels.

Taken as a whole, the embeddedness of clients within a set of systems and environments suggests a particular focus on interactions. The ecological systems model assumes that all people are in constant interactions with their social and natural environments at the micro, mezzo, and macro levels. Further, the model assumes that the **goodness-of-fit** between individuals and their environments either supports their adaptive functioning or creates strain and exacerbates challenges (Ahmed et al., 2017).

The ecological systems model assumes that people are naturally inclined to achieve a maximum goodness-of-fit with their environment. This suggests, on the one hand, that most people spend considerable energy adapting themselves to the demands and expectations of their environments. They adopt preferences, behaviors, and attitudes to avoid conflict and maximize conformity to minimize strain and to pursue important goals, but the notion of interaction suggests that adaptation is not simply a one-way process. Indeed, people also effect change in their environments to strengthen their goodness-of-fit. This happens when people join social movements and, at a more micro-level, when people act intentionally to elicit favorable behaviors from others.

The ecological systems model makes two additional assumptions that are relevant to social workers across all settings and fields of practice (Mattaini, 2008). First, the principle of **equifinality** asserts that multiple pathways exist to achieve singular outcomes. For example, different childhood adversities (e.g., death

of a parent, child abuse/neglect, parental divorce) can result in adolescent depression. Similarly, the principle of **multifinality** asserts that future outcomes are not determined given a particular starting point. Following the above example, although child abuse/neglect is a risk factor for later depression, not every child who is abused/neglected develops depression. Together, the principles of equifinality and multifinality have significant implications for social work practice. They support an individualized approach to practice that allows for creativity in the design of interventions and change efforts, recognizing that client preferences, values, and hope, are strong determinants of client efforts to enhance their goodness-of-fit.

The principles of equifinality and multifinality are supported by the burgeoning research on risk and resilience (Fraser, 2004). Risk factors are research-supported markers or predictors of negative developmental outcomes, while protective factors ameliorate the impact of risk factors and are associated with a decreased likelihood of developing negative outcomes. For example, Isaiah in our case example was assessed by his probation officer to associate with peers who were involved in delinquent behavior, including occasional marijuana use; two risk factors that predict future legal involvement. Nevertheless, not everyone who has risk factors such as these goes on to experience poor outcomes. Indeed, most adolescents like Isaiah "age out" of delinquent and rule-breaking behavior as they mature into adulthood. Moreover, people who have enough social support and who have adequate social problem-solving abilities are often shown to be resilient to poor outcomes even when facing adversity and risk. Thus, while it is crucial for social workers to understand research on the risk and protective factors that operate to increase the statistical likelihood of negative outcomes in their service population, social workers should practice with a sense of optimism and hope, recognizing that outcomes are not predetermined, and client systems have agency to influence their environments even as the social and natural environments may create strains that tax or challenge goodness-of-fit.

It is clear from the ecological systems perspective that the satisfaction of human needs and mastery of developmental tasks require adequate resources and positive transactions between people and their environments. For example, student learning is influenced by school quality, teacher competence, parental support, and self-efficacy, among other factors. Resource gaps and stressful transactions between individuals and environmental systems often conspire to block fulfillment of human needs and lead to impaired functioning.

Social work involves helping people meet their needs by linking them with essential resources, both in formal or institutional support systems and informally in the social networks that surround us all.

Critiques of the Ecosystems Perspective

While social workers have long embraced the ecological systems model, we recognize that the model is an incomplete guide for practice (Wakefield, 1996). The ecological systems model is descriptive rather than prescriptive. That is, it provides a set of metaphors to help us understand the interconnections among people and the various systems in which they interact, but the model does not provide a roadmap for practice. It does not illuminate the mechanisms through which people and their environments influence each other, nor about how to achieve an adequate goodness-of-fit. Additional theories are required to supplement the core assumptions of the ecological systems model. Furthermore, as a descriptive model or theory, the ecological systems model is inherently value neutral. The model does not suitably encompass many of the profession's values that social workers hold dear, including the value of fairness and of social justice.

Application of the Ecosystems Perspective

To adopt an ecological systems approach to social work practice, we recommend the following as a starting place:

1. Examine the embeddedness of your own life, recognizing how your own choices, opportunities, and aspirations are shaped by interactions in the micro-, mezzo-, and macro-levels of the ecosystems that create your context.

2. Be attentive to resource gaps and the ways in which additional resources might alter the goodness-of-fit of clients and their social and physical environments.

3. Look for opportunities to create change at multiple levels, recognizing that the adversity faced by clients need not translate into poor outcomes, and there are multiple pathways to achieve client goals.

Strengths Perspective

The context of social work often emphasizes the problems clients face and how adversities complicate problem solving.

C3

Despite ecological systems principles like multifinality and resilience, it can be easy for social workers to focus on client weaknesses and pathologies. However, an overemphasis on deficits and weaknesses can erode hope, an essential ingredient in the change process (See Collins, 2015 for a review). The strengths perspective emerged in social work as an alternative to the deficit-based approach (Kim & Whitehall Bolton, 2017). Rather than pathologizing individuals and using a deficits-based model (e.g., focusing on client weakness, system failures, and problems), the strengths perspective harnesses client strengths—resources, relationships, knowledge, life experience, and competencies—to promote growth and change. Further, the strengths perspective recognizes the importance of community support, encouraging all members in society to work toward self-determination and inclusion (Gray, 2011).

Principles of the Strengths Perspective

The strengths perspective assumes that all people have resources, relationships, knowledge, life experiences, and competencies that they can use to solve problems and to promote growth and change; it "… is a way of thinking … a distinctive lens for examining the world of practice" (Saleebey, 2002, p. 20). This perspective led to the development of specific intervention approaches that are decidedly strengths-based, for use with case management (Rapp, 1998; Rapp & Goscha, 2006), substance abuse (Siegal et al., 1995), domestic violence (Bell, 2003), elderly clients (Chapin & Cox, 2001), adolescent clients (Yip, 2006), and individual and family psychotherapy (de Shazer & Dolan, 2007; Freedman & Combs, 1996). Indeed, all interventions used within social work settings should take account of the resources, relationships, knowledge, life experiences, and competencies that clients bring to the problem-solving process. Thus, social workers should strive to incorporate the six principles of the strengths perspective shown in Figure 2-2 into all interactions with clients:

The strengths perspective is an orienting perspective because of its alignment with the deepest values of the profession, including social justice and the dignity and worth of all people. Social workers acting from a strengths perspective collaborate with clients to the greatest degree possible to support client self-determination in the resolution of their problems. Moreover, the strengths perspective guides social workers to mobilize client resources, relationships, knowledge,

Figure 2-2   Principles of the Strengths Perspective

1. Without exception, every individual, group, family, and community have resources, knowledge, life experiences, and competencies.
2. Trauma, abuse, illness, and adversity, while injurious, may provide sources of challenge and opportunity.
3. Assume that the upper limits of people's capacity to grow and change are unknown; take individual, group, and community aspirations seriously.
4. We best serve clients through collaboration.
5. Every environment is full of resources.
6. Care and caretaking are essential to human well-being.

(Saleebey, 2013, pp. 17–21)

life experiences, and competencies to achieve the goals that they value. Harnessing clients' strengths promotes their autonomy and independence and ensures successful functioning even after contact with the social worker has ended.

Critiques of the Strengths Perspective

At least three overarching critiques have been made of the strengths perspective. First, some view the strengths perspective as simply positive thinking, where client problems are either ignored or reframed into positive statements (Saleebey, 1996). Were this the case, we would not endorse the strengths perspective. Social workers should never invalidate or minimize the challenges and problems that clients report. To the contrary, the strengths perspective presents the hopeful view that all clients are capable of growth and change because all clients possess resources, relationships, knowledge, life experiences, and competencies that can be mobilized to resolve difficult problems. That is not to say that these sources of strength available to clients are always sufficient. The strengths perspective requires a realistic appraisal of problems and resource gaps as well as strengths.

Second, some assert that the strengths perspective is not a fully developed practice model with well-defined techniques and is not adequately supported by empirical evidence beyond descriptive case studies (Gray, 2011; Staudt et al., 2001). While several avowedly strengths-based models have been developed (e.g., brief solution focused therapy, narrative therapy, task

Case Example 2

The following dialogue occurred during the intake interview with Isaiah and the social worker from the anger management program. Notice how the social worker affirms strengths in Isaiah's social support network, demonstrating the application of the strengths perspective.

> **Social worker:** It seems that you have a lot of respect for your mom.
> **Isaiah:** What do you mean?
> **Social worker:** You came here because she said you needed to come even though you wanted to be out with your friends.
> **Isaiah:** Yeah, so?

> **Social worker:** That says a lot to me about you. It says that you will listen to the people around you who care about you and your future.
> **Isaiah:** I guess.
> **Social worker:** It must have been important to your mom that you come to our appointment today.
> **Isaiah:** She doesn't want me to get into any more trouble.
> **Social worker:** What does she worry about?
> **Isaiah:** That I won't be able to go to college.
> **Social worker:** So, she wants you to go to college.
> **Isaiah:** Yes. It's really important to her.
> **Social worker:** Who else thinks about you and your future like that?

centered social work), we take the position that the strengths perspective is an orienting perspective that transcends all social work models of practice. The strengths perspective frames how social workers engage clients in a problem-solving process, whatever specific strategies are chosen.

Third, it has been argued that the strengths perspective fosters an individualistic approach to social work practice, precluding the structural analysis that points to macro-level forces that promote inequality, like racism, sexism, and classism (Gray, 2011; Smith, 2017). On the one hand, we agree with this critique. The strengths perspective is usually applied in direct practice settings with individuals, couples, or families or in community practice settings such as in community development organizations and advocacy agencies (Kretzmann & McKnight, 1993). Moreover, as with all orienting perspectives, we understand that none alone encompasses all aspects of a social work approach to practice. That the strengths perspective may not contribute to a structural analysis does not necessarily invalidate the utility of the strengths perspective for social work practice. On the other hand, the strengths perspective does not ignore the impact of discrimination and prejudice. Rather, it helps social workers and clients identify the ways in which client resources can be harnessed to counter the deficit-saturated labels and stigma that usually accompany macro-level oppression. Seen in this way, the strengths perspective is one element of resistance to oppression.

Application of the Strengths Perspective

The strengths perspective contributes to an empowering and liberating style of social work practice. Clients will benefit from a realistic appraisal of how their strengths (e.g., resources, relationships, knowledge, lived experience, competencies, and environments) can be activated to promote growth and change. This is not automatic, however. Many of the systems in which social workers encounter clients emphasize pathology, deficit, weaknesses, failures, and mistakes, both in their eligibility criteria as well as in their outlook toward clients. Therefore, we recommend the following to begin incorporating the strengths perspective in your work with clients:

1. To the greatest extent possible, focus your efforts with clients on goals that they defined in a collaborative process with you, supporting client self-determination and the exercise of meaningful choice.
2. Conduct a routine assessment of both personal and environmental strengths with all your clients.
3. Work collaboratively with clients, ensuring that clients are made to feel that they are the experts in their own lives.

Cultural Humility

Throughout your career, you will spend a considerable amount of time in organizations that work in cross-cultural contexts

C2

with populations that are different from you racially, culturally, and socioeconomically. Moreover, the assumptions that most social work agencies and service systems hold about people, their problems, and the helping process are rooted in the Western scientific tradition that reflects middle class white community standards for decorum and behavior that do not always match the standards and experiences of the populations they intend to serve. Clients who identify with nondominant cultural groups often report feeling marginalized and invalidated by social workers and service systems that lack an appreciation for diverse cultural points of view. While some assert that matching social workers to clients based on shared cultural backgrounds is the preferred solution to most cross-cultural challenges, this is neither always possible, equitable, nor effective (Cabral & Smith, 2011). Rather, research shows that social workers who convey self-awareness, humility, and comfort in cross-cultural encounters are more likely to facilitate client growth and empowerment (Hook et al., 2017).

Principles of Cultural Humility

Cultural humility is an orienting perspective that facilitates cross-cultural social work practice (Fisher-Borne et al., 2015). Social workers who practice cultural humility accept cultural differences and affirm the value and importance of all cultures. They exhibit curiosity about cultural differences and reflect deeply about how their own cultural orientation informs their helping efforts. Cultural humility also draws attention to the power differences that are inherent in the social worker–client relationship. Social workers who practice from within this framework seek to hold themselves and their service system accountable for the ways that clients can be oppressed or marginalized during the helping process.

Wherever possible, social workers mitigate power imbalances by exploring and employing helping strategies that are congruent with clients' cultural frameworks. For example, cultural norms may favor the use of herbal remedies, shaman or folk healers, and religious health rituals, which may be used concurrently with interventions and treatments obtained through the formal service systems that dominate the U.S. landscape (Lopez, 2005; Rybak & Decker-Fitts, 2009; Woodward et al., 2009). Finally, the practice of cultural humility orients social workers to be observant for opportunities to talk with clients directly about how cultural differences, racism, sexism, xenophobia, classism, ableism, and other discriminatory systems affect clients and the helping process. Rather than avoid uncomfortable discussions about differences, social

workers who embrace cultural humility seek them out (Owen et al.,2016).

While cultural humility may appear commonsensical to social workers who hold egalitarian values, expressing cultural humility is more difficult than it sounds. Our culturally informed worldview assumptions are usually latent or implicit and hidden from conscious awareness. It takes effort for social workers to explore their worldviews about problems, helping, and inequality. Sometimes, the process of self-exploration reveals hidden biases in social workers that conflict with other cherished values (Staats et al., 2016). These can be painful experiences that reveal the need for even deeper exploration and call on social workers to give up privileges or power. Furthermore, it takes conscious effort and skill to explore worldviews directly with clients. For some, these are uncomfortable conversations. However, data increasingly shows that clients appreciate opportunities to discuss the oppressions that they experience related to the problems they seek to resolve in relationship with social workers. Thus, social workers need to develop comfort for conversations with clients about cultural differences.

Critiques of Cultural Humility

Cultural humility has its roots in critiques of cultural competence. Cultural competence was introduced into social work in the 1980s (Danso, 2018; Sue et al., 2016). It has evolved to encompass three aspects: self-awareness, knowledge about others' culture, and communication and intervention strategies that are congruent with a cross-cultural interaction. Cultural humility and cultural competence share much in common. Both assert that self-awareness is the foundation of effective cross-cultural encounters. Both value knowledge and appreciation of the cultural worldviews of clients, and both have distinct practice implications for how social workers engage with clients across cultural differences.

Nevertheless, cultural humility and cultural competence distinguish themselves one from another in several ways. For example, whereas the goal of cultural competence is skillful use of culturally congruent communication and engagement strategies, the goal of cultural humility is humility regarding one's own worldview, understanding the other's worldview, and empowerment of the other to express their worldview in the helping context. Whereas, both approaches value cultural knowledge, cultural competence leads social workers toward a search of ever-increasing expertise in cultures other than their own, while cultural humility leads social workers to treat clients as the preeminent experts in their own cultures and worldviews.

Application of Cultural Humility

Despite the critiques, we take the position that cultural humility and cultural competence are complementary in practice and together yield a more comprehensive direction for engaging clients across culture. We choose to adopt "cultural humility" to title this section because it conveys the collaborative, client-centered spirit that characterizes all aspects of our philosophy of practice. Toward this end, we recommend the following to get started:

1. Explore your own identities and cultural worldviews and learn how these are expressed in daily interactions with colleagues and clients.

2. Actively affirm the cultural heritage and experiences that clients value and ensure that your helping efforts are in alignment with their worldviews to the greatest extent possible.

3. Increase your comfort in conversations about cultural differences, discrimination, and prejudice by seeking opportunities to engage in challenging dialogues and conversations with people who represent diverse cultural worldviews.

4. Become observant to occasions where the mechanisms of racism and white supremacy, sexism, classism, xenophobia, ableism, and homophobia are experienced by clients during the helping process.

Anti-Oppressive Social Work

Social workers throughout the world serve in contexts in which inequality and disparities are rooted in socially constructed and

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marginalized identities. Examples include white supremacy and racism, patriarchy and sexism, heteronormativity and homophobia, xenophobia, classism, ableism, and religious intolerance, among others. In the case example of Isaiah accompanying this chapter, the problems encountered by Isaiah have strong roots in persistent disproportionate minority contact in the criminal justice system and a history of conflict between law enforcement and members of minority communities (Kahn & Martin, 2016). Oppressive ideologies, or systems of oppression, contribute to the difficulties and challenges that bring clients into contact with social work helping systems.

Principles of Anti-Oppressive Social Work

The anti-oppressive practice model (AOP) links the social justice mission of the profession with direct practice with individuals, families, and small groups (Morgaine & Capous-Desyllas, 2015). The goal of AOP is to foster the full participation of clients in society irrespective of oppressive ideologies that justify exclusion, discrimination, and violence. In doing so, AOP contributes to macro-level changes by incrementally replacing oppressive ideologies with alternatives based on equality and acceptance.

Figure 2-3 illustrates the central tenets of the AOP model. AOP starts with the recognition of our profession's social justice ideals and the mechanisms of social injustice that operate in society. In regard to social justice, social workers are especially attentive to distributive justice, which is the position that the resources and benefits of society should be allocated fairly among its members according to a balance of need and effort (Barsky, 2019), and procedural justice, which

Figure 2-3 Components of Anti-Oppressive Social Work Practice
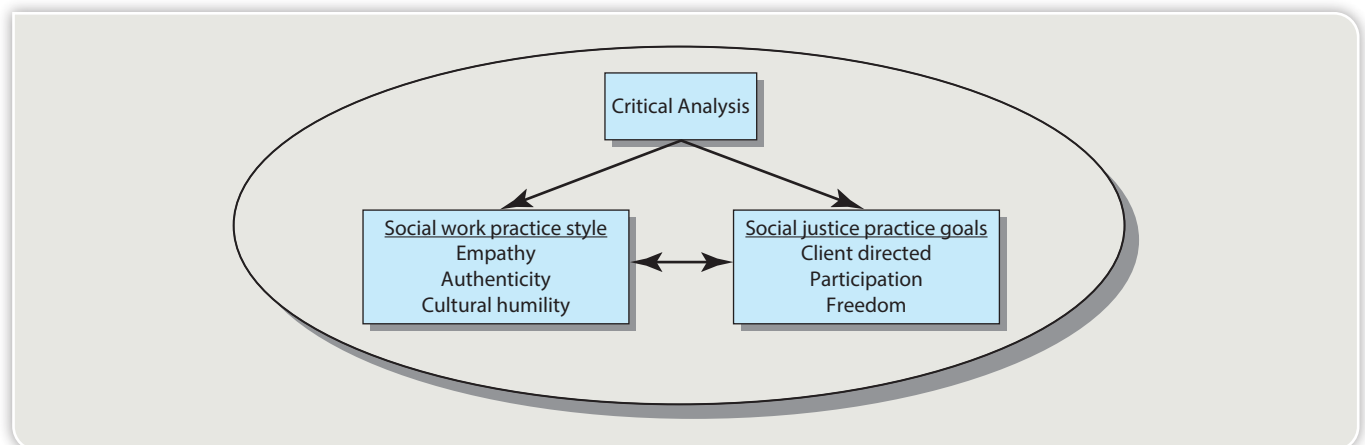
is the position that social processes, particularly the exercise of authority over others, should be fair rather than capricious or ad-hoc (Tyler, 2006), but it is not enough for social workers to believe in fairness. They also need to understand how oppressive hierarchies have been created and sustained and how the insidious effects of oppressive hierarchies may manifest in the lives of their clients. Social workers do this by educating themselves about the history of oppression and intergroup relations that is related to the experience of their clients and to see the manifestations of that history in client problems and strengths.

Motivated by our aspirations toward social justice and informed by our knowledge about mechanisms of injustice, AOP social workers utilize the discipline of **critical analysis** to understand how the power and positionality of our clients intersects with the power and positionality of social welfare helping systems, especially with the power and positionality of the social worker (Dominelli, 2018; Mattsson, 2014). **Power and positionality** refer to the relative location of individuals and groups in social hierarchies. Often, the understanding of ones' power and positionality is made more complex and rich by understanding the intersectionality of people's identity and experience, that people do not usually experience social life through the lens of a single social identity but rather through multiple social identities simultaneously (e.g., race, gender identity, socioeconomic status), creating a highly nuanced and individualized experience of power, privilege, and oppression.

This analysis informs how social workers implement helping efforts in practice, resulting in a *style* of social work directed toward goals and objectives that are motivated by a concern for social justice. Here, we define "style" to mean a loose constellation of social work behaviors and attributes that distinguish AOP practice from other traditional models of social work practice. For example, traditional social work practice fails to systematically address power and positionality in the social work relationship and has been subjected to criticisms of paternalism, of acting as though the social worker "knows best" (Reamer, 2013). Correcting this, AOP social workers talk about power and positionality with their clients, helping to create a mutual definition

Case Example 3

After assessing Isaiah's history of anger management and emotion regulation, the social worker concluded that Isaiah's angry outburst with the arresting police officer was an isolated occurrence provoked by the behavior of the police officers. While the anger management group offered by the program can teach useful skills in self-control, the social worker disagrees with probation about the urgency of an anger management program for Isaiah based on their assessment. The social worker sought to implement an anti-oppressive stance with Isaiah. Read the following dialogue and explore these questions:

1. How might it help to assess Isaiah's understanding of his positionality?

2. How can the social worker address power hierarchy and inequality during the interview process?

3. Should the social worker directly address the fairness of his original arrest?

Social worker: Wow. Well, first of all, thank you for telling me that. It is really important for me to hear the truth from you. Have you told anyone else this story about how the cops treated you and your brother that day?

Isaiah: My mom.

Social worker: And she said you had to come here today, and you still came. I imagine that you are feeling pretty powerless right now.

Isaiah: What?

Social worker: I mean, that you feel like you don't have any choices, that you have to do what other people say.

Isaiah: That's pretty much it.

Social worker: Do kids have influence with probation?

Isaiah: Naw, they don't listen to what we have to say.

Social worker: The legal system is really powerful. Probation is used to telling people what to do and expects that people will do what they say. Being a teenager makes it worse because you're not an adult yet.

Isaiah: Tell me something I don't already know.

Social worker: Your goal is to get probation off your back. One way you can do that is to complete this program. Another way is to get them to change their mind. Do you want to think about ways to make that happen?

of the macro-level forces (e.g., culture, policies, political climate) that affect the presenting problem and affect the client's experience of the helping process. AOP social workers use power explicitly and judiciously, exercising maximum restraint to elevate the power and autonomy of their clients, sharing power and decision-making whenever possible, and using their own power to advocate in those instances when formal power designated to the social worker provides clients with access to resources and influence that are otherwise closed to them.

AOP is a way of *doing social justice* that encompasses all aspects of social work practice (Finn, 2016). It is not a technique that is done to clients. Rather, it is an expression of the personal attributes and values of a social worker who is committed to the ideals of the profession. Therefore, AOP is intensely personal. AOP social workers strive to understand how systems of inequality and oppression are expressed in their own relationships with clients. As such, AOP is brave practice and sometimes painful practice, as social workers confront the realities of their own positionality.

Critiques of Anti-Oppressive Social Work

As a model for practice, AOP enjoys conceptual overlap with several other constructs and models associated with cross-cultural practice. AOP's focus on power and positionality is similar to the recognition of power differences and emphasis on accountability previously discussed in our treatment of cultural humility (Danso, 2018). Moreover, the "style" of practice associated with AOP in some ways encompasses a culturally humble approach. We have chosen to retain each as a distinct orienting perspective because both offer unique contributions to social work practice. While cultural humility focuses intently on the relational aspects of social work practice, AOP emphasizes the critical analysis of positionality, history, and the need for an explicitly liberatory objective for practice.

AOP also shares conceptual overlap with antiracist practice. Both emphasize a recognition of systems of oppression as the entry point for engaging clients in direct practice, and both emphasize the goals of client participation in decision-making and their liberation. Texts that emphasize AOP freely discuss racism among their focal concerns, and AOP and antiracism are often treated together without strong distinctions (Ramsundarsingh & Shier, 2017). On the other hand, advocates of an explicitly antiracist practice model point out that replacing racism with a more general emphasis on oppression makes it easier to default to a focus on

multiculturalism to avoid the critical analysis our definition of AOP calls for (Ladhani & Sitter, 2020). We agree with the spirit of this critique and caution you to remember that the critical analysis of positionality is central to client empowerment.

Application of Anti-Oppressive Social Work

A social worker's decision to adopt an AOP style depends on more than simply their personal convictions. It also depends on the values, mandates, and support embedded in the agencies that employ social workers. The ideals of AOP can conflict with the very same organizations tasked with serving and supporting vulnerable client populations. This conflict may be most acute for public social service agencies with social control mandates such as child welfare and criminal/juvenile justice and also large-scale public systems such as mental health and education. In these systems, the adoption of AOP may lead to a hybrid model where externally imposed practice mandates constrain social workers in their orientation to practice. Nevertheless, we believe that an AOP style of practice holds promise to strengthen social work in even those settings (Curry-Stevens & Nissen, 2011). Toward that end, we recommend the following steps to develop yourself as an AOP social worker:

1. Begin with systems of support. Locate colleagues and supervisors who support the ideals of AOP to serve as sources of advice, support, and accountability. Act to facilitate the development of policies of practice supportive of AOP.
2. Deepen your knowledge base about systems of oppression and learn about the specific history of intergroup relations that represent your client populations.
3. Conduct a critical analysis of your own positionality and that of your agency.
4. Have conversations about positionality and power with your clients. In these conversations, you should adopt an AOP style as described previously.
5. Finally, negotiate intervention goals with clients that are framed by social justice themes and perspectives.

Trauma-Informed Social Work

Trauma exposure is ubiquitous across all service systems. Ample research indicates that exposure to identifiable traumas can

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affect as many as 90% of clients served by social workers and other professionals (Ford & Blaustein, 2013; Ford et al., 2012; Hummer et al., 2010). Exposure to trauma can lead to multiple adverse outcomes, including poor mental health functioning (e.g., posttraumatic stress disorder [PTSD], depression, anxiety), difficulties with interpersonal relationships (e.g., social isolation, difficulty trusting others), substance use, physical (e.g., sleeplessness) and psychological (e.g., flashbacks) reactions, and other long-lasting effects.

Principles of Trauma-Informed Social Work

These insights have led to the emergence of trauma-informed practice. Trauma-informed practice is a strengths-based approach which guides social workers in how to work with individuals who have histories of trauma. It is a relational approach to social work that promotes a feeling of safety, collaboration, and empowerment and creates opportunities for individuals to rebuild, heal, and restore a sense of control and well-being (Substance Abuse and Mental Health Services Administration, 2014). Failure to adopt trauma-informed practices increases the likelihood that clients may suffer heightened distress associated with retraumatization, may not benefit from your work together, and may disengage from services (Harris & Fallot, 2001).

In a trauma-informed approach, the primary determinant of whether an experience is traumatic is based on the perspective of the people who are impacted. Isaiah, for example, described his encounter with law enforcement as traumatic in the case example. Moreover, there is often historical trauma in communities of color related to our country's history of slavery, ongoing racism and discrimination, and how the police treat people of color (Crosby, 2016). Therefore, our framework necessarily takes an expansive definition of trauma. Trauma can be an isolated event or an ongoing experience that can be physically and/or emotionally harmful or life threatening and causes individuals to feel distress, fear, helplessness, and hopelessness (SAMHSA, 2014). Common traumas include experiencing or witnessing physical or sexual assault; death of a loved one due to violence/accident/disaster; natural disaster (e.g., flood, hurricane), accident or fire; or repeated experiences of racism/discrimination. It includes exposure to events that are usually understood to present direct threats to people's physical and emotional integrity (e.g., combat, sexual and physical assault, serious accidents) and the experiences of terror and exclusion that accumulates for

members of a community over generations (e.g., hate crimes, genocide).

Figure 2-4 presents the principles of trauma-informed services for the fields of mental health and substance abuse treatment. There is substantial overlap between our presentation of a trauma-informed social work with Substance Abuse and Mental Health Services Administration (SAMHSA) principles, and indeed, our thinking has drawn heavily on these SAMHSA models. The adoption of a trauma-informed perspective requires that social workers engage deeply with their own sense of self-awareness, asking themselves how their approach to clients promotes a sense of safety and trustworthiness, whether their approach embeds clients more deeply with supportive communities or isolates them, and whether their approach is collaborative and maximizes the clients' autonomy.

Critiques of Trauma-Informed Social Work

Two concerns have been raised about the trauma-informed practice. First, some observers have pointed out that the principles of trauma-informed practice are not specific to service users who have been exposed to trauma, but, in fact, are principles of good practice for all clients (Berliner & Kolko, 2016; Mersky et al., 2019). That is, all social work services should be delivered in a manner that promotes a sense of safety, trust, and autonomy, for example. Second, notwithstanding systemwide evaluations that show how sustained initiatives can strengthen the trauma-awareness and trauma-informed practices among frontline workers (Connell et al., 2019), the imprecise definition of trauma-informed social work makes it difficult to evaluate in practice (Hanson & Lang, 2016). It is not clear that trauma-informed initiatives at either the system level nor the individual level of practice makes

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Figure 2-4   SAMSHA Principles for Trauma Informed Practice

1. Safety
2. Trustworthiness
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, or choice
6. Culture, history, gender

Source: Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

a difference in client outcomes over and above those demonstrated in routine practice. Acknowledging these critiques, we nevertheless consider trauma-informed social work to be an orienting framework. The widespread exposure of social work clients to trauma makes it incumbent on all social workers to be sensitive and responsive to the presence and effects of trauma in their clients.

Application of Trauma-Informed Social Work

Trauma-informed social work can be challenging. The triggers of trauma reactions, or the conscious and unconscious reminders of prior trauma, are unavoidable, often unpredictable, and can be provoked by treatment systems that create toxic or stressful environments that constrain client control or choice or that invalidate client experiences, yet some social service systems like child welfare, mental health, and criminal or juvenile justice systems unavoidably constrain client choice and place significant strain on their clients. For these clients, too, receipt of trauma-informed practices is not a privilege for deserving clients but a prerequisite of effective social work practice for all.

For social workers who strive to adopt a trauma-informed perspective into their practice, we recommend the following:

1. Assess trauma as a part of routine practice, privileging client definitions of what experiences have been treated as traumatic.
2. Adopt a collaborative posture that supports client autonomy and choice wherever possible.
3. Strive to be trustworthy and transparent in your relationships with clients.
4. Create a sense of comfort, security, and safety in your agency.
5. Be aware of how your own experiences of trauma can be triggered in unexpected ways during your work with clients.

Evidence-Informed Social Work Practice

Social workers have a long history of integrating science into practice, stretching back to the founding of the profession in the settlement house movement. In social work's early history, social workers in settlement houses used community surveys to design programs and influence policy.

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Later, social workers adopted Freudian psychology, then empirical program evaluation, and finally the practitioner scientist model, all to bridge what became known as the practice-research gap (e.g., actions or practices supported by researcher are not necessarily easily integrated into social work practice). Despite these efforts, the explicit use of research by social workers has been a constant challenge because research is difficult to access, evaluate, and synthesize into practice. Responding to these challenges, evidence-informed social work practice has emerged in contemporary social work as a means of integrating research into practice, with the promise of improved client outcomes.

Evidence-informed social work practice is a deliberate effort to learn and integrate research into practice. Said most simply, evidence-informed social work practice enables social workers and their clients to be informed consumers of research. Social workers who adopt an evidence-informed approach discuss research findings with their clients to facilitate informed decision-making. Evidence-informed practice is an orienting perspective in part because it has been adopted as an ethical principle for the profession by the National Association of Social Workers (see Ethical Principal 5.02). Moreover, evidence-informed social work practice promises the benefit of effective outcomes to social workers and their clients and steers social workers away from ineffective practices.

Principles of Evidence-Informed Social Work

There are two central components of evidence-informed social work practice: evidence-informed decision-making and evidence-based practices. Evidence-informed decision-making is a strategy for integrating research evidence into practice and policy decisions. The goal of evidence-informed decision-making is to locate the best evidence available to answer important questions that arise from practice. "Evidence" in this context can mean the findings of research into the risk and protective factors associated with a presenting problem, empirically supported theory, and findings from qualitative studies and experimental research (Fraser, 2003). Importantly, evidence-informed decisions do not displace clients in the decision-making process. Rather, research evidence is considered by clients and social workers along with the practical experiences of social workers and the values and preferences held by clients. Strategies for quickly and efficiently searching for research evidence have been developed for social workers (Gibbs, 2002). Usually, this process entails a series of steps including: (1) formulating a specific

question based on an important practice challenge, (2) conducting a search of the scientific literature to identify research studies that relate to the question (e.g., using Google Scholar or other search engines), (3) evaluating the relevance and quality of selected studies, (4) synthesizing study findings, and (5) formulating recommendations.

The process of evidence-informed decision-making often leads to the adoption of specific evidence-based practices (EBPs). EBPs are named interventions that have been tested in experimental research and found to consistently improve client outcomes (Drake et al., 2001). Over time, the fields of social work, psychology, psychiatry, and public health have developed such interventions as cognitive behavioral therapy (CBT) to treat affective disorders (Carpenter et al., 2018), trauma-focused CBT (TF-CBT) and eye movement desensitization and reprocessing (EMDR) to treat trauma (Cuijpers et al., 2018; Lewey et al., 2018), assertive community treatment (ACT) to support adults in the community with severe mental illnesses (DeLuca et al., 2018), and task-centered casework for a variety of case management applications (Reid, 1997). The development of evidence-informed practices entails a rigorous process of intervention development, pilot testing, and evaluation, often using random clinical trials (Fraser, 2003). Most EBPs have been developed to address a specific problem and have detailed manuals describing the underlying theory and intervention strategies to be employed. Specialized training for social workers is often necessary, which ensures greater client effectiveness and creates opportunities for professional advancement.

Critiques of Evidence-Informed Social Work

Despite the utility of evidence-informed practice, thoughtful observers have raised several concerns. First, some argue that the process of evidence-informed decision-making and the use of evidence-based practices take power and control from clients and social workers and places it in the hands of a distant researcher. Each of the orienting perspectives presented in this chapter rest on the strong assumption of collaboration and client control, of recognizing the expertise that clients bring to their encounters with social workers. Evidence-informed social work rests on the same foundation. Nearly all EBPs for social work assume a collaborative relationship between the social worker and the client. Neither evidence-based practices nor evidence-informed decision-making

necessarily diminish the power of clients. Instead, providing clients with relevant research information, including a discussion of its weaknesses and limitations, arms clients with information to enable greater choice, not less.

A second critique of evidence-informed social work practice concerns the generalizability of EBPs for diverse populations. Most EBPs have been developed and evaluated from a Western worldview, limiting their ecological validity for non-Western clients and populations. Ecological validity refers to the extent to which an intervention reflects clients' customs, values, and language and the degree to which the structure of an intervention matches clients' culturally informed needs and preferences, such as setting characteristics, racial/cultural match of social worker with client (Bernal et al., 1995; Soto et al., 2018). When social workers implement EBPs, it is crucial that they strengthen the ecological validity of the intervention by adapting the intervention's structure and characteristics to meet the cultural needs of the client (Barrio & Yamada, 2010). This entails a detailed analysis of the intervention's underlying theory of change, as well as its content, language, and methods. While undertaking the adaptation process, social workers should collaborate with key stakeholders and representatives of the target group (Cabassa & Baumann, 2013) and evaluate the acceptability and effectiveness of the adapted intervention in their practice (Fraser, 2003).

Third, research evidence for social work practice is derived from the Western scientific tradition that can conflict with indigenous knowledge and non-Western worldviews about problems and helping. Evidence-informed social work practice may lead to worldview conflicts when social workers fail to appreciate and understand client worldviews about problems and helping. The field of medical anthropology offers advice for learning about how indigenous or local knowledge about problems and helping shapes client worldviews. Social workers who adopt an evidence-informed practice model should routinely ask clients about their cultural beliefs related to the formation of problems and culturally sanctioned approaches for resolving problems (Kleinman & Benson, 2006). Often, the solution to worldview differences adopted by clients and social workers is to integrate complementary practices from both knowledge domains, as when social workers employ traditional healing methods (e.g., smudging, medicine wheel) alongside Western counseling practices in services with clients who identify with aboriginal peoples and nations (Oulanova & Moodley, 2017).

Application of Evidence-Informed Social Work

The adoption of an evidence-informed social work approach requires significant discipline on the part of social workers and support within their agencies. As asserted throughout this chapter, social workers need to exercise self-awareness about when and how their practice is informed by research evidence, practice wisdom, or unsupported opinion. Social workers have the responsibility to search for evidence and for training that will support an evidence-informed approach. Moreover, social workers should have explicit discussions with clients about the strengths and limitations of research evidence to foster collaborative relationships and support client decision-making to the greatest extent possible. Finally, most social workers should not take on the challenge of evidence-informed practice by themselves. This effort is most effective when it is supported by supervision, agency policy, and agency culture. The following will help you adopt an evidence-informed approach to practice:

1. Adopt an evidence-informed, critical mindset about practice. Develop the habit of asking critical questions that can be answered with data. For example, "What evidence-based practice is best suited to my client's presenting problem?"

2. Maintain flexibility in the adoption of evidence-based practices, taking care to match your intervention approaches with client preferences and with client presenting problems throughout the course of your work.

3. Seek specialized training and supervision in evidence-based practice models that are relevant to the context of your practice.

4. Collaborate with multiple stakeholders on the selection and translation of evidence-based practices for practice with diverse communities.

Principles for Practice

The philosophy of practice we endorse includes assumptions about people and the helping process derived from the six orienting perspectives. The considerable overlap among the perspectives leads us to highlight the following cross-cutting themes in social work's assumptions about people and the helping process.

First, consistent with the view of the ecological systems perspective, our philosophy of direct practice recognizes that people are embedded in interactions with their social and physical environments. The orienting perspectives share the assumption that people have strengths, defined as resources, relationships, knowledge, life experience, and competencies, that are used to facilitate the problem-solving process, as well as resource deficits that contribute to client problems. Among people's strengths are culturally informed worldviews that shape definitions about problems and strategies for overcoming them. Moreover, the problems and challenges people face are frequently influenced by a history of trauma, including the experiences of racism, sexism, xenophobia, and heterosexism, among other systems of oppression.

Second, the orienting perspectives all share the assumption of collaborative problem solving. Only through collaboration can social workers engage in a socially just practice that has as its goal more inclusive communities and a more just allocation of resources. Collaboration includes respect for client strengths, worldviews, self-determination, and autonomy. It means fairly representing expert social work knowledge, including scientific evidence, as a resource for problem solving, while keeping client decision-making prerogatives front and center in the helping relationship. Further, collaborative relationships built on trust and respect guard against the deleterious impact of trauma and retraumatization, as well as the effect of oppression and bias, that are present in many helping systems.

Third, the orienting perspectives all point to self-awareness as a cornerstone of effective, ethical practice. Self-awareness about the themes presented in these orienting perspectives will lead you to recognize how your role in the helping process can empower or disempower clients. For example, being mindful about the assumptions you make about people and their problems can help you see when you are focused too intently on perceived or assumed client deficits and pathology, blaming clients rather than a lack of resources or opportunities, ignoring the role of discrimination and marginalization based on group identity characteristics, and ignoring the role of trauma in the lives of clients. On the other hand, self-awareness can help you be deliberate in the use of skills and strategies presented in this text that affirm clients and fosters a sense of hope for change.

Summary

In this chapter, we have described six orienting perspectives for social work practice. These perspectives inform a comprehensive philosophy of practice that can promote social development, empower and liberate people, and enhance their well-being. Our philosophy, derived from multiple perspectives for practice, explains how a recognition of client embeddedness, collaboration, and self-awareness are critical components for social work practice. While it can appear that one or more of these perspectives may not always be relevant for specific situations or agency contexts, we believe that the utility of each will be demonstrated with practice and reflection within all practice settings and situations.

Competency Notes

C2   Engage Anti-Racism, Diversity, Equity, and Inclusion in Practice

- Demonstrate anti-racist social work practice at the individual, family, group, organizational, community, research, and policy levels, informed by the theories and voices of those who have been marginalized.
- Demonstrate cultural humility applying critical reflexivity, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies acknowledging them as experts of their own lived experiences.

C3   Advance Human Rights and Social, Economic, and Environmental Justice

- Advocate for human rights at the individual and system levels.

C4   Engage in Practice-Informed Research and Research-Informed Practice

- Apply research findings to inform and improve practice, policy, and programs.
- Identify strategies for use of quantitative and qualitative methods of research to advance the purposes of social work.

Chapter 3

Overview of the Helping Process

Chapter Overview

This chapter provides an overview of the three phases of the helping process: (1) exploration, (2) implementation, and (3) termination. The helping process focuses on problem solving with social work clients in a variety of settings. Hence, the process is presented within the larger systems context as well as the themes of embeddedness, collaboration, and self-awareness presented in Chapter 2. This chapter begins to integrate orienting perspectives introduced in the second chapter. We will also present an overview of the structure and elements of client-centered interviews.

At the completion of your work on this chapter, you will be able to:

- Identify steps in the helping process from exploration through implementation and termination.
- Plan the structure and environment for effective, client-centered interviews.

The EPAS Competencies in Chapter 3

This chapter will give you the information needed to meet the following practice competencies:

- Competency 1: Demonstrate Ethical and Professional Behavior
- Competency 2: Engage Antiracism, Diversity, Equity, and Inclusion in Practice
- Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
- Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
- Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities
- Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities